CP-GRI/FT



$\begin{array}{c} \textbf{Guarantee of Remittance Integrity:} \\ \textbf{Funds Transfers} \end{array}$

Form to be filled by a representative of the fund's primary	y issuing party
Issuer Details	
Primary Issuing Party:	
Address:	
Contact Number:	
Email:	
VAT registered	
□ Yes	\square No
List any additional issuing parties:	
Fund Details	
Total fund to be disbursed:	
Reason for disbursal:	
Total advanced processing fees:	
Are the processing fees for fund disbursal (tick all tha	at apply):
\Box Transaction Reference and Security Holding \Box Global Transaction Fee	\Box Legally Imposed Escrow Surcharge \Box Tariffs Withheld in Anticipation of Taxes
State any required conditions for fund disbursal:	
Signature	
Signature:	Date: