

## Indemnity form for email, fax and telephone instructions

Account Holder's Name
Account Type (s)
Account Number(s)
This is to state that transactions on my account would ordinarily be authorized by me in person or in writing with my original signature and ID. I however reserve the right to issue instructions for transactions on my account by fax, email or telephone call at the discretion of Databank.
I further wish to state that I am aware that fax, email and telephone authorizations are insecure and can be tampered with.
By my signing this form, I agree to indemnify or absolve Databank Financial Services Limited and all the companies in the Databank Group (Databank Brokerage Limited, Databank Asset Management Limited, and Databank Private Equity Limited) from any losses and all other liabilities that may result from this authorized transaction.
I further agree that this indemnity is binding and is in respect to this transaction.
Signature Date

The Manager Databank Asset Management Services Limited PMB, Ministries Post Office Accra



Dear Sir/Madam:

<b>Cancellation of ACH Direct</b>	Debit	
Client's Name:		
Databank Account number:		
Type of fund:		
Bank Account Name:		
Name of Bank:		
Bank Account Number:		
Bank Branch:		
Cancellation Amount	_ ( ) ( )	
Next Due Date:	// (dd/mm/yyyy)	
Client's Signature:	Phone Number:	Date:
Please cancel the Direct Debit Instru	uction detailed above effective immediately / effective	//(dd/mm/yyyy)
Reviewed by	Signature	_ Date
The Manager Databank Asset Management Service PMB, Ministries Post Office Accra	es Limited	<b>Databank</b> Leadership
Dear Sir/Madam:		
<b>Cancellation of ACH Direct</b>	Debit	
Client's Name:		
Databank Account number:		
Type of fund:		
Bank Account Name:		
Name of Bank:		
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