

Databank I No. 61 Barnes Road, Adabraka, PMB, Ministries Post Office, Accra I Tel: 0302 610 610 I Email: clientservices@databankgroup.com





## **DATABANK INVESTMENT DEDUCTION FORM**

PERSONAL DETAILS	
First Name	Surname
Postal Address	
mail	
North Market	S
Phone Number	Payroll Number
Databank Account Number	
atabank Account Number	
Fund Type	
ArkFund BFund EdlFund T1 EdlFund T	2 Epack MFund
Note: A separate form must be completed for each fund.	
PAYMENT DETAILS	
Amount contributed (GHC):	Total amount in words:
Transaction Charge (204):	
Transaction Charge (3%):	
Total Amount (GHC):	
Date of first deduction: Month	Year
Subsequent deductions Monthly	Quarterly Yearly
End date of deductions: Indefinitely Until	
	dd mm yy
TERMS AND CONDITIONS	
and conditions provided below. I can cancel this mandate at any time by writing to Da	he benefit of my Databank mutual fund account as indicated above, subject to the tern at abank at least <b>one month</b> before the date of the next deduction. I hereby indemning the wrong databank details (i.e., fund type and account number) or any error in min.
Client Signature:	_ Date:
FOR OFFICIAL USE ONLY	
Name of RM	Signature Date