

NEW MANDATE
 CHANGES (amend relevant sections only)
 CANCEL MANDATE
 OIN # 232207470201002

REMITTER'S PERSONAL INFORMATION

Investment Account No. _____
 Full Name: _____
 Telephone No. _____
 Email Address: _____
 Address: _____

INVESTMENT SELECTION

FUND SELECTION:
 Gold Money Market Fund
 Freedom Fund Unit Trust
 McOttley Unit Trust Fund
 Other Specify

DIRECT DEBIT INSTRUCTIONS & BANK DETAILS

FREQUENCY:
 Weekly
 Monthly
 Quarterly
 Other Specify
 Other Specify

Deduction Start Date: (DDMMYYYY):
 Regular payment Date:

End Date: (DDMMYYYY):

Amount: currency
 Service Charge: GHS 1.00
 Total Deductions: currency

Total Deduction in words:

Note: All re-presentation charges will be debited to the remitter's account stated below or investment account.

Bank Account Name: _____

Bank Name:
 Account Number:
 Branch:

Account Type:
 Current
 Savings
 Other Specify

TERMS AND CONDITIONS

Ashfield uses the services of GT Bank (Ghana) Limited for this direct debit service. I/we the undersigned hereby authorize the Bank to debit my/our account and transfer the amount stated above to Ashfield as periodic contributions for investment purposes. The above selected Fund and Ashfield is indemnified against any claim or liability that may arise, but not limited to, my/our provision of wrong bank details and any other error as part of this mandate which is acted upon by Ashfield in relation to the direct debit authorization. Client is guaranteed a refund to the originating bank account for any funds received in error. The Bank will charge an amount of GHS1.00 per month for collections ("service fees"), and GHS 2.00 ("re-presentation fees") for instances where your account is not fully-funded on your preferred deduction date and the Bank is instructed to re- present the deduction on a different date. The service and re-presentation fees shall be charged to the client and added to your monthly/periodic deductions or against your investment account. These fees are subject to change upon given you 30-days' notice.

Client Signature: _____

Date: (DDMMYYYY):

Client Signature: _____
 (for joint account holders)

Date: (DDMMYYYY):

OFFICIAL USE ONLY

RECEIVED BY: Name: _____

Signature: _____

Date: (DDMMYYYY):

REVIEWED BY: Name: _____

Signature: _____

Date: (DDMMYYYY):

TICK AS REQUIRED
 GT Bank Receiving AC Name Ashfield / Freedom Fund Unit Trust
 GT Bank Receiving AC No. 216105727112

GT Bank Receiving AC Name Ashfield / McOttley Unit Trust Fund
 GT Bank Receiving AC No. 216105727113

GT Bank Receiving AC Name Ashfield / Gold Money Market Fund
 GT Bank Receiving AC No. 216105727114