



(A Licensed Dealing Member of the Ghana Stock Exchange)

Order Cancellation Form

A/C Code _____

Form Code _____

I / We _____ of
(Title) (Last Name) (First Name) (Middle Name)

_____ of
(Title) (Last Name) (First Name) (Middle Name)

Please complete the fields in the enclosed box below if information has changed since the last transaction

Postal Address _____ Home Telephone _____

Residential Address _____ Cell Telephone _____

_____ E-Mail _____

have on this _____ at _____
Day Month Year Time

Instructed that the sale/purchase order placed on _____ be cancelled. The details are as below:

Security	Quantity

Client Signature (1)

Client Signature (2)

Official Use

Verified by:

(Officer Name)

(Officer Signature) _____
Date

Authorized by:

(Officer Name)

(Officer Signature) _____
Date