



**CDH Balanced Fund**  
build your future your way

## MUTUAL FUND WITHDRAWAL FORM

### ACCOUNT TYPE

Single	Joint	ITF	Institutional	Account Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

### PERSONAL DETAILS

Account Name

Postal / Residential Address

Email Address

Phone Number

### WITHDRAWAL DETAILS

<b>Withdrawal Amount (In Figures)</b>	<b>Withdrawal Amount (In Words)</b>
GH¢ <input type="text"/>	<input type="text"/>
	<input type="text"/>

**Reasons for Withdrawal**

☐ Educational
 ☐ Business
 ☐ Real Estate
 ☐ Health
 ☐ Other

### PAYMENT OPTION (Please check the appropriate box)

☐ Cheque (Indicate payee)

*Please note that the name you indicate above is what will be issued on the cheque, and must match valid ID. Cheques above GHC 5,000.00 cannot be opened.*

☐ Bank Transfer

Bank Name <input type="text"/>	Branch Name <input type="text"/>
Account Name <input type="text"/>	Account Number <input type="text"/>

☐ Transfer to **Ivory Savings and Loans Account**

Name on Account <input type="text"/>	Account Number <input type="text"/>
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**Indemnity Form:** I hereby indemnify the above mutual Fund and CDH Balanced Fund against any further claim or liability (due to but limited to loss of open cheque, providing wrong Current Account details, etc), in respect of their acting upon the above instructions from me.

### FIRST APPLICANT

**PHOTO ID:** ☐ Passport ☐ Voter's ID ☐ NHIS  
☐ National ID ☐ Driver's license Other

**ID Number:**

Signature / Thumbprint

Date of request

### SECOND APPLICANT

**PHOTO ID:** ☐ Passport ☐ Voter's ID ☐ NHIS  
☐ National ID ☐ Driver's license Other

**ID Number:**

Signature / Thumbprint

Date of request

OFFICE  
USE ONLY

Name	Signature	Date	Proceeds Due Date
Reviewed by <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Verified by <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>