

Distribution Support ID

FORM ID

1 APPLICANT'S PERSONAL DETAILS

If you have at any time invested in CCMF and wish to add to your investment please furnish the Name of the Sole/First Applicant and the CCMF Account Number and proceed to Section 6

Sole/First Holder First Name Middle Name Surname CCMF Account No.

2 NEW APPLICANT'S PERSONAL DETAILS

Sole/First Applicant First Name Middle Name Surname Date of Birth DD MM YYYY

Guardian (in case Sole/First Applicant is a minor) Contact Person (in case of non-Individual applicants)

ID Type (Please ✓)

Passport Voters ID Card Drivers License National ID Card Other[please specify]

ID Number Expiration Date DD MM YYYY

Second Applicant First Name Middle Name Surname Date of Birth DD MM YYYY

ID Type (Please ✓)

Passport Voters ID Card Drivers License National ID Card Other[please specify]

ID Number: Expiration Date DD MM YYYY

3 NEW APPLICANT TYPE

Sole/First Applicant (Please ✓)

Individual Company/Body Corporate Society Partnership Trust

4 CONTACT DETAILS FOR CORRESPONDENCE

Postal Address: Tel. (Res):
 Mobile:
 Email:

5 OPTIONAL INFORMATION

Which Denomination do you belong to:

Name of Church: Town

6 INVESTMENT DETAILS

Minimum Subscription: GH¢ 5.00 for existing accounts & GH¢ 10.00 for new accounts Investment Amount:

Mode of Payment: Cash Cheque Banker's Draft Transfer E-zwich

7 DECLARATION

I/We have read and understood and agree with the contents of the Scheme Particulars. I/We hereby apply for allotment/purchase of Units in the CCMF and agree to abide by the terms and conditions applicable thereto.

I/We declare that the information given in this application form is correct, complete and truly stated.

SIGNATURE/THUMBPRINT (All Applicants must sign here)

Sole/First Applicant

Second Applicant

Date DD MM YYYY

8 CCMF ACKNOWLEDGEMENT SLIP FORM ID

To be completed by receiving agent and retained by applicant as evidence of payment

DO NOT LOSE THIS SLIP

Sole/First Applicant First Name Middle Name Surname Bank Name:

Amount Paid: Branch:

Date DD MM YYYY Signature/Stamp: Receiving Agent

Black Star Advisors [Fund Managers] Address: F.304/5, 5th Norla Link Labonne; Postal Address: PMB 59 Osu, Accra Tel: 0302767672

9 CCMF DISTRIBUTION SUPPORT SLIP FORM ID

Distribution Support Name: Distribution Support ID:

Sole/First Applicant First Name Middle Name Surname Phone No.