CM FUND

GROUP

Hse# D921/3, Adjacent (AMA),
Asafoatse Nettey Street, Post Office Square
P. O. Box GP 14198, Accra, Ghana.
Tel: 0302 669372 - 5, Fax: 0302 669371, www. sdcgh.com

DIRECT DEBIT VARIABLE MANDATE FORM

New Instructions ☐ Amendment ☐ Withdrawal ☐

SECTION A: PERSONAL DETAILS

Title: _____ Surname: _____ First Name: _____

Residential Address: _____

Postal Address: _____

Telephone: _____ Email: _____

SECTION B: INVESTMENT TYPE

FUND NAME	TICK	DEBIT DATE		FREQUENCY		AMOUNT	AMOUNT IN WORDS	INCREMENT DETAILS
CM FUND		3rd		Monthly				
ASSET MGT		25th		Quarterly				
				Transaction Fee		0.50		
				Total Amount				

CM FUND CONTRIBUTION IRO OF

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SECTION C: DIRECT DEBIT INSTRUCTION

Name of Bank: _____ Branch: _____

Name on Bank Account: _____ Sort Code: _____

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Type: Current ☐ Savings ☐ Others (Specify) _____

SECTION D: DECLARATION

I/We hereby request, instruct and authorize you to debit my/our account in accordance with any Direct Debit Instruction issued and delivered to you by the SDC Capital Ltd. the sum of _____ (amount in words), necessary for payment of the monthly/quarterly installment due in respect of the above-mentioned agreement) on the _____ day of each and every month/quarterly commencing on _____. All such debits from my/our account by you in accordance with any Direct Debit Instruction issued and delivered to you by the SDC Capital Ltd. shall be treated as though they have been signed by me/us personally. The amounts are VARIABLE and shall be debited on _____of each month. I/We understand that the SDC Capital Ltd. shall change the amount and dates only based on the terms indicated herein and subject execution of this authority in its variable form. I/We understand that the withdrawals hereby authorized shall be processed by electronic funds transfer, and I/we also understand that details of each withdrawal shall be printed on my bank statement and/or an accompanying voucher. I/We agree to pay any bank charges relating to this Authority. This Authority shall be cancelled by me/us by giving both you and the SDC Capital Ltd. twenty (20) Business Days notice in writing, sent by prepaid registered post, or delivered to the addresses stated above, but I/we understand that I/we shall not be entitled to any refund of amounts which may have already been withdrawn while this Authority was in force if such amounts were legally owing to the SDC Capital Ltd. I/We understand that if any Direct Debit Instruction is paid which breaches the terms of this Authority, you shall not be liable to us in any way or manner whatsoever, whether under contract, tort or negligence and that our recourse shall be limited to the SDC Capital Ltd.

Signed at _____ on this _____ day of _____ 20_____

_____ _____

[SIGNATURE AS PER ACCOUNT MANDATE] **Date**

SECTION E: OFFICIAL USE ONLY

Approval_____ Date_____