JUDICIAL SERVICE STAFF CO-OPERATIVE FUND
(JUSCOFund)

JUSCOFund
...your fund for life!

JUSCOFUND INVESTMENT ACCOUNT OPENING FORM

Client Information

Client Name:

Staff ID:

JUSCOFund A/c No.:

Phone No.:

Email Address:

Investment Type (Tick Only One)

- ☐ **Rental Scheme Account (JUSCORent)**
- ☐ **Fixed Deposit Account**
- ☐ **JUSCOFund Smart Saver Account**

Investment Amount

Initial Deposit **Ghs**

Monthly Saving **Ghs : P per month**

Investment Tenure *(min 3months. Max. 36months)*

Specify number of months

months

Start Date

Maturity Date **/ / 20**

Mode of funding the Account. Please tick below:

☐ CAGD ☐ Bank Standing Order/ Bank Transfer ☐ Mobile Money ☐ Cash

Roll-Over Instructions. Please tick below:

☐ Do not roll-over ☐ Roll-Over principal only ☐ Roll-Over principal and interest

Client's Signature:

FOR OFFICIAL USE ONLY

Assessment Officer: ……

Signature: ……

Approved By: ……

Date: ……

*Notes*_____

Terms of Conditions

1. By signing this form, you agree to sign-up for the selected product subject to the terms of conditions imposed by the Board of JUSCOFund.

2. Early redemption within one month leads to payment of zero interest.

3. Termination prior to half of the product tenure leads to payment of half of the agreed interest.

4. All redemptions except maturity are subject to one month prior notice.