## TYPE IN HERE TO SPECIFY TYPE OF APPLICATION

UNIT TRUST APPLICATION FORM		Individual Applican	t Joint Applicar	nt In Trust For (ITF)		
Title	First Name & Other Names	Title	First Na	me & Other Names		
Surname		Gender Surnal	me	Gender M		
ID Type	ID Number	ID Typ	e	ID Number		
Date of Birth (dd/mm/yy)	Contact Number(s)	Date o	of Birth (dd/mm/yy)	Contact Number(s)		
Nationality	Email Address	Nation	nality	Email Address		
Occupation	Employer	Occup	pation	Employer		
Postal Address		Postal	Postal Address			
Residential Address			Residential Address			
Next of Kin		Next o	Next of Kin			
Contact Number(s)			Contact Number(s)			
	To Be Completed ar	nd Kept by Applicant as Co	onfirmation of Subscriptio	n		
Full Name of Applicant						
Postal Address						
Residential Address						

Corporate Appli	cation					
Company Name						
Registration Number			Date of Incorpor	ration	Country of Incorporation	
Correspondence Address			Contact Person	Contact Person		
Fax Number	mber Contact Number(s)		Email Adddress	Email Adddress		
Investment Deta	nils Ple	ase indicate the amour	nt(s) by your preferred Unit Trust.			
Declaration in th	Un	f my/ our knowledge	Official Use Only  Name of Receiving Agent  Location of Receiving Agent  Date	Attach a photoc a copy of the Ce	GH¢ will be automatically reinvested for all the Unit Trusts. opy of Applicant(s) ID. For Companies, in additition, attach rtificate of Incorporation and Board Resolution	
Subscription Details:	Amount Paid (GH¢)	Units Purch	ased	Name of Receiving Ag	ent	
MyWealth Unit Trust				L		
Legacy Unit Trust				Signature and Stamp of Receiving Agent		
Richie Rich Unit Trust				Date		
Total Investment						