

## LIQUIDATION/ROLLOVER OF FIXED CALL DEPOSIT

PLEASE COMPLETE THIS	FORM IN CAPITAL LETTERS AND TICK WH	ERE APPLICABLE
BRANCH:	DATE	
Personal Banking Business Banking	Customer No. (for bank use only):	
TYPE OF LIQUIDATION:		
Full Partial		
For partial liquidation, kindly liquidate the sun	n of (amount in figures)a	amount in word:
	from My/Our Call d	leposit account Fixed deposit
account in the name of		
Please: pay cash/credit my/our Account number	ber: with the pro	oceeds (must be the account debited
on placement of the deposit). For cash payme	ent indicate ID/PP No	_
Place the remaining funds in a Call deposit a		
Fixed deposit account terms:	at an agreed rate of:	p.a.
	For cash payment indicate ID/P	
Authorised signatory(ies) as per Bank manda		
Name	Signature	Date
FOR OFFICIAL USE		
Fixed / Call Deposit Customer No.:	Relationship officer/Manager:	
Fixed / Call Deposit Interest Rate:	Value Date Maturity Date	e
Interest Rate Authorised by: Name:	Verified/Input by:	Checked/Authorised by:
Signature:		
Date:		