

Date _____

Dear Sir/Madam,

I _____ kindly request the amount of _____ on my trading account (please refer to my statement attached) with African Alliance to be paid to the following account:

Settlement Bank Account Details	
Bank Name	
Branch Name	
Account Number	
Account Name	

Yours faithfully,

Please note that the details provided above can only be changed within 24 hours of submission

To be completed by African Alliance Verified bank account details and client signature to original account opening documentation	
Name	
Signature	
Date	

Subject to the Rules and Regulations of the Rwanda OTC