



23RD INDEPENDENCE AVENUE, ACCRA

## WITHDRAWAL FORM

PLEASE READ CAREFULLY AND COMPLETE ALL RELEVANT SECTIONS.  
SHOULD YOU HAVE ANY QUESTION, A MEMBER OF STAFF WILL BE HAPPY TO ASSIST YOU.

THIS FORM SHOULD BE COMPLETED IN BLOCK LETTERS AND TICK WHERE APPLICABLE.

CONTACT US ON - 233 57 476 9204

DATE

### PRODUCT TYPE (S) (PLEASE TICK)

CAL BENEFIT FIXED INCOME UNIT TRUST

CAL ADVANTAGE BALANCED UNIT TRUST

OTHERS

### MEMBER INFORMATION

MEMBER NUMBER/ NAME

TELEPHONE NUMBER (S)

 

ADDRESS (GH. POST GPS)

GHANA CARD NUMBER

PASSPORT NUMBER (FOREIGNERS)

### PAYMENT INFORMATION

AMOUNT/ UNIT (IN FIGURES)

AMOUNT/ UNIT (IN WORDS)

BENEFICIARY NAME

BANK NAME

BANK ACCOUNT NUMBER

BRANCH

SIGNATURE (S)

 

### FOR OFFICIAL USE ONLY

RECEIVED BY

SIGNATURE

DATE