

WITHDRAWAL FORM - FIXED DEPOSIT / T-BILL

Account Type	
Individual Joint ITF Corporate	Investor Account Number
Personal Details	
Name on Account	
Postal Address	
Email Address	Phone Number
Enanzadicas	There is in the internal in th
Withdrawal Details	
Withdrawal Amount (In figures).	(ithdrawal Amount (In words)
GHS	
Reasons for Withdrawal	
Educational Health	Business Other
Bank Account Details	
Account name:	
A/C Number: Bank:	Branch:
Indemnity: I hereby indemnify the Fund Manager, Prudential Securities Lin	nited, against any further claim or liability due but not limited to providing
wrong account details, etc.	inces, against any farther claim of hability due sat flot illined to providing
First Applicant	Second Applicant
Name:	Name:
Circustum /Thompsonist	Signature/Thumbprint
Signature/Thumbprint	Signature/ mumbprint
Date of request:	Date of request:
·	·
OFFICIAL USE ONLY	
Processed by:	Authorized by:
Signature:	
	Signature
Date:	Signature: Date: