DIRECT DEBIT AUTHORIZATION FORM

OIN CS 32359201312

CLIENT ID		FUND TYPE	

CUSTOMER DETAILS

SURNAME	
OTHER NAME(S)	
ADDRESS	
ID TYPE	ID NUMBER
MOBILE NUMBER(S)	
EMAIL ADDRESS	

INVESTMENT INSTRUCTION

	INVESTMENT AMOUNT	TRANSACTION FEE	TOTAL DEDUCTION AMOUNT
AMOUNT IN FIGURES			

(Single sign up = GHS 2; Multiple sign ups = GHS 1 each)

TOTAL DEDUCTION AMOUNT IN WORDS

	DAY	MONTH	YEAR
DATE OF FIRST DEDUCTION			

SUBSEQUENT DEDUCTION   DAILY [ ]   WEEKLY [ ]   MONTHLY [ ]   QUARTERLY [ ]   YEARLY [ ]

DAY OF SUBSEQUENT DEDUCTION   _____   This will continue until notice of cancellation (in writing) is received from the client.

PAYMENT DETAILS

NAME OF BANK		BRANCH	
BANK ACCOUNT NUMBER		SORT CODE	

ACCOUNT TYPE   SAVINGS [ ]   CURRENT [ ]   OTHER [ ]   SPECIFY _____

BANK ACCOUNT NAME _____

TERMS AND CONDITIONS:

- 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, you are guaranteed a full and immediate refund to your own bank account by the originator of the error.
- The client can cancel this mandate at any time by writing to Investcorp Asset Management Limited. Seven(7) days in advance of your account being debited.

CLIENT SIGNATURE(S): _____

DATE			
	DD	MM	YY

INTERNAL USE ONLY

REVIEWED BY: _____

DATE			
	DD	MM	YY

APPROVED BY: _____

DATE			
	DD	MM	YY