

SIC FINANCIAL SERVICES LIMITED

TREASURY BILL/BOND APPLICATION FORM

*DATE: CSD #:

ACCOUNT #:

1. *NAME OF CUSTOMER:

2. *ADDRESS

TEL. NO. MOBILE EMAIL

3. *TYPE OF IDENTIFICATION *ID NUMBER:

4. *DATE OF BIRTH :

5. *NEXT OF KIN :

CONTACT

6. *TYPE OF SECURITY:(please tick one)

91-Day 182-Day 1-Year 2-Yr Fixed 2-Yr Floating

7. *COST VALUE (GH¢)

*MATURITY VALUE (GH¢)

PLEASE NOTE:

MATURITY VALUE option means the customer wishes to receive the stated amount upon maturity of the bill. This applies only to 91-Day and 182-Day bills.

COST VALUE option means the customer wishes to invest the whole of the stated amount, thereby receiving that amount plus interest upon maturity

8. *DISPOSAL INSTRUCTION UPON MATURITY (Please Tick One)

- a. Rollover **with interest**
- b. Rollover **without interest**
- c. **Do not** Rollover

9. ANY OTHER INSTRUCTION:

10. *SIGNATURE OF CUSTOMER:

***Mandatory Field**

<u>FOR OFFICIAL USE ONLY</u>		
Name of Receiving Officer	Signature:	Date :