

Investor Account Number: _____

Date:

Account Type: Individual Joint ITF Corporate Others _____

PRODUCT

PSL Fixed Income Unit Trust Others _____

CUSTOMER DETAILS

Name Of Customer: _____

ID Type: National ID / Ghana Card Others _____

ID Number: _____ Issue Date:

Address: _____

Mobile Number: Email Address: _____

INVESTMENT DETAILS

Amount Invested / Deposit: _____

Mode of Deposit: Transfer Cash Cheque Other

Bank / Cheque No.: _____

Number of Units _____

Price _____

CLIENT'S BANK ACCOUNT:

Name of Bank: _____ Branch: _____

Account Name: _____ Account No:
TERMS & CONDITIONS

- Note that returns on the scheme are in the form of gains or losses.
- All withdrawals require a notice of five (5) working days.

Signature of Customer: _____ Name: _____

Signature of Customer : _____ Name: _____

MANDATORY FIELD (FOR OFFICIAL USE ONLY)

Processed by: _____

Authorised by: _____

Signature : _____

Signature : _____

Date: _____

Date: _____