

## TO BE COMPLETED BY THE CLIENT

**Please note: Mandatory Fields are marked in bold\* and must be filled in order to request a Release of your payment.**

<b>Account Holder*:</b> _____	<b>Full EFT Client Number*:</b> _____
<b>Address*:</b> _____	<b>Authorised EFT Contact*:</b> _____
Phone: _____	<b>E-Mail*:</b> _____

We herewith instruct Fides Treasury Services AG to release the EFT payment orders indicated below despite of the fact that they have exceed the amounts of one of the contractually agreed limits. (Payment error status: '3010 – Amount Overflow' or '3015 – Beneficiary Check not OK')

We agree that this instruction will become effective and will be executed by Fides Treasury Services Ltd. upon reception of a phone call via the Fides Client Services on +41 44 298 65 55 at least 45 minutes prior to the cut off time for the payment instruction agreed with the bank.

<b>Client Number*</b>	<b>Message Reference*</b>	Valuta Date	<b>Amount*</b>	<b>Currency*</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Place, Date\*:** \_\_\_\_\_

**Client Signature\*:** \_\_\_\_\_

**Name, Surname\*:** \_\_\_\_\_

## TO BE COMPLETED BY FIDES TREASURY SERVICES AG

<input type="checkbox"/> <b>Caller verified*</b>	<input type="checkbox"/> <b>Signature controlled*</b>
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<b>Caller*:</b> _____	<b>Call Taker*:</b> _____
<b>Time of Call *:</b> _____	<b>Payment releasing Supporter*:</b> _____
<b>Time of Release*:</b> _____	<b>Support Ticket Number*:</b> _____

Additional Remarks:

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**Place, Date\*:** \_\_\_\_\_

**Fides Signature\*:** \_\_\_\_\_