CIDAN INVESTMENTS LIMITED

CIDAN House, No. 261, Haatso, North Legon-Accra
P. O. Box CT 7991, Cantonments-Accra
Tel: +233 (0)559 899 935; +233 (0)261 717 001; Email: info@cidaninvestments.com

CIDAN Investments Ltd
...building a successful future

DIRECT DEBIT AUTHORIZATION FORM

CLIENT'S A/C #

OIN **1125CA100180101**
FUND **DALEX VISION FUND LTD**

CUSTOMER DETAILS

SURNAME

OTHER NAME(S)

ADDRESS:

ID NUMBER *(Ghana Card, Passport, etc)*

MOBILE NUMBER:

EMAIL:

PAYMENT DETAILS

INVESTMENT AMOUNT (GHS):

AMOUNT IN WORDS:

DATE OF FIRST DEDUCTION — DD / MM / YYYY

SUBSEQUENT DEDUCTIONS — DAILY / WEEKLY / MONTHLY / QUARTERLY / YEARLY (PLEASE UNDERLINE)

DAY OF EVERY DEDUCTION — DD — until further notice in writing / until...../...../20.....

I WOULD LIKE TO INCREASE MY DIRECT DEBIT: YEARLY ☐ EVERY TWO(2) YEARS ☐

INCREASE AMOUNT BY: **GHS50** ☐ **GHS100** ☐ **GHS200** ☐ **GHS500** ☐ **OTHER** ☐

ACCOUNT NUMBER TO BE CREDITED: **0 0 2 1 0 0 1 8 0 1 8 0 1**

INSTRUCTION TO CLIENT'S BANK

NAME OF BANK:

BRANCH WHERE ACCOUNT IS HELD: SORT CODE:

TYPE OF ACCOUNT: CURRENT ☐ SAVINGS ☐ OTHER ☐

BANK ACCOUNT NAME

BANK ACCOUNT NUMBER

I/ WE THE UNDERSIGNED HEREBY AUTHORIZE THE BANK TO DEDUCT MY/OUR MONTHLY INSTALMENTS FOR MY/OUR INVESTMENT AS INDICATED ABOVE

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 own bank account by the originator of the error.
- The client can cancel this mandate at any time by writing to CIDAN Investments Limited within fourteen (14) days in advance of your account being debited.
- CIDAN Investment has agreed to advance notice of the amount at least 10 days before the date of first debit. The notice will be provided by electronic means by e-mail and SMS where the customer has provided them.
- The client will be charged a processing fee per every deduction, as may be determined by the initiating bank from time to time.

CLIENT SIGNATURE(S) : DATE DD MM YY YY

INTERNAL USE ONLY
REVIEWED BY : DATE DD MM YY YY