

DIRECT DEBIT AUTHORIZATION

OIN 8912010

CUSTOMER INFORMATION					
INVESTMENT ACCOUNT NAME:					
POSTAL/RESIDENTIAL ADDRESS:					
EMAIL ADDRESS:					
CONTACT NUMBER:					
INVESTMENT ACCOUNT NUMBER:					
DIRECT DEBIT INSTRUCTIONS					
DEDUCTIONS AMOUNT(GH¢)	Total Amount in words				
Contributions					
DATE OF FIRST DEDUCTION	D D	M	Υ	YY	Y
SUBSEQUENT DEDUCTIONS: DAI	1	MONTHLY [•		-
DAY OF LAST DEDUCTION:	until further notice ir	writing / until	/		YYY
CLIENT BANK DETAILS					
NAME OF BANK:					
BRANCH:		SOR	r code		
TYPE OF ACCOUNT:	rrent	☐ SAVINGS		OTHER	
BANK ACCOUNT NAME:					
BANK ACCOUNT NUMBER:					
I/WE THE UNDERSIGNED HEREBY AUTHO OF MY/OUR MUTUAL FUND ACCOUNT A THE ABOVE MUTUAL FUND AND CDH GROU LIMITED TO MY/OUR PROVIDING THE WRO INSTRUCTIONS IN RESPECT OF WHICH CDH	S INDICATED ABOVE SU UP ARE HEREBY INDEMNIF ONG BANK DETAILS, PER:	UBJECT TO THE TER IED AGAINST ANY CL SONAL ACCOUNT N	MS AND CO AIM OR LIABI UMBER OR A	NDITIONS PRO LITY THAT MAY NY OTHER ERR	VIDED BELOW. Arise but not or in My/Our
 TERMS AND CONDITIONS The efficiency of the direct debit scheme is monited. If any error is made by any of the parties involved. An advance notification for deduction will be sended. The service attracts a fee of GH¢ 2.00 per transact. The client can cancel this mandate at any time by the content of the client. 	l, the client is guaranteed a fi t via SMS or email at least tw tion. writing to CDH Balanced Fi	ull and immediate refur o weeks prior to the da	nte of first dedu	ction.	nator of the error.
 This direct debit mandate supercedes all previous Where there are insufficient funds in the client's libe debited accordingly with GH¢ 2.00 for such failure A service fee of GH¢ 1.00 a month is required to 	pank account to honour the cure.			bit mandate, the o	client's account wil
CLIENT SIGNATURE (S)		— DATE _	DD	MM	YYYY
		DATE _		MM	YYYY
REVIEWED BY		DATE _		141141	1111