



CLIENT PAYMENT REQUEST FORM

(To be completed in block letters by client)

DATE

CLIENT NAME

ADDRESS

TELEPHONE / CELL

PAYMENT METHOD (tick one) **Cheque** **Transfer**

AMOUNT TO BE PAID (in figures)

AMOUNT TO BE PAID (in words)

DATE OF PAYMENT

BANK DETAILS (for electronic transfers)

ACCOUNT NUMBER

ACCOUNT NAME / BENEFICIARY

BANK & BRANCH NAME

NOTE TO CLIENT

While CDH endeavours to make all payments as quickly as possible, the crediting of clients' bank accounts in good time depends on other banks including official clearance times. Clients are therefore requested to allow time for these factors when making requests for encashment of their investments. Payments to third parties are charged for.

CLIENT SIGNATURE

FOR OFFICIAL USE

VERIFIED BY