

 New instruction Amendment

Title: _____ First name: _____ Surname: _____

Postal address: _____

Email: _____ Tel: _____

[illegible]

Fund name

- ☐ Databank Money Market Fund (MFUND)
- ☐ Databank EPACK Investment Fund (EPACK)
- ☐ Databank Balanced Fund (BFUND)
- ☐ Databank Ark Fund (ArkFund)
- ☐ Databank Educational Investment Fund (EdiFund), Tier 1
- ☐ Databank Educational Investment Fund (EdiFund), Tier 2

Transaction Charge
Total Amount

Amount (GHC)
3.00

Amount in words

Date of first transaction: (Month) _____ (Year) _____ Frequency of deductions: ☐ Monthly ☐ Quarterly

Name of bank: _____ Branch: _____

Name on bank account: _____

Account type: ☐ Current ☐ Savings ☐ Other (Please indicate) _____

Account no.: Sort code:

If the selected date falls on a holiday or weekend, your account will be debited on the next business day.

I/We the undersigned hereby authorize Databank 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. The above mutual fund and Databank Group are 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. **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.** Crediting to your Databank mutual fund account will be effected two business days upon receipt of all funds. The efficiency of the direct debit scheme is monitored and protected by all parties involved. If an error is made by any of the parties involved, the client is guaranteed a full and immediate refund to 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 this transaction is subject to change – a 30 day notice will be provided to clients. This direct debit mandate supersedes all previous standing orders to Databank.

Client signature

Date _____

Client signature (for joint account holders)

Date _____

	Name	Signature	Branch	Date
Direct debit signup:				
Direct debit review:				

**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 Asset Management Services Limited.

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 Asset Management Services Limited from any losses and all other liabilities that may result from this authorized transaction.



Ensure that the signature here matches your original signature otherwise you may not be able to withdraw from your account.

Date: _____ / _____ / _____

How to fill the Signature section:

1. Check to ensure you have opened this document with **Adobe Reader or PDF Reader**.
2. On the Toolbar (3rd bar from top or on the right), click on **'Fill &Sign'**.
3. Select **'Place Signature'**.
4. Choose how you would like to create or upload your signature.
5. Drag the signature into the Signature Box and ensure that it fits in the box and does not touch the lines.