

REF. NUMBER:

QIN:

CUSTOMER DETAILS

Surname:

First name: Other name(s):

Address:

ID Number: Contact:

Email Address:

PAYMENT DETAILS

Premiums GHC:

Amount in word:

Date of First Deduction:

Subsequent Deductions: DAILY WEEKLY MONTHLY QUARTERLY YEARLY

Day of every Deduction: until further notice in writing / until

Account number to be Credited:

PPI AMP

PRI RISave

INSTRUCTION TO BANK

Name of Bank:

Branch where Account is held: Short code:

Type of Account: CURRENT SAVINGS OTHERS

Bank Account Name:

Bank Account No:

I/We the undersigned hereby authorize the bank to deduct my/our monthly premium for my/our investment as indicated above subject to the terms and conditions provided below. PENT ASSET & WEALTH MANAGEMENT is hereby indemnified against any claim or liability that may arise but not limited to my/our providing the wrong bank details, policy number, or any other error in my/our instructions in respect of which (PENT ASSET & WEALTH MANAGEMENT) acts in implementing my/our direct debit authorization. I/We understand that the withdrawals hereby authorised will be

INTERNAL USE ONLY

TERMS AND CONDITION

- The efficiency of the Direct Debit scheme is monitored and protected by all parties involved.
- If an error is made by any of the parties involved, you are guaranteed a full and immediate refund to own bank account by the originator of the error.
- The client can cancel this mandate at any time by writing to PENT ASSET & WEALTH MANAGEMENT within 30 days in advance of your account being debited.
- PENT ASSET & WEALTH MANAGEMENT has agreed to advance notice of the amount at least 10 days before the date of first debit. The notice will be provided by electronic means by e-mail and SMS where the customer has provided them.

Client's signature & Date

Signature

Reveiver's signature & Date

Signature