

Name	
Address	
Cell phone No.	Investment balance GH¢
Amount GH¢ <span style="float: right;">be credited to Current/Savings Account</span>	
Amount in words	
Account No. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
or please issue a cheque for Mr/Mrs/Miss	
<b>Type of withdrawal</b> <input type="checkbox"/> Interest <input type="checkbox"/> Part withdrawal <input type="checkbox"/> Redemption	
<b>ID type</b> <input type="checkbox"/> National ID <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> Other	
If other, please specify	ID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Bank transfer details</b>	
Bank name	Branch
Account name	
Account No. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
<b>Are you closing your account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please state the reason(s)	
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: center;">Applicant's Signature</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">           D D / M M / Y Y Y Y         </div> <p style="text-align: center;">Date</p>
<b>FOR OFFICIAL USE ONLY</b>	
I/we certify that I/we have verified client's signature.	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Name of Receiving Officer</p>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 70%; height: 40px;"></div> <div style="border: 1px solid black; width: 25%; height: 40px; display: flex; align-items: center; justify-content: center;">           DD/MM/YYYY         </div> </div> <p style="text-align: center;">Signature / Date</p> </div>
<b>APPROVED BY</b>	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Name of Receiving Officer</p>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 70%; height: 40px;"></div> <div style="border: 1px solid black; width: 25%; height: 40px; display: flex; align-items: center; justify-content: center;">           DD/MM/YYYY         </div> </div> <p style="text-align: center;">Signature / Date</p> </div>