

## INVESTMENT WITHDRAWAL FORM

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Client ID

Bora Fixed Income Unit Trust

Bora Balanced Income Unit Trust

Client Name:

Postal Address:

Email Address:

Mobile Contact:

National ID Number:

(Ghana Card only)

Issue Date:

Place of Issue:

Expiry Date:

### WITHDRAWAL DETAILS

Partial Withdrawal

Liquidation

Amount (In Figures):

Amount (In Words):

Reason for Withdrawal:

Education

Business

Real Estate

Health

Other

(please specify)

### PAYMENT OPTIONS

Delivery Options:

Cheque

Bank Transfer

Mobile Money

Account/Payee Name:

Bank Name:

Bank Branch:

Account Number:

MoMo Number:

Network Name

(For Momo Only)

### DECLARATION

I/We declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform Bora Capital Advisors of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we are aware that I/we may be held liable for it.

Signature I

Signature II

Date:



### FOR INTERNAL USE ONLY:

Name of Receiving Officer:

Approved By Compliance Officer/AMLRO:

Name of Officer:

Name of Officer:

Position:

Position:

Signature

Signature:

Date:

Date: