## CIDAN INVESTMENTS LIMITED

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	DIREC	T DEBIT	AUTHORIZ	ATION	FORM				
CLIENT'S A/C #					OIN	1125CA25		_	
CUSTOMER DETAILS					FUND	OMEGA E	QUITY FUND LTI	)	
SURNAME									
OTHER NAME(S)									
ADDRESS:									
ID NUMBER (Ghana Card, Passport, etc	)								
	·			1	1	1 1			
MOBILE NUMBER:									
EMAIL:									
PAYMENT DETAILS									
INVESTMENT AMOUNT (GHS): AMOUNT IN WORDS:									
DATE OF FIRST DEDUCTION		1		1	7	[			
BATE OF THOSE BEBOOMON	DD DAILY / WEEKLY / MO			ММ	_	L	l e	YYYY	
SUBSEQUENT DEDUCTIONS		EASE UNDERLINE							
DAY OF EVERY DEDUCTION		until further	notice in writing	/ until	/	/20	)		
I WOULD LIKE TO INCREASE MY DIRECT DEBI	DD IT: YEARLY		EVERY TV	VO(2) YEARS	;	]			
INCREASE AMOUNT BY: GH	S50 GHS100		GHS200	GHS500		- OTHER			
ACCOUNT NUMBER TO BE CREDITED 0	0 2	0	2 5	0	0	3	3 8	0	2
INSTRUCTION TO CLIENT'S BANK									
NAME OF BANK:									
BRANCH WHERE ACCOUNT IS HELD:				ORT CODE	:				
TYPE OF ACCOUNT:	CURRENT	]	SAVINGS		]		OTHER		
BANK ACCOUNT NAME	$\overline{}$								
BANK ACCOUNT NUMBER		1		1			ļ		
I/ WE THE UNDERSIGNED HEREBY ATTERMS AND CONDITIONS:	UTHORIZE THE BANK T	TO DEDUCT MY	Y/OUR MONTHLY	INSTALME	NTS FOR I	MY/OUR IN	VESTMENT AS I	NDICATED A	BOVE
•The efficiency of the Direct Debit scher									
•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.									
<ul> <li>CIDAN Investment has agreed to advantage SMS where the customer has provided</li> </ul>	nce notice of the amount a								ail and
•The client will be charged a processing		as may be dete	ermined by the initi	ating bank fr	om time to	time.			
CLIENT SIGNATURE(S):				DATE					
INTERNAL USE ONLY					DD		MM	YY	YY
REVIEWED BY :				DATE				\/\/	207