



REDEMPTION FORM

PART 1. CLIENT INFORMATION: PROOF OF IDENTITY

TITLE Mr. Mrs. Miss. Dr. Other

NAME OF CLIENT INSTITUTION

PERMANENT ADDRESS

POSTAL ADDRESS

ACCOUNT NUMBER PRODUCT

TELEPHONE EMAIL ADDRESS

ID TYPE VOTERS ID DRIVERS LICENSE PASSPORT ID NUMBER

PART 2. REDEMPTION DETAILS

TOTAL MATURITY VALUE INTEREST PART PAYMENT

AMOUNT

AMOUNT IN WORDS

MODE OF PAYMENT: CHEQUE BANK TRANSFER

IF BANK TRANSFER: BANK BRANCH ACCOUNT NUMBER

PART 3. THIRD PARTY PAYMENT

NAME RESIDENTIAL ADDRESS

DIGITAL ADDRESS TELEPHONE NUMBER

EMAIL ADDRESS

ID TYPE: **GHANAIAN** GHANA CARD NUMBER:

ISSUE DATE: EXPIRY DATE:

NON: GHANAIAN

PASSPORT NUMBER

PLACE OF ISSUE

ISSUE DATE:

EXPIRY DATE:

WORK / RESIDENTIAL PERMIT

ISSUE DATE:

EXPIRY DATE:

BANK

ACCOUNT NAME

ACCOUNT NUMBER

BRANCH

PURPOSE OF USING A THIRD-PARTY PAYMENT OPTION

PART 4. THIRD-PARTY INDEMNITY

I/We, instruct and mandate Nimed Capital Limited of B18 Boundary Road Opposite Adoma Heightz close to American House, East Legon to transfer/pay/issue a cheque in the name of _____ on my/our belief using the above information.

I/We hereby indemnify and shall hold Nimed Capital Limited harmless against any lost/damage/delay that I/We shall Experience in carrying out/our instruction in respect of this redemption.

CLIENT SIGNATURE:

SIGNATURE (JOINT HOLDER):

DATE:

FOR OFFICIAL USE

CHECKED BY	
JOB TITLE	
SIGNATURE	
DATE	