

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.

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

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.

Client Number*	Message Reference*	Valuta Date	Amount*	Currency*
_____	_____	_____	_____	---
_____	_____	_____	_____	---
_____	_____	_____	_____	---
_____	_____	_____	_____	---

Place, Date*: _____

Client Signature*: _____

Name, Surname*: _____

TO BE COMPLETED BY FIDES TREASURY SERVICES AG

<input type="checkbox"/> Caller verified*	<input type="checkbox"/> Signature controlled*
--	---

Caller*: _____	Call Taker*: _____
Time of Call *: _____	Payment releasing Supporter*: _____
Time of Release*: _____	Support Ticket Number*: _____

Additional Remarks:

Place, Date*: _____

Fides Signature*: _____