



# CLIENT INSTRUCTION FORM

Please tick the box that applies to your choice:

- I/we wish to retain the asset(s) that has been recovered, **in full**
- I/we wish to sell the asset(s), **in full**
- I/we wish to retain the asset(s) that has been recovered **in part** (please provide additional information below)

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## PAYMENT DETAILS

UK/EU CLIENTS	INTERNATIONAL CLIENTS
Payee Name:	Payee Name:
Sort Code:	Bank Name:
Account Number:	Bank Address:
IBAN:	Account Number/IBAN:
SWIFT/BIC:	Routing Number/SWIFT:

Please contact Treethorpe if you are unsure of which details to provide, require any other assistance or alternative payment options.

 **SIGNATURE**

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 **DATE**

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## PROOF OF IDENTIFICATION

**Please remember** to enclose your identification documents matching the criteria as set out in the accompanying 'Acceptable documents for formal identification' document.