



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.

CONTACT US ON - 233 57 476 9204

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

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

--	--	--	--	--	--	--	--