

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Reason(S): \_\_\_\_\_

Client Account No: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**First Fund**
 **Heritage Fund**
 **TTL-Income Haven Fund**
 **Private Asset Management**

Amount Gh¢: \_\_\_\_\_ Or Liquidate All  Or \_\_\_\_\_ Shares of my investment in (Please tick option)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MODE OF PAYMENT:

*Bank Transfer*

Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Branch: \_\_\_\_\_

*Mobile Money*

Mobile Network: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Wallet Name: \_\_\_\_\_

### FOR OFFICE USE

#### CLIENT SERVICES UNIT

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Client Signature Verified By: \_\_\_\_\_ Processed By: \_\_\_\_\_

Comments: \_\_\_\_\_

#### ASSET MANAGEMENT

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Client Balance B/F: \_\_\_\_\_ Adjustments (If Any): \_\_\_\_\_ Adjusted Value: \_\_\_\_\_

Client Balance C/F: \_\_\_\_\_

**PAYMENT INSTRUCTION:** Kindly transfer an amount of GH¢: \_\_\_\_\_ Sign: \_\_\_\_\_  
to pay the clients' withdrawal request.

#### AUDIT & COMPLAINTS

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Client Signature Verified By: \_\_\_\_\_ Processed By: \_\_\_\_\_

#### ACCOUNTS

Processed by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Transaction Validated: \_\_\_\_\_ Payment Ready On: \_\_\_\_\_

Comments: \_\_\_\_\_

Financial Controller: \_\_\_\_\_ Date: \_\_\_\_\_

#### GENERAL TERMS AND CONDITIONS:

- All redemptions must be for at least GHC 10. \* A minimum balance of GHC 20 must be maintained in all accounts
- Payouts are processed within 5 working days after submission
- The maximum amount per redemption for the mobile money is GHC 3,000.00
- There is a service charge of GHC 5.00 for bank transfer
- Completed forms must be submitted between 8:00am - 4:00pm.
- Payment to another party other than the account owner must be accompanied by a letter of instruction signed by the account owner as well as the third party's valid ID card e.g. Voter's ID, Driver's License, Passport etc.