

CIDAN INVESTMENTS LIMITED

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**DIRECT DEBIT AUTHORIZATION FORM**

CLIENT'S A/C #

OIN

1125CA250037001

FUND

OMEGA INCOME 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

0

2

5

0

0

3

7

8

0

2

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