| FOR OFFICE USE ONLY | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| Investment Type: New Top up Rollover | | | | | | | | | | |
| If Top-up, Referenced Contract Number | | | | | | | | | | |
| Existing Principal Amount (GHS) | | | | | | | | | | |
| Interest Earned as at Date (GHS) | | | | | | | | | | |
| Top up Amount (GHS) | | | | | | | | | | |
| Total Amount being Invested (GHS) | | | | | | | | | | |
| | | | | | | | | | | |
| If Roll-over, Referenced Contract Number | | | | | | | | | | |
| Maturity Date | | | | | | | | | | |
| Matured Amount (GHS) | | | | | | | | | | |
| Amount Being Rolled-over | | | | | | | | | | |
| | | | | | | | | | | |
| Interest Rate (Per Annum) | | | | | | | | | | |
| Relationship Offer Manager's Name | | | | | | | | | | |
| Signature Signature | | | | | | | | | | |
| Date dd mm yyyy Date dd mm yyyy | | | | | | | | | | |

PRINCIPAL CAPITAL MICROFINANCE

INVESTMENT FORM FIXED DEPOSIT PERIODIC CONTRIBUTION ACCOUNT INHERITANCE ACCOUNT **GROUP CONTRIBUTION**



Hse. No. 46 Anum Tessa Ave. Adjiringanor East Legon, Accra - Ghana GD-210-8763 P.O. Box CT 9878 Cantonment, Accra T: +233-30-252 8741/ 30-279 7510 / 30-824 3516

E: info@principalcapital.com.gh

W: www.principalcapital.com.gh

Your Success... Our Business

| Account Name | | | | | | | | | | |
|----------------|----|---|------|----|------|----|----|------|------|--|
| Branch | | | | | | | | | | |
| Account Type | | | | | | | | | | |
| Account Number | | | | | | | | | | |
| Date | da | d | | mm | | уу | уу | | | |



| Name | | | | | | | | | |
|--|-------------------|-----------------------|--------------------|--|--|--|--|--|--|
| Tel. Residential Address | | | | | | | | | |
| Postal Address | Occupation | | | | | | | | |
| Next of Kin Name | Next of K | in No. | | | | | | | |
| INVESTMENT DETAILS Investment Type: Fixed Deposit | Periodic | Inheritance | Group Contribution | | | | | | |
| Fixed Deposit Principal Amount GHS | | | | | | | | | |
| Amount in Words | | | | | | | | | |
| Tenure: 91 DAYS 182 DAYS Periodic/Inheritance/Group Contribution | 365 DAYS | Others: Specify | | | | | | | |
| Initial Deposit GHS | Amount per subsec | quent contributions G | 5HS | | | | | | |
| Tenure (Year): One (1) Two (2) | Three (3) Five (5 | i) Others: Specify | | | | | | | |
| Terms of Contribution: Weekly: Mon | thly: Quarterly | r: Others; Specif | y | | | | | | |
| Inheritance | | | | | | | | | |
| BENEFICIARY (IES) No. Name Of Beneficiary | Date of Birth | Contact | Relationship | | | | | | |
| 1 | | Connact | Kelanonanip | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 5 | | | | | | | | | |
| Group Contribution | | | | | | | | | |
| | | | | | | | | | |
| No. Name Of Members | Date of Birth | Contact | Position in Grp | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| Instruction(s) On Maturity | | | | | | | | | |
| Mode of Payment: CashAccount TransferCheque | | | | | | | | | |
| Source of Funds | | | | | | | | | |
| Instruction(s) At Maturity | | | | | | | | | |
| Rollover Principal and interest | Re-inv | est principal and Pay | Interest | | | | | | |
| Redeem Principal and Interest | Call fo | or Instruction | | | | | | | |

TERMS AND CONDITIONS OF INVESTMENT TRANSACTION

Please read the following information carefully. Sign and return it to the Relationship Officer/the designated official, only after you have satisfied yourself that you fully understand the provisions. Please feel free to ask for any clarifications (if necessary)

Requirement

*Minimum initial amount for a fixed deposit is GHc500.00 *Minimum of GHS 100.00 for periodic contributions *One (1) passport size photo *A valid National Identification Card *A minimum period of one week notice is required for early liquidation *Fixed deposit liquidation before maturity attracts **penalty** as follows: *30% of the interest earned if investment has travelled less than 50% of agreed tenor *20% of the interest earned if investment has travelled above 50% of agreed tenor *No Interest will be paid if investment has travelled below 10 working days.

Disclosure Policy

I hereby confirm that I have read and understand the terms and conditions covering this Investment transaction. Subject to the applicable local laws, I hereby consent to Principal Capital Microfinance Limited or any of its affiliates sharing my information with local or foreign tax authorities and credit bureaus where necessary to establish my tax liability and credit worthiness in any jurisdiction.

Where required by local/domestic or foreign/overseas credit regulators or tax authorities, I consent and agree to PCML to withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I further consent to notify PCML within a period of 14 days of any changes to my personal circumstances which include but not limited to citizenship, marital status, residential and mailing addresses and contact telephone numbers.

Indemnity Clause

Principal Capital Microfinance Limited (PCML) is committed to ensuring that Trustee Applicant's money (ies) is safeguarded and to reach the designated source.

PCML shall not be liable for any cash or cash cheque deposited by Trustee Applicant at any unauthorized source or with an official of PCML, and Trustee Applicant undertakes to indemnify PCML and keep it fully indemnified against all losses, damages, costs and expense incurred or sustained by Trustee Applicant as a result of depositing cash or cash cheque at an unauthorized source or with an official of PCML.

| | Customer's Signature | | | | | | | | |
|---------------------|----------------------|--|--|--|--|--|--|--|--|
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| Name | | | | | | | | | |
| Position Corporc | if ate | | | | | | | | |
| Date | | | | | | | | | |
| | | | | | | | | | |

| | Customer's Signature | | | | | | | | | |
|--------------------|----------------------|--|--|--|--|--|--|--|--|--|
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| | | | | | | | | | | |
| Name | | | | | | | | | | |
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| Position Corpor | n if rate | | | | | | | | | |
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| Date | | | | | | | | | | |
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