The Branch Manager Fidelity Bank Plc,		
Lagos.		
Dear Madam,		
REQUEST		
I,		
Please find below my account details.		
Account Name		
Account Number		
Please find below Gap Castle Ltd account details:		
Account Name	Gap Castle Limited	
Account Number	4011464153	
I fully understand and hereby agree that the funds placed on lien in my account will not be released to me or withdrawn in any manner whatsoever until receipt of a letter of discharge from Gap Castle Ltd.		
This letter of lien shall be binding on me. I hereby agree and undertake to indemnify at all times, FIDELITY BANK PLC on account of the said lien in case of dispute/wrong or incorrect revocation of lien		
There shall be no change of mandate throughout the duration of this lien. In the unlikely event of a change in mandate, such change shall not affect or apply to the transfer instruction of the amount covered by the lien to Gap Castle Limited.		

Fidelity Bank Internal Use Only

Thank you

Name & Signature

The Branch Manager Fidelity Bank Plc		
Lagos.		
Dear Sir,		
RELEASE OF LIEN AND TRANSFER OF FUND		
My letter of lien dated refers.		
Kindly take this instruction as your authority to remove the lien on my account and		
transfer the sum of =N= () to Gap Castle Limited.	
Please find below my account details.		
Account Name		
Account Number		
Please find below Gap Castle Ltd account;		
Account Name	Gap Castle Limited	
Account Number	4011464153	
Thank you		
Name & Signature		