

CORPORATE FQIP INVESTMENT FORM



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CORPORATE FQIP INVESTMENT FORM

Date

D	D	/	M	M	/	Y	Y
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1. COMPANY DETAILS

Business Name

Business Tel Number

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Physical Address

Postal Address

Website Address

Certificate Of Incorporation

Number of Employees

Email Address

Date Of Incorporation

D	D	/	M	M	/	Y	Y
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TIN

Type of Business Sole Propreitor Limited Liability Partnership Other (Please Specify)

2. INVESTMENT DETAILS

Investment Tenor:

One (1) Year

Two (2) Years

Three (3) Years

Other (Please Specify)

Amount Deposited (In Figures):

Amount Deposited (In Words):

Mode Of Deposit

Bankers Draft

Transfer

Cash

Cheque

Bank/Cheque No.:

Interest Rate:

Source of funds

3. PAYMENT PLAN

BI-Weekly

Weekly

Monthly

Other (Please Specify)

4. PAYMENT MODE

Post-Dated Cheque

Standing Order

Direct Debit

Cash

Mobile Transfer

Deducted at Source

5. CONTACT PERSON'S DETAILS

(A)

Mr. Mrs. Ms. Miss. Dr. Prof. Other (Please Specify)

Surname First Name(s) and Middle Name(s)

Date of Birth Contact Number Nationality

Position Email Address

Type of ID Card: Passport Voter ID Driver's License Other (Please Specify)

Issue Date Expiry Date Place of Issue

(B)

Mr. Mrs. Ms. Miss. Dr. Prof. Other (Please Specify)

Surname First Name(s) and Middle Name(s)

Date of Birth Contact Number Nationality

Position Email Address

Type of ID Card: Passport Voter ID Driver's License Other (Please Specify)

Issue Date Expiry Date Place of Issue

6. DECLARATION BY APPLICANT(S)

We _____ hereby declare that we have read, understood and agreed to the terms and conditions set out in this document.

Signature _____

Date

Designation _____

Signature _____

Date

Designation _____

7. TERMS AND CONDITIONS

- Minimum start-up amount is GHS500.00 for corporate
- Minimum investment period is one (1) year.
- Interest on funds is pegged at prevailing Government T-Bill rate plus 2 but credited at the end of the year.
- Quarterly statement on your investment will be posted via email.
- Client can withdraw funds up to 3 times in a year after investing for at least one year.

PLEASE NOTE: IN THE ABSENCE OF ANY CONTRARY INSTRUCTION, MATURED INVESTMENT WILL BE ROLLED OVER AT THE PREVAILING INTEREST RATE ON MATURITY

8. FOR OFFICIAL USE ONLY

Authorised by Relationship Manager:	Approved by Head, Business Development:	Verified by Finance Officer
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____



**FORMS
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