

***Date** (dd mmm yyyy) ***Currency** USD or EUR ***Amount**

SGT Account Information (Details of the SGT account from which funds will be taken)

*Account Name
 *Account Number
 *Street
 *Town / City
 *State / Country *Postal Code
 *Telephone
 *Email

Card Details

*Type (eg - VISA, MasterCard, etc)
 Issuing Bank Name
 *Last 4 digits of the card number

*Identification Required (All information provided will be kept CONFIDENTIAL) Please send the following documents if not supplied already:	SGT use only	
	On file	Date Recd
1. Passport copy (NOT ID CARD)		
2. Copy of front and back of card (blocking out the first 12 digits if you wish)		
3. Copy of a utility bill or bank statement showing the credit card billing address		

*Will you be closing your SGT account? YES NO

Any comments on our service?

Authorised Customer Signature: I / We accept that this request is governed by the Accounts General Terms & Conditions of Sterling Gent Trading Ltd.

***Place & Date**

***Signature**