(Licensed Dealing Member of the Ghana Stock Exchange)
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## **PURCHASE ORDER FORM**

			0	Order Number
Name				
Address:				
Tel No.:				
E-mail:				
Deposit Amo	ount (GHS):	Balance or	n Account	
Amount in w	/ords:			
Source of Fu	unds			
Payment Mo	ode: Ca	ash	Cheque	Other
I hereby req	uest you to purch	ase the following securities	_	
	On best effort basis		Other instruction (please specify below)	
Other Instr	uctions:		<del></del>	
Security		Quantity	Price Range	Buy By (Date)
Conditions			/	f Obersee will be
•		s order and charged to the cl	(according to the GSE Schedul lient's account.	e of Charges will be
How did you	ı hear about RSL.			
Name:				
Client's Signature Date				
For Office	Use Only			
Attended to by:			Signature:	Date:
Authorized by:		Signature:	Date:	
Compliance	e Officer's Comm	ent:		
Compliance Officer:			signature:	Date: