



Official use only

New Account Existing Account

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PEP RP: High Low

DATABANK MUTUAL FUND APPLICATION FORM – INDIVIDUAL

SECTION 1: PLAN INFORMATION

Individual Joint ITF (In trust for children under 18 years)

SECTION 2: PERSONAL DETAILS (TO BE COMPLETED BY ALL APPLICANTS)

FIRST APPLICANT

Title: Dr. Prof. Mr. Mrs. Ms.

Surname:

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First Name(s) and Other Names:

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Postal Address:

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Residential Address:

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Email:

Annual Income

Below GHC 5,000 GHC 5,000 – 9,999
 GHC 10,000-19,999 Above GHC 20,000

Other sources of income: _____

Marital Status: Single Married Divorced Widowed

Mobile Phone:

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Residential Phone:

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Nationality:

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Country of Residence:

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Occupation (e.g. Student, Doctor, etc.):

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Name of employer/school:

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Level of education:

Basic Secondary Diploma
 1st Degree Advanced Degree Other

Mother's Maiden Name:

Date of Birth:

____/____/____
DD MM YYYY

Gender:

Male Female

Valid Photo ID:

Passport Voter's ID
 NHIS National ID
 Driver's license
 Other _____

ID Number:

Date of expiration:

____/____/____
DD MM YYYY

SECOND APPLICANT

Title: Dr. Prof. Mr. Mrs. Ms.

Surname:

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First Name(s) and Other Names:

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Postal Address:

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Residential Address:

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Email:

Annual Income

Below GHC 5,000 GHC 5,000 – 9,999
 GHC 10,000-19,999 Above GHC 20,000

Other sources of income: _____

Marital Status: Single Married Divorced Widowed

Mobile Phone:

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Residential Phone:

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Nationality:

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Country of Residence:

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Occupation (e.g. Student, Doctor, etc.):

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Name of employer/school:

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Level of Education:

Basic Secondary Diploma
 1st Degree Advanced Degree Other

Mother's Maiden Name:

Date of Birth:

____/____/____
DD MM YYYY

Gender:

Male Female

Valid Photo ID:

Passport Voter's ID
 NHIS National ID
 Driver's license
 Other _____

ID Number:

Date of expiration:

____/____/____
DD MM YYYY

ITF INSTRUCTIONS

Surname:

(1) _____
(2) _____
(3) _____

First name

Date of birth (DD/MM/YY)

____/____/____
____/____/____
____/____/____

SECTION 3: RISK ASSESSMENT QUESTIONNAIRE**Risk Tolerance:** High Medium Low

1. When do you plan to withdraw a significant portion of your money? Less than 1 year 1 to 2 years 3 to 5 years More than 5 years
2. Do you have an emergency fund (i.e., 6 months of after-tax income)? Yes No Yes, but less than six months
3. What is the level of your investment knowledge? Limited Moderate Extensive
4. How much of a risk taker are you with investing? Low Low to Medium Medium Medium to High High
5. How would you react if an investment you had committed to for three or more years lost 10% of its value in the first year?
- Extremely concerned; sell my investment Concerned; consider selling my investment
- Concerned; not consider selling my investment Not overly concerned; I'm in it for the long term

SECTION 4: INVESTMENT INSTRUCTIONS

Fund name	Initial investment amount (GHC)	Direct debit amount (GHC)*
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		
Total		

Note: Indicate deposits into EdIFund Tier 1 and Tier 2 separately. *Direct debit application must also be completed if an amount is indicated in this section.

Investment instructions: Please note that by completing this application form, you will be able to make deposits into any Databank mutual fund, even if you have not previously done so. However, you will not be considered a shareholder of any Fund until you have read and agreed to the terms and conditions of the Fund and proceeded to make a deposit into it.

Please confirm your agreement by signing on the line:

SECTION 5: BENEFICIARY DETAILS

Name:	Phone no .	% allocation
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Note: Percentage allocated to beneficiaries must add up to 100%. By law, the contents of a will and the authority of the Letter of Agreements (LA) always supersedes the beneficiaries listed as part of your mutual fund application, so it is important to ensure that your wishes regarding your investments are clearly stated in a will.

Next of kin: _____
 Name Email Phone

SECTION 6: DATABANK NOTIFICATION ALERT SYSTEM Yes No

Enable SMS alerts: Yes No **Enable email alerts:** Yes No **Alert me on:** Purchases Sales

This is a pre-paid SMS and e-mail transactional alert service. An annual subscription charge of GHC 10.00 will be deducted from your account. This fee will continue to be automatically deducted from your account on the anniversary date of the setup of this service until you provide us with written notice to cancel the service. 30 days' notice will be required.

SECTION 7: SIGNATURES**Please indicate:** One to sign Two to sign

	____/____/____		____/____/____
Signature of first applicant	Date	Signature of second applicant	Date

Note: Ensure that signature fits within the box and does not touch any of the edges of the signature box.

SECTION 8: OFFICIAL USE ONLY

Name:	Branch	Signature	Date
Account Signup: _____	_____	_____	_____
Account Setup: _____	_____	_____	_____
Account Review: _____	_____	_____	_____

How did you hear about the fund(s) you're investing in: Newspaper ad Radio Website Family/Friend Other _____

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