

Additional Investment Application Form

KINDLY FILL OUT IN BLOCK LETTERS

Your Details		
UMB-IHL Account Name		In Trust For: (If applicable)
UMB-IHL Client ID Number		CSD No.:
Postal Address		Telephone:
Email Address		

Amount To Be Invested	
Figure: GH¢ _____	Amount In Words: _____

Your Mode of Payment			
<input type="checkbox"/> CASH <input type="checkbox"/> MOBILE MONEY Mobile Service Provider: _____ Mobile Number: _____	<input type="checkbox"/> CHEQUE CHQ # _____ BANK: _____ DRAWER: _____	<input type="checkbox"/> DIRECT DEBIT Kindly debit my UMB Account No.: _____ With GH¢ _____	CARD TRANSFERS <input type="checkbox"/> EZWICH CARD Card #: _____ <input type="checkbox"/> VISA CARD Card #: _____ <input type="checkbox"/> OTHER Card #: _____

Your Choice of Investment			
Amount in Figures: _____		Amount in Words _____	
Bills	<input type="checkbox"/> 91-Day Govt. Of Ghana T-Bill <input type="checkbox"/> 182-Day Govt. Of Ghana T-Bill	Fund Management	<input type="checkbox"/> UMB-IHL Institutional Account <input type="checkbox"/> Provident Fund Management <input type="checkbox"/> Welfare Scheme
Notes	<input type="checkbox"/> 1-Year Government of Ghana Note	Mutual Fund	<input type="checkbox"/> Merban Fund
Bonds	<input type="checkbox"/> 2-Year Government of Ghana Bond <input type="checkbox"/> 3-Year Government of Ghana Bond <input type="checkbox"/> 5-Year Government of Ghana Bond	Others	

PLEASE INDICATE HOW YOU WANT TO RECEIVE YOUR INVESTMENT ADVICE(S)/STATEMENTS:

E-Mail
 SMS
 Post
 Collection at UMB-IHL
 Collection at UMB Branch:

Your Operating Instructions	
Please indicate your Operating Instructions by ticking the appropriate Box:	
<input type="checkbox"/>	Invest all the Maturity Proceeds until further notice.
<input type="checkbox"/>	Re-invest Principal amount until further notice and pay me (us) the discount upfront/interest on maturity by: <input type="checkbox"/> Cheque <input type="checkbox"/> Transfer into: Account Name: _____ Account Number: _____ Bank: _____
<input type="checkbox"/>	Do not reinvest on maturity. Pay Maturity Proceeds by: <input type="checkbox"/> Cheque <input type="checkbox"/> Transfer into: Account Name: _____ Account Number: _____ Bank: _____
Signature(s) & Name(s)	Date: _____

Disclaimer: UMB Investment Holdings Limited does not guarantee the performance of Issuers of Fixed Income securities

For Official Use Only	
Received By: Officers Name	Remarks:
Manager	Date: _____