

GROUPCONTRIBUTION FORM

Account Name:									
Branch:									
Account Number:									
Date:									

	Group Name:						
	Type of Group: Formal: Nature of Activity:						
	Group Address:						
Email Address:							
Group Contact	No.:						
INVESTMEN	IT DETAILS						
Initial Deposit: G							
Terms of Contrib							
Tenure: Three N	Months: Six Months: One Year: Others:						
ROLL OVER	INSTRUCTION						
	ipal and Interest: 2. Rollover Principal and Pay Interest:						
	and Pay Principal and Interest:						
DETAILS OF	MEMBERS						
Name:							
Date of Birth:	dd mm yyyy Nationality:						
Residential Address:							
Email Address: Mob.:							
National ID No.:							
	ribution Amount: GHc						
Next of Kin:	Relationship:						
Next of Kin's Nur	m.: Signature:						
DETAILS OF	MEMBERS						
	WEWBERS						
	Name:						
Date of Birth: dd mm yyyy Nationality: Residential Address:							
Email Address: Mob.:							
National ID No.:							
	ibution Amount: GHc						
Next of Kin:	Relationship:						
Next of Kin's Nur							

DETAILS OF MEMBERS							
Name:							
Date of Birth: dd mm yyyy	Nationality:						
Residential Address:							
Email Address: Mob.:							
National ID No.:							
Individual Contribution Amount: GHc							
lext of Kin: Relationship:							
Next of Kin's Num.:	Signature:						
DETAILS OF MEMBERS							
Name:							
Date of Birth: dd mm yyyy	Nationality:						
Residential Address:							
Email Address: Mob.:							
National ID No.:							
Individual Contribution Amount: GHc			_				
Next of Kin: Relationship:							
Next of Kin's Num.:							
SIGNATORIES DETAILS Name Of Signatories	Specimen Signature	Category	Contact No.				
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1.							
2.							
3.							
4.							
MANDATE							
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APPLICANT DECLARATION

I/WE confirm that all details provided on the form are true and correct and undertake to indemnify Principal Capital Microfinance for any loss suffered as a result of any false information or error in the information provided.

FOR OFFICE USE ONLY							
Interest Rate: (PA)							
Relationship Officer:	Manager's Name:						
Signature:	Signature:						
Date: dd mm yyyy	Date: dd mm yyyy						
Authorized By: Signature	dd mm yyyy Dafe						

- 1. Minimum initial contribution amount is GHc 100.00
- 2. A minimum period of one week notice is required for early liquidation
- 3. Group Contribution liquidation before maturity attracts penalty as follows:
 - * 30% of the interest earned if investment has travelled less than 50% of agreed tenure
 - * 20% of the interest earned if investment has travelled above 50% of agreed tenure
- 4. In the absence of any customer instruction, all Group Contribution would be rolled over automatically.



OUR PRODUCTS
Fixed Deposit
Periodic Contribution
Principal Group Contribution
Principal Inheritance Account
Flexi Save
Personal Loans
SME Financing

NO.20 Bluohum Street, Dzorwulu Accra P.O. Box CT 9878 Cantonment, Accra

Tel: 0302797510 / 11

E-mail: info@principalcapital.com.gh Website: www.principalcapital.com.gh

Your Success ... Our Business