



NAME

MONTHLY CONTRIBUTION

Amount to be contributed: GH¢

ADDRESS AND CONTACT NUMBER

Address

Staff No

Telephone No

DECLARATION

I declare that my employers should commence monthly deduction of the amount specified above (contribution) from my monthly salary to the InterMarket Asset Management Limited's long term investment account on my behalf.

Effective Date _____ / _____ / _____

Signature _____ Date _____ / _____ / _____

FOR OFFICIAL USE ONLY

Approved by _____

Signature _____ Date _____