

TREASURY BILL/BOND PURCHASE FORM

Date	DD /MM			
CSD#				
PERSONAL DETAILS				
Title	Surname		First name	
Other names				
Address				
Tel No.				
Mobile No				
Email address				
TENOR				
Tenor				
Primary				
Secondary	,			
Cost Value (GH¢)				
PLEASE NOTE:			l.	
MATURITY VALUE op	otion means the customer wisher	es to receive the stated ar	nount upon maturity of the bill. This app	lies only to 91-Day and 182-Day bills.
COST VALUE option means the customer wishes to invest the whole of the stated amount, thereby receiving that amount plus interest upon maturity.				
DISPOSAL INSTRUCTION UPON MATURITY: (Please Tick One)				
Rollover wi	th interest	Rollov	er without interest	Do not Rollover
ANY OTHER INST	TRUCTION:			
SIGNATURE OF CUSTOMER: (Please Sign Below)				
FOR OFFICIAL USE ONLY				
				\neg
Received By:		Signature:		Date :/
Authorized By:		Signature:		Date: AD/MM/YYYY