SEM CAPITAL ADVISORS LIMITED

LICENSED INVESTMENT ADVISORS

USD WITHDRAWAL FORM

Suite A205, The Octagon - Accra Central
P. O. Box CT2069.Cantonment
Accra Ghana

Investment Account Number……..

I/We……

Address……..

Contact Number……Email……

Wish to withdraw USD ……

Amount in words …….

Payment Option (please tick the appropriate box)

☐ Bank Transfer

Bank Name	Branch Name

Name on Account	Account Number

Note: Some investments take time to liquidate. Upon receipt of a disinvestment request, we will initiate liquidation on a best effort basis.

Signature (Client 1)…… Date……

Signature (Client 2)…….. Date…….....

OFFICIAL USE ONLY

ID Number……
(Voters ID, Passport, Drivers Licence, Students ID etc.)

Cheque No…….....

COMPLIANCE OFFICER

Name: _____

Signed: _____

Date: _____ / _____ / _____