

[REDACTED]; Oversight Control <[REDACTED]>  
**Subject:** OD Referral dated 05-17-2019 For AC # [REDACTED]

Classification: For internal use only

Hi Team,

Please find the attached OD Referral for today and approve these with your decision hand-written on the OD referral form with two signatures (mandatory).

Please provide the below information on the form -

1. Transactions - Ok to pay / Not Ok to pay
2. Reason on how and when the OD will be covered
3. Seek CRM Approval for any account if overdrawn USD 100K.

**Note:** If the form reflects an OD decrease then we don't need a decision but it does mean that the referred account is still in OD situation and needs to be covered.

Regards,



***RISHABH SHAH***

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