



CDH Balanced Fund
Wisdom!

MUTUAL FUND WITHDRAWAL FORM

ACCOUNT TYPE

Single Joint ITF Institutional Account Number

PERSONAL DETAILS

Account Name

Postal / Residential Address

Email Address

Phone Number

WITHDRAWAL DETAILS

Withdrawal Amount (In Figures) GH¢

Withdrawal Amount (In Words)

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 Branch Name

Account Name Account Number

Transfer to Ivory Savings and Loans Account

Name on Account Account Number

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 _____	_____	____/____/____	____/____/____
	Verified by _____	_____	____/____/____	____/____/____
	_____	_____	____/____/____	____/____/____