

APPLICATION FORM

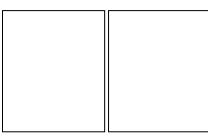
Make deposits yourself. Any deposit given to a third party or a Databank staff member on your behalf is done at your own risk. Databank will not be held liable if the money does not reflect in your account.

Please ensure you get an official stamped receipt for any deposit you make.

61 Barnes Avenue, Accra Private Mail Bag, Ministries Post Office, Accra - Ghana

Telephone: (233) 0302 610610 Email: info@databankgroup.com Website: www.databankgroup.com





Offic	cial	use	only	•						
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ECTION 1: PLAN INFORMATION		
☐ Individual ☐ Joint ☐ ITF (In trust for chi	ildren under 18 years)	
ECTION 2: PERSONAL DETAILS (TO BE C	COMPLETED BY ALL APPLICANTS)	
RST APPLICANT		
tle: □ Dr. □ Prof. □ Mr. □ Mrs. □ Ms.	Marital Status: ☐ Single ☐ Married ☐ Divorced	□Widowed
ırname:	Mobile Phone:	Date of Birth:
rst Name(s) and Other Names:	Pacidantial Phanes	
	Residential Phone:	DD MM YYYY
<u> </u>	Nationality	Gender: □ Male □ Female
	Nationality:	
stal Address:	Country of Residence:	Valid Photo ID:
<u>, , , , , , , , , , , , , , , , , , , </u>		☐ Passport ☐ Voter's IE☐ National ID
sidential Address:	Occupation (e.g. Student, Doctor, etc.):	☐ Driver's license
		Other
<u> </u>	Name of employer/school:	ID Number:
nail:	Level of education:	Date of expiration:
nual Income	☐ Basic ☐ Secondary ☐ Diploma	/ /
Below GHC 5,000 ☐ GHC 5,000 – 9,999	☐ 1 st Degree ☐ Advanced Degree ☐ Other Mother's Maiden Name:	DD MM YYYY
GHC 10,000-19,999	Mother's Maiden Name:	<i>55</i>
ther sources of income:		
COND APPLICANT		
	M ': 16:	
tle: □ Dr. □ Prof. □ Mr. □ Mrs. □ Ms.	Marital Status: □ Single □ Married □ Divorced	□Widowed
tle: □ Dr. □ Prof. □ Mr. □ Mrs. □ Ms.	Marital Status: □ Single □ Married □ Divorced Mobile Phone:	□Widowed Date of Birth:
tle: Dr. Prof. Mr. Mrs. Ms.	Mobile Phone:	Date of Birth:
tle: Dr. Prof. Mr. Mrs. Ms.		Date of Birth:/
tle: Dr. Prof. Mr. Mrs. Ms.	Mobile Phone: Residential Phone:	Date of Birth: //
raname: st Name(s) and Other Names:	Mobile Phone:	Date of Birth: //
raname: st Name(s) and Other Names:	Mobile Phone: Residential Phone: Nationality:	Date of Birth: /
raname: st Name(s) and Other Names:	Mobile Phone: Residential Phone:	Date of Birth: /
rst Name(s) and Other Names:	Mobile Phone: Residential Phone: Nationality: Country of Residence:	Date of Birth: // DD MM YYYY Gender: □ Male □ Female Valid Photo ID: □ Passport □ Voter's ID
rst Name(s) and Other Names:	Mobile Phone: Residential Phone: Nationality:	Date of Birth: //
tle: Dr. Prof. Mr. Mrs. Ms.	Mobile Phone: Residential Phone: Nationality: Country of Residence:	Date of Birth:
ile: Dr. Prof. Mr. Mrs. Ms. Irname: St Name(s) and Other Names: Stal Address: Stal Address:	Mobile Phone: Residential Phone: Nationality: Country of Residence: Occupation (e.g. Student, Doctor, etc.):	Date of Birth: /
ile: Dr. Prof. Mr. Mrs. Ms. Irname: St Name(s) and Other Names: Stal Address: Stal Address:	Mobile Phone: Residential Phone: Nationality: Country of Residence: Occupation (e.g. Student, Doctor, etc.): Name of employer/school: Level of education:	Date of Birth: /
ile: Dr. Prof. Mr. Mrs. Ms. Irname:	Mobile Phone: Residential Phone: Nationality: Country of Residence: Occupation (e.g. Student, Doctor, etc.): Name of employer/school: Level of education: Basic Secondary Diploma	Date of Birth: //
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itle: Dr. Prof. Mr. Mrs. Ms. urname: irst Name(s) and Other Names: ostal Address: esidential Address: mail:	Mobile Phone: Residential Phone: Nationality: Country of Residence: Occupation (e.g. Student, Doctor, etc.): Name of employer/school: Basic Secondary Diploma 1st Degree Advanced Degree Other Mother's Maiden Name:	Date of Birth: /

