

LIQUIDATION/ROLLOVER OF FIXED/CALL DEPOSIT

								Date: _	(dd/mm/yyyy)
Type of liq	uidation :	Full	Par	tial					
For partial	liquidation, Ki	ndly liqui	date the su	ım of		from My/Ou	r		
Cal	l deposit	Fixed o	deposit						
Fixed depo	osit account nu	ımber							
Please cred	dit My/Our acc	count							
with the pr	oceeds. (must	be the ac	ccount deb	ited on placemer	nt of the deposit)				
Place the r	emaining fund	ls in a							
Call	deposit accou	ınt	Fixed de	posit account					
Fixed deposit account term: At an agreed rate of:									
Rollover:	Principo	ıl	Principal p	olus interest					
Credit Inte	rest to accoun	t number:	:						
New rate:					Term:				
Name:	First name	Mid	dle name	Surname	Signature	:		_ Date:	(dd/mm/yyyy)
Name:	First name	Mid	dle name	Surname	Signature	:		Date:	(dd/mm/yyyy)
Name:	First name	Mid	dle name	Surname	Signature	:		Date:	(dd/mm/yyyy)
	CIAL USE ONL signatories	Y							
PREPARED BY				VERIFIED BY			AUTI	HORISED E	3Y
Name:									
Signature	e:								
Date:									