



MUTUAL FUND WITHDRAWAL FORM

INVESTMENT TYPE

Heritage First Fund

Mutual Fund A/C No

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PERSONAL DETAILS

Name on mutual Fund Account																			
Postal Address																			
Email Address																			
Phone Number																			

Account Type: Single Joint ITF Institutional

WITHDRAWAL DETAILS

Amount in Figures (GHs):																		
Amount in Words:																		

Payment Option (please tick the appropriate box)

Bank Transfer

Bank Name

Branch

Name on Account

Account Number

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INDEMNITY FORM: I hereby indemnify the above named Fund and SEM Capital against any further claim or liability (due to but not limited to loss of open cheque, providing wrong Current A/C details, etc.), in respect of their acting upon the above instructions for me.

<p>FIRST APPLICANT</p> <p>Type of Identification (underline the applicable) Passport Voter's ID GHANA CARD Driver's License</p> <p>ID Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>Signature/Thumbprint <input type="text"/></p> <p>Date of Request ____ / ____ / ____</p>																					<p>SECOND APPLICANT</p> <p>Type of Identification (underline the applicable) Passport Voter's ID GHANA CARD Driver's License</p> <p>ID Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>Signature/Thumbprint <input type="text"/></p> <p>Date of Request ____ / ____ / ____</p>																				
<p>COMPLIANCE OFFICER</p> <p>Name: _____ Signed: _____ Date: ____ / ____ / ____</p>																																									