



InterMarket
ASSET MANAGEMENT LTD.

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FUNDS WITHDRAWAL FORM

NAME:

ADDRESS:

CELL PHONE NO: FIXED LINE NO:

AMOUNT GH¢AMOUNT IN WORDS.....

IN THE NAME OF.....

TYPE OF INVESTMENT

FIXED INCOME EQUITY BALANCE

BANK TRANSFER DETAILS

BANK NAME	
BRANCH	
ACCT. #	
NAME ON ACCOUNT	

ARE YOU CLOSING YOUR ACCOUNT?

YES NO

IF YES, PLEASE STATE THE REASON(S) BELOW

.....
.....

Signature: Date

D D / M M / Y Y Y Y

ID Type

National ID Drivers License Passport Voters ID Other.....

Identification No:

FOR OFFICIAL USE ONLY

Approved by

Signature Date
D D / M M / Y Y Y Y