



Please fax completed form to Ascendant together with a copy of :

- Cancelled Trust Account Cheque
- Company letterhead

<b>COMPANY</b>	Ascendant Bridging Services	<b>FAX NO.</b>	012-665 3727 / 012- 665 4773
<b>ATTENTION</b>		<b>FROM</b>	

This form is used to capture attorney details onto our electronic payment system, our database and it is used to prevent unauthorised Bridging Services transactions via signature verification.

1. **Attorney Firm Name :** \_\_\_\_\_

2. **Physical Address**

**Postal Address**


**Telephone**

**Fax**

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**Docex**

**E-mail Address**

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3. Name and signatures of staff who can authorise Ascendant to pay the sellers proceeds to the Attorney Trust Account Details below.

Name (please print)

Signature

Designation


4. **Trust Account Details**

Account Name : \_\_\_\_\_

Bank : \_\_\_\_\_

Branch : \_\_\_\_\_

Branch No : \_\_\_\_\_

Account No : \_\_\_\_\_