

EQUITY FOCUS MICROFINANCE LTD (EFML)

PHOTOGRAPH

LICENSED BY BANK OF GHANA

EFML FIXED DEPOSIT APPLICATION FORM (INDIVIDUAL)

Period of Investment: 91 days 182 days 365 days, Client Account Number.....Cert No.....

Name of Applicant: (surname) Other Names

In Trust For /2nd Joint Name

Principal Amount: GHC.....

Rate Applicable% Effective Date:

Special Instructions on Investment maturity: (TICK WHERE IT APPLIES) **ROLL (ROLL OVER PRINCIPAL & INTEREST ON MATURITY)** **PIM (PAY INTEREST ON MATURITY)** **TIM (TRANSFER INTEREST ON MATURITY)**

REFUND (PAY BOTH PRINCIPAL AND INTEREST ON MATURITY)

I/We authorize EFML to purchase on my/ our behalf the investments detailed above.

I/We confirm that EFML would process the investment instruction subject to the availability of sufficient funds to meet the investment.

I/We confirm that EFML is not responsible for any information given in this mandate and the mandate is signed on my/our own freewill.

Unless otherwise instructed, EFML would Roll Over the proceeds upon maturity. Instruction to stop Roll Over will be executed only when such instructions are received not less than three (3) working days prior to the maturity date.

Kindly note the discount rates apply when you disinvest before maturity.

Signature of Applicant(s)..... Date

FOR OFFICIAL USE ONLY: Received By.....

Signature: **Official Stamp**.....