

Account Classification		SSIFICATI	ON AND TYPE							
CLIENT DETAILS	Account Classification	n ()	Gold Money Mai	rket Fund 🔘	Freedo	m Fund (	McTrust	0	Mandate Ac	count
Investment Account Number Full Name/Entry Name  ID Type	Account Type	O S	Single Account	0	Joint A	ccount (	In Trust For	(ITF)	Corporate/I	nstitutions (
Full Name/Entry Name  ID Type	CLIENT DETAIL	S								
ID Type	Investment Account N	Number								
D Number/Registration Number   Phone Number   Pho	Full Name/Entry Nam	ne								
Phone Number    REDEMPTION DETAILS	ID Type 🔾	Passpc	ort ()	Voter's ID	0	Driver's Licens	e O S	SNIT Card	O N	National ID
Withdrawal Amount (in Yigure)  Withdrawal Amount (in wore)  Reason for Withdrawal	ID Number/Registrati	ion Numbe	er							
Withdrawal Amount (in Figures)  Withdrawal Amount (in Weres)  Reason for Withdrawal	Phone Number									
Reason for Withdrawal	REDEMPTION D	DETAILS								
Reason for Withdrawal	Withdrawal Amount (	In Figures)	GHs							
Payment Option (Select)	Withdrawal Amount (	In Words)								
Payment Option (Select)										
Mobile Money ○ (Indicate Number)  • Cheque will be issued in the name of the Payee. Attach authority lister if Payee is different from the account holder. • Flobile Money Number must mater the Client Number with Nardeld Investment Planagers.  Bank Transfer ○ (Complete details below)  BANK DETAILS FOR PAYMENT  Bank Name	Reason for Withdraw	al ()	Health ()	Educationa	l () Busi	iness () Up	okeep (	Other (	Specify	
Cheque will be issued in the name of the Payee. Attach authority letter if Payee is different from the account holder.     Noticle Prince with Ashield investment Planages.  Bank Transfer	Payment Option (Select)		Cheque 🔾	Payee						
Bank Transfer			Mobile Money	(Indicate Nu	ımber)					
Bank Name								from the acco	unt holder.	
Bank Name  Account Number  By signing this forms, the Client undertakes to provide accurate details for all transactions and that the information provided are accurate and complete. The client further agrees to indemnify the above name Fund and Ashfield Investment Managers against further claims and any other liability in respect of their acting on the instruction as provided by the client in this Form, the Application Forms or any other document as requested.  Name of Signatory  Date  / /  Name of Signatory  Date  OFFICIAL USE ONLY: APPROVAL  RECEIVED AND CHECKED BY  VERIFIED AND APPROVED BY  Name  Signature  Date  Date  Date			Bank Transfe	Complete	details below)					
Account Number  By signing this forms, the Client undertakes to provide accurate details for all transactions and that the information provided are accurate and complete. The client further agrees to Indemnity the above name Fund and Ashfield investment Managers against further claims and any other liability in respect of their acting on the instruction as provided by the client in this Form, the Application Forms or any other document as requested.  Name of Signatory  Date  // /  Name of Signatory  Date  // /  OFFICIAL USE ONLY: APPROVAL  RECEIVED AND CHECKED BY  VERIFIED AND APPROVED BY  Name  Signature  Date  Date  Date  Date	BANK DETAILS	FOR PAY	MENT							
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In this Form, the Application Forms or any other document as requested.  Name of Signatory  Date  / /  Name of Signatory  Date  OFFICIAL USE ONLY: APPROVAL  RECEIVED AND CHECKED BY  Name  Signature  Date  Date  Date  Date					neactions and th					
Date / / /  Name of Signatory Signature  Date / / /  Name of Signatory Signature  Date / / /   OFFICIAL USE ONLY: APPROVAL  RECEIVED AND CHECKED BY VERIFIED AND APPROVED BY  Name Signature Signature  Date Date Date			ield Investment Man	agers against furt						
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