RECEIPT

Receipt No: _____

Date: _____

CLIENT INFORMATION

Client Name: _____ **Account Number:** _____

Address: _____ **Advisor Name:** _____

Contact No: _____ **Email Address:** _____

FEE BREAKDOWN & SERVICES RENDERED

SERVICE DESCRIPTION	BILLING PERIOD	AMOUNT

METHOD OF PAYMENT

☐ Wire Transfer ☐ Check ☐ Credit Card ☐ Direct Debit

Transaction Ref No: _____

Subtotal: _____

Tax / VAT: _____

Total Paid: _____

_____ _____

Authorized Representative Signature **Client Acknowledgement Signature**

Thank you for your continued trust in our wealth management services.

This receipt serves as an official acknowledgment of payment for services rendered. Fees are calculated and charged in accordance with the signed Investment Advisory Agreement.