

DATABANK INVESTMENT DEDUCTION FORM

New
 Amendment
 Cancellation

PERSONAL DETAILS

First Name

Surname

Postal Address

Email

Phone Number

Staff Number

Databank Account Number

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Fund Type

ArkFund
 BFund
 EdIFund
 Epack
 MFund

PAYMENT DETAILS

Amount contributed (GHC):

Amount in words:

Date of first deduction:

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dd mm yy

End date of deductions:

Indefinitely
 Until

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dd mm yy

TERMS AND CONDITIONS

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. I / we can cancel this mandate at any time by writing to Databank at least one month before the date of the next deduction. I/We hereby indemnify Databank against any claim or liability that may arise, but is not limited to my/our providing the wrong databank details (i.e., fund type and account number) or any error in my/our instructions, in respect of which Databank acts implementing my/our direct debit.

Client Signature(s): _____ Date: _____

Client Signature(s): _____ Date: _____

FOR OFFICIAL USE ONLY

_____ _____ _____
 Name of RM Signature Date