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RC- 4019GH

YOLA TRUST FINANCIAL SERVICES

INVESTOR'S APPLICATION FORM

E-mail: info_Ytrust.finance@drivehq.com

Form DX1414/10

INVESTORS FORM

FIX PHOTO HERE

DEPOSIT-FORM

INVESTOR'S NAME: _____

Purpose of Deposit: **(PLS SPECIFY)** (Safe – Keeping) (Investment Deposit) _____

DATE OF BIRTH: _____/_____/_____
DD MM YY

OCCUPATION: _____

(RES) PHONE # _____

OFFICE PHONE: _____

MOBILE: _____

E-MAIL: _____

CONTACT PERSON: .....

ADDRESS: POSTAL _____

RESIDENTIAL _____

EMAIL: _____ FAX: .....

INVESTMENT:

AMOUNT (GH₵)(US $)(€)(£) _____ NB: PLEASE TICK BELOW WHERE **APPLICABLE**

DURATION ☐ 3 MTHS ☐ 6 MTHS ☐ 1YR/2YRS/

MODE OF REPMT ☐ CASH ☐ CHEQUE ☐ INTO BANK A/C ☐ ROLL OVER

FREQ. OF INT PMT: ☐ MONTHLY ☐ QUARTERLY ☐ HALF-YEARLY ☐ YEARLY

DEPOSIT - WITHDRAWAL

MANDATE TO DISINVEST:

RC- 4019GH

☐ ALL SHOULD SIGN ☐ ONE SHOULD SIGN (PLEASE SPECIFY NAME BELOW) ☐ ANYONE COULD SIGN

NAME:.....
BENEFICIARY

BANK A/C DETAILS:

BANK NAME.....ADDRESS.....

ACCOUNT NAME..... ACCOUNT NO. _____

SWIFT CODE: _____Bank Phone/fax _____.....

NEXT OF KIN (s)

1. FIRST NAME:	ADDRESS	CONTACT TELEPHONE #
SURNAME		
2. FIRST NAME:	ADDRESS	
SURNAME		

HOW DO YOU HOPE TO RECEIVE YOUR INVESTMENT CERTIFICATE ☐ **POST** ☐ **PICK FROM YTF OFFICE (PLS SPECIFY)**

☐ HEAD OFFICE ☐ OSU ☐ ACCRA ☐ OFFSHORE ☐ SPAIN ☐ UK ☐ GERMANY ☐ USA

_____ _____
CUSTOMER'S SIGNATURE DATE

OFFICE USE ONLY

APPROVAL - PROCESS

US$ _____ .....
DEPOSIT | AMOUNT | USD | **WITHDRAWAL DATE**

....
APPROVED BY **OFFICIAL'S SIGNATURE**

VeriSign Secured

NB: Demurrage with be calculated on the final date of withdrawal

DEPOSIT-FORM