

ACCOUNT TYPE

Single
 Joint
 ITF
 Institutional

Databank account number

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PERSONAL DETAILS

Name on Databank account

Postal address

Email address

Phone number

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INVESTMENT TYPE

Epack
 MFund
 BFund
 ArkFund
 EdlFund Tier 1
 EdlFund Tier 2

WITHDRAWAL DETAILS

Withdrawal amount (In figures)

Withdrawal amount (In words)

Reason for withdrawal

Educational
 Business
 Real estate
 Health
 Other _____

Transfer to other Databank Fund (Indicate Fund and account number) _____

PAYMENT OPTION (please select **only one** payment option)

COLLECTION AT BANK USING TOKEN- Up to GHC 5,000
 (Indicate name on ID card)

CHEQUE - Indicate payee (attracts a fee of GHC 5)

Select collection bank: GTBank Zenith Bank

(Please note that the name you indicate above is what will be issued on the cheque or used by the bank for verification. Name must match valid ID. Cheques above GHC 5,000.00 cannot be collected over the counter.)

BANK TRANSFER (Account must be in your name. No third-party transfers allowed.)

Name on account

Account number

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Bank

Branch name

MOBILE MONEY (MTN numbers ONLY) - Up to GHC 2,500

Name on mobile money wallet

Number on mobile money wallet

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Indemnity form : I hereby indemnify the above named Fund and Databank against any further claim or liability (due to but not limited to loss of open cheque, providing wrong Current Account or mobile money wallet details, etc.), in respect of their acting upon the above instructions from me.

Signature _____

FIRST APPLICANT

Photo ID: Passport Voter's ID
 National ID Driver's license Other _____

ID Number:

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Signature / Thumbprint

Date of request ____/____/____

SECOND APPLICANT

Photo ID: Passport Voter's ID
 National ID Driver's license Other _____

ID Number:

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Signature / Thumbprint

Date of request ____/____/____

OFFICIAL USE ONLY

Name of reviewer

Signature

Verified by DAMSEL B/O

Signature

Proceeds due date

**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.