



# CM FUND

## APPLICATION FORM (INDIVIDUAL)

CM FUND ACCOUNT NO: 0105004288900, STANDARD CHARTERED BANK, HIGH STREET

**Personal Details:** To be completed by all applicants

### First Applicant

(Mr/Mrs/Miss): Surname.....

First & Other Name(s):.....

Gender: ..... Marital Status.....

Nationality..... Date of Birth:...../...../.....

**Residential Status** :Resident Ghanaian/ Resident Foreigner/

Non Resident Ghanaian/ Non Resident Foreigner

Residential Address: .....

Postal Address: .....

Email:..... Phone#.....

ID Type: ..... ID #:.....

### Occupational Details

Occupation.....

Employer's Name: .....

Employer's Address:.....

Employer's Telephone #.....

Nature of Business: .....

Office Location: .....

### Next of Kin Details

Next of Kin : .....

Relationship with applicant: .....

Contact Details: .....

### Bank Account Details

Bank Name: .....

Account Name: .....

Branch: .....

Account Number: .....

### Joint Applicant (if any)

(Mr/Mrs/Miss): Surname.....

First & Other Name(s):.....

Gender: ..... Marital Status.....

Nationality..... Date of Birth:...../...../.....

**Residential Status** :Resident Ghanaian/ Resident Foreigner/

Non Resident Ghanaian/ Non Resident Foreigner

Residential Address: .....

Postal Address: .....

Email:..... Phone#.....

ID Type: ..... ID #:.....

### Occupational Details

Occupation.....

Employer's Name: .....

Employer's Address:.....

Employer's Telephone #.....

Nature of Business: .....

Office Location: .....

### Next of Kin Details

Next of Kin : .....

Relationship with applicant: .....

Contact Details: .....

### Bank Account Details

Bank Name: .....

Account Name: .....

Branch: .....

Account Number: .....

Initial Deposit GH¢.....

Initial Deposit GH¢.....

Signature: .....Date: ...../...../.....

Signature: .....Date: ...../...../.....

Approximate income per annum(GHC)	Net Worth (GHC)	Objectives	Investment Knowledge	Investment Account type
<input type="checkbox"/> Under 2000	<input type="checkbox"/> Under 25,000	<input type="checkbox"/> Security	<input type="checkbox"/> Professional	<input type="checkbox"/> Discretionary/Equity
<input type="checkbox"/> 2,000- 4,999	<input type="checkbox"/> 25,000 -49,999	<input type="checkbox"/> Income	<input type="checkbox"/> Sophisticated	<input type="checkbox"/> Future Project
<input type="checkbox"/> 5,000-9,999	<input type="checkbox"/> 50,000 - 99,999	<input type="checkbox"/> Balance	<input type="checkbox"/> Good	<input type="checkbox"/> Children's Future
<input type="checkbox"/> 10,000-24,999	<input type="checkbox"/> 100,000-249,999	<input type="checkbox"/> Growth	<input type="checkbox"/> Limited	<input type="checkbox"/> Growth
<input type="checkbox"/> 25,000-49,999	<input type="checkbox"/> 250,000-500,000	<input type="checkbox"/> Speculation	<input type="checkbox"/> Novice	<input type="checkbox"/> Premium Investment
<input type="checkbox"/> 50,000 -100,000	<input type="checkbox"/> Over 500,000			<input type="checkbox"/> Retirement Payments
<input type="checkbox"/> Over 100,000				

**OFFICIAL USE ONLY**

**Documentation Checklist:**

Proof of photo ID Received

Copy of Residence /Work/ Refugee Permit Received

Proof of Residential Address Received  
(Copy of Utility Bill or Tenancy Agreement)

**Documentation Status:**

Complete

Incomplete

Risk Rating: High  Low

New Account

Authorized Officer

Signature

Signature

**Part B (to be retained by investor after stamped and/or endorsed by SDC Official)**

*Please read this section thoroughly and sign below if you agree with the operation and management of SDC Capital Limited CM Fund*  
CM Fund is an opened -ended mutual fund. A shareholder is advised to be in the fund for at least 3 years before making withdrawals. Any withdrawals made before 3 years is subjected to a sales commission of 1-3%. Return on CM Fund is in the form of capital gain/loss and not guaranteed interest. The price at which shares in the fund are redeemed may be more or less than the cost to the shareholder depending on the price per share of the fund at the time of redemption.

Name of Client..... Amount Paid GH¢.....

Signature..... Today's date is: Day ..... Month..... Year.....

Witnessed by:

Name of Receiving Officer .....Signature.....Date...../...../.....

**Applicants outside Accra and Kumasi should kindly complete and return forms to SDC Capital Limited by Fax to 233-0302-669371 or by e-mail to [capital@sdcgh.com](mailto:capital@sdcgh.com). You may contact us on +233 0302-669372-5 (Accra Office) or 0281 040419 (Kumasi Office).**



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 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 GH¢	AMOUNT IN WORDS
CM FUND		3rd		Monthly			
		25th		Quarterly			
				Transaction Fee		0.50	
				Total Amount			
CM FUND CONTRIBUTION IRO							

#### 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 FIXED and shall be debited on \_\_\_\_\_ of each month. I/We understand that the SDC Capital Ltd. shall change the amount and dates only after giving me/us prior notice 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 \_\_\_\_\_

**Directors: Emile Yartey; Mathias Dorfe; Seth Asante; Reginald Hansen-Thompson**