GHANA CO-OPERATIVE PHARMACISTS' CREDIT UNION LTD

TERM/FIXED DEPOSIT FORM

P. O. Box GP 2133 Tel: 0307010334
Email: Info@gcpculgh.com\gcpcul@yahoo.comWhatsapp #0548685362
Website: www.gcpculgh.com

NAME: ……

ACCOUNT NO: …….

AMOUNT INVESTED (in figures & words): ……..

……

MODE OF INVESTMENT

☐ Cash ☐ Cheque ☐ Transfer from Savings or Shares to fixed deposit

TYPE OF DEPOSIT (Please tick)

☐ 3 Months
☐ 6 Months
☐ 12 Months
☐ Special call deposit

ON MATURITY

☐ Re-invest principal only
☐ Re-invest principal and interest
☐ Liquidate investment and credit my savings A/C

SIGNATURE OF MEMBER……. DATE…….

FOR OFFICE USE

Interest rate: …….

Rolled-on on maturity? Yes ( ) No ( )

Discounted? Yes ( ) No ( )

Interest credited on savings A/C: ……

Signature……. (Manager)