



CDH Balanced Fund

Wisdom!

CDH BALANCED FUND PLC.

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INVESTMENT WITHDRAWAL FORM

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Client ID

Client Name:

Postal Address:

Email Address:

Mobile Contact:

National ID Number:

(Ghana Card only)

Place of Issue:

Issue Date:

Expiry Date:

WITHDRAWAL DETAILS

Partial Withdrawal

Liquidation

Amount (In Figures):

Amount (In Words):

Reason for Withdrawal:

Education

Business

Real Estate

Health

Other

(please specify)

PAYMENT OPTIONS

Delivery Options:

Cheque

Bank Transfer

Mobile Money

Account/Payee Name:

Bank Name:

Bank Branch:

Account Number:

MoMo Number:

Network Name

(For Momo Only)

DECLARATION

I/We declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform CDH Balanced Fund of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we are aware that I/we may be held liable for it.

Signature I

Signature II

Date:

Date:

FOR INTERNAL USE ONLY:

Name of Receiving Officer:

Name of Officer:

Position:

Signature

Date:

Approved By Compliance Officer/AMLRO:

Name of Officer:

Position:

Signature:

Date: