

--	--

Official use only

☐ New Account ☐ Existing Account

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☐ PEP

RP: ☐ High ☐ Low

DATABANK MUTUAL FUND APPLICATION FORM – INDIVIDUAL

SECTION 1: PLAN INFORMATION

☐ Individual ☐ Joint ☐ ITF (In trust for children under 18 years)

SECTION 2: PERSONAL DETAILS (TO BE COMPLETED BY ALL APPLICANTS)

FIRST APPLICANT

Title: ☐ Dr. ☐ Prof. ☐ Mr. ☐ Mrs. ☐ Ms.

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name(s) and Other Names:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residential Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Email:

Annual Income

☐ Below GHC 5,000 ☐ GHC 5,000 – 9,999
☐ GHC 10,000-19,999 ☐ Above GHC 20,000

Other sources of income: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Mobile Phone:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residential Phone:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Nationality:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country of Residence:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Occupation (e.g. Student, Doctor, etc.):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of employer/school:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Level of education:

☐ Basic ☐ Secondary ☐ Diploma
☐ 1st Degree ☐ Advanced Degree ☐ Other

Mother's Maiden Name:

Date of Birth:

____/____/____
DD MM YYYY

Gender:

☐ Male ☐ Female

Valid Photo ID:

☐ Passport ☐ Voter's ID
☐ NHIS ☐ National ID
☐ Driver's license
☐ Other _____

ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of expiration:

____/____/____
DD MM YYYY

SECOND APPLICANT

Title: ☐ Dr. ☐ Prof. ☐ Mr. ☐ Mrs. ☐ Ms.

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name(s) and Other Names:

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Postal Address:

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Residential Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Email:

Annual Income

☐ Below GHC 5,000 ☐ GHC 5,000 – 9,999
☐ GHC 10,000-19,999 ☐ Above GHC 20,000

Other sources of income: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Mobile Phone:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residential Phone:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Nationality:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country of Residence:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Occupation (e.g. Student, Doctor, etc.):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of employer/school:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Level of Education:

☐ Basic ☐ Secondary ☐ Diploma
☐ 1st Degree ☐ Advanced Degree ☐ Other

Mother's Maiden Name:

Date of Birth:

____/____/____
DD MM YYYY

Gender:

☐ Male ☐ Female

Valid Photo ID:

☐ Passport ☐ Voter's ID
☐ NHIS ☐ National ID
☐ Driver's license
☐ Other _____

ID Number:

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Date of expiration:

____/____/____
DD MM YYYY

ITF INSTRUCTIONS

Surname:

(1) _____
(2) _____
(3) _____

First name

Date of birth (DD/MM/YY)

____/____/____
____/____/____
____/____/____

SECTION 3: RISK ASSESSMENT QUESTIONNAIRE**Risk Tolerance:** ☐ High ☐ Medium ☐ Low

1. When do you plan to withdraw a significant portion of your money? ☐ Less than 1 year ☐ 1 to 2 years ☐ 3 to 5 years ☐ More than 5 years
2. Do you have an emergency fund (i.e., 6 months of after-tax income)? ☐ Yes ☐ No ☐ Yes, but less than six months
3. What is the level of your investment knowledge? ☐ Limited ☐ Moderate ☐ Extensive
4. How much of a risk taker are you with investing? ☐ Low ☐ Low to Medium ☐ Medium ☐ Medium to High ☐ High
5. How would you react if an investment you had committed to for three or more years lost 10% of its value in the first year?
- ☐ Extremely concerned; sell my investment ☐ Concerned; consider selling my investment
- ☐ Concerned; not consider selling my investment ☐ Not overly concerned; I'm in it for the long term

SECTION 4: INVESTMENT INSTRUCTIONS

Fund name	Initial investment amount (GHC)	Direct debit amount (GHC)*
Databank Money Market Fund (MFund)		
Databank EPACK Investment Fund (Epack)		
Databank Balanced Fund (BFund)		
Databank Ark Fund (ArkFund)		
Databank Educational Investment Fund (EdlFund), Tier 1		
Databank Educational Investment Fund (EdlFund), Tier 2		
Total		

Note: Indicate deposits into EdlfundTier 1 and Tier 2 separately. *Direct debit application must also be completed if an amount is indicated in this section.

Investment instructions: Please note that by completing this application form, you will be able to make deposits into any Databank mutual fund, even if you have not previously done so. However, you will not be considered a shareholder of any Fund until you have read and agreed to the terms and conditions of the Fund and proceeded to make a deposit into it.

Please confirm your agreement by signing on the line:

SECTION 5: BENEFICIARY DETAILS

Name:	Phone no .	% allocation
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Note: Percentage allocated to beneficiaries must add up to 100%. By law, the contents of a will and the authority of the Letter of Agreements (LA) always supersedes the beneficiaries listed as part of your mutual fund application, so it is important to ensure that your wishes regarding your investments are clearly stated in a will.

Next of kin: _____
 Name Email Phone

SECTION 6: DATABANK NOTIFICATION ALERT SYSTEM☐ Yes ☐ No

Enable SMS alerts: ☐ Yes ☐ No **Enable email alerts:** ☐ Yes ☐ No **Alert me on:** ☐ Purchases ☐ Sales

This is a pre-paid SMS and e-mail transactional alert service. An annual subscription charge of GHC 10.00 will be deducted from your account. This fee will continue to be automatically deducted from your account on the anniversary date of the setup of this service until you provide us with written notice to cancel the service. 30 days' notice will be required.

SECTION 7: SIGNATURES**Please indicate:** ☐ One to sign ☐ Two to sign

Signature of first applicant

 Date

Signature of second applicant

 Date

Note: Ensure that signature fits within the box and does not touch any of the edges of the signature box.

SECTION 8: OFFICIAL USE ONLY

Name:	Branch	Signature	Date
Account Signup: _____	_____	_____	_____
Account Setup: _____	_____	_____	_____
Account Review: _____	_____	_____	_____

How did you hear about the fund(s) you're investing in: ☐ Newspaper ad ☐ Radio ☐ Website ☐ Family/Friend ☐ Other _____