LICANDA	CATHOL	IC MEDICAL	BUREAU SCHOL	ARSHIP FUND
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Code:	(please indicate here the code assigned to you in the letter of awar	rd)
Couc.	picuse indicare nere ine code assigned to you in the terrer of awar	٠

FIRST DISBURSEMENT REQUEST

Name of	Name of Trainee	Training	Training Institution
Organisation		undertaken	
T . 1	1.11.01		
Total amount award	ed: Ug Sh		
First Instalment regu	uested: Ug Sh		
That instantion requ	200000. Og Sii		
Payable to (indicate	Bank account, Procur	re account and details)	
	_		
Account Name / Tit	le:		
Account Number:			
Name of Bank:	-		
Date:	S	ignature:	