

Investment Withdrawal Form

KINDLY FILL OUT IN BLOCK LETTERS

Your Details

Account Name:		
UMB-IHL Client ID Number		CSD Number
Postal Address:		
Telephone:		

Withdrawal Instructions

Please Dis-invest an amount of GH¢/US\$ _____ from my/our investment(s) placed with UMB-IHL

Amount in Words _____

Signature & Name of Investor(s)		Date:
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The proceeds should be paid by (Tick as Appropriate):

<input type="checkbox"/>	Cash Cheque issued to me/us. Or in favour of _____ (for amounts less than GH¢1,000)
<input type="checkbox"/>	Crossed Cheque issued to me/us. Or in favour of _____
<input type="checkbox"/>	Mobile Money Transfer Mobile Service Provider _____ Mobile Number _____
<input type="checkbox"/>	Card Transfer (Ezwich, Visa, etc). Card Type: _____ Card No.: _____ Card Holders Name: _____
<input type="checkbox"/>	A payment order to be paid to my/our bank account number _____ with _____ Bank.
<input type="checkbox"/>	Transfer into my/our Bank A/C # _____ with _____ Bank.
<input type="checkbox"/>	Transfer/Payment Order in favour of _____ Bank Account Number _____ Bank / Branch _____

For Official Use Only

Signature verified by (Officers Name)		
Cheque No. or Payment Order No.		
Amount Paid	GH¢/US\$	
Officer in Charge		
Manager		Date: _____