ECTION 3: BENEFICIARY DETAILS		
lame: Phone	no. % allocation	
2)		
3)		
te: Percentage allocated to beneficiaries must add up to 100%. Benefits e proceeds will be paid directly to the listed beneficiary/beneficiaries. If th paid to the surviving parent or guardian. Note that by law, the contents plication, so it is important to ensure that your wishes regarding your in	e beneficiary/beneficiaries is a/are minor(s) at the time of your of a will always supersedes the beneficiaries listed as part of yo	death, the proceeds will
Name	 Email	Phone
ECTION 4: INVESTMENT INSTRUCTIONS		
Target Amount: Target Date:	Initial Investment Amount (From GHC 500 and above):	
Monthly Amount Required:	Note: Each deposit into the Databo front-load fee of 0.5%. Deposits in	
ECTION 5: DIRECT DEBIT INSTRUCTIONS & BAN	K DETAILS OIN#	
Title: □ Dr. □ Prof. □ Mr. □ Mrs. □ Ms. First Name:	Surname:	
Databank Acc. No:	Fund Name: Databank MFund	
+ 3.00 =		
Amount (GHC) Transaction charge Total amount in fi	gures Total amount in words	
Date of first transaction: GCB clients only: Year	Non-GCB clients only: Month Ath 15 25th 30 Day	
Frequency of deductions: Monthly End date of deduction	n: 🗌 Indefinitely 🔲 Until//	
Name of bank:	Branch:	
Name on bank account:		
Account type: ☐ Current ☐ Savings ☐ Ot	her (Please indicate)	
Bank account no.: If the selected date falls on a holiday or weekend, your ac	Sort code: count will be debited on the next business day.	
SECTION 6: SIGNATURES	Please indicate: ☐ One to sign	☐ Two to sign
Signature of first applicant	L Signature of second applicant	
/ /	/ /	

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

DECLARATION FORM

Please read the following carefully before completing the application form. Sign it and return it to the Databank representative only after you have satisfied yourself that you fully understand the provisions do not hesitate to approach a Databank representative for any clarification.

1. Investment purchase

All investments will be purchased daily. However, investments with cheques will be invested using the share price on the day the cheque clears.

2. Disclosure policy

Databank strives to be transparent in all its dealings with clients. As such, we will take the time to explain all the risks, limitations, opportunities, and facts about this investment you are about to make. If you are unsure of anything, we request that you ask the Databank representative for any clarifications and information you require to make a decision.

3. Underlying investment

Databank MFund Limited (MFund) serves as the underlying Fund used for the Databank Housing Account. MFund seeks to preserve investors' capital through investments in high-yielding, high-quality fixed-income securities, while simultaneously meeting the liquidity needs of clients.

4. Performance guarantees

The value of your investment may rise and fall. **Past performance does not guarantee future returns.** Gains/losses are realized only upon disinvestment. Please read MFund's Scheme Particulars before investing. It is available at www.databankgroup.com.

5. Front load fees

Each deposit into the Databank Housing Account attracts a front-load fee of 0.5%.

6. Withdrawal policy

While the recommended holding period for the Databank Housing Account is a minimum of five (5) years, you can place a withdrawal request on your account at any time. Please note, however, that if you withdraw before 5 years you will forfeit the additional benefits that are unique to DHA. You will receive proceeds of your withdrawal after one (1) business day of a withdrawal request.

7. Direct debit

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I/We the undersigned hereby authorize the bank to deduct my/our periodic contributions for the benefit of my/our Databank mutual fund account as indicated above, subject to the terms and conditions provided below. Databank MFund is hereby indemnified

against any claim or liability that may arise, but is not limited to my/our providing the wrong bank details, personal Databank account number, or any other error in my/our instructions in respect of which Databank acts in implementing my/our direct debit authorization. The efficiency of the direct debit scheme is monitored and protected by all parties involved. If an error is made by Databank or any of the processing banks, the client is guaranteed a full and immediate refund to their own bank account by the originator of the error. The client can cancel this mandate at any time by writing to Databank at least one month before the date of the next deduction. The fee for Direct Debit stands at GHC 3.00. The fee for this transaction is subject to change - 30 days' notice will be provided to clients. For GCB Account holders, your GCB account will be debited between the 19th of each month and the 10th of the following month, after which funds will be forwarded to **Databank.** This direct debit mandate supersedes all previous standing orders to Databank. Where there are insufficient funds in the client's bank account to honor the client's obligations under the direct debit mandate, the client's Databank mutual fund account will be debited GHC 5.00 for such failure accordingly.

8. Declaration

(Kindly append your signature and date):

I declare that I have read and understood the terms and conditions of the Databank Housing Account and that returns on MFund (the underlying Fund) are not guaranteed. Any deposit given to a third party or a Databank staff member on my behalf is done at my own risk. Databank will not be held liable if the money does not reflect in my account. I consent for a lien to be placed on my account for the first five years in accordance with provisions 1 to 7 on this form.

Please ensure you get an official stamped receipt for any deposit you make at a Databank location or one of its partner banks

Signature:	
Date://	
Signature (for joint account holders)	
Date:/	

OFFICIAL USE ONLY								
Name:	Branc	h	Signature		Date			
Account Signup:		_						
Account Setup:				_				
Account Review:				_				
How did the client hear about the Databank Housing Account:	□ Newspaper ad	☐ Radio	☐ Website	☐ Family/Friend	☐ Other _			