

**BORA CAPITAL ADVISORS** No. 3 Dano Court, Boundary Road, East Legon, Accra | Box CT 10524, Cantonments, Accra

Tel: +233 507 712 343 | E-mail: info@boradvisors.com | www.boradvisors.com

CHANGE IN BENEFICIARY FORM

## **Client ID**

-	IND	TV	DE

FUND TYPE	
Bora Fixed Income Unit Trust	Bora Balanced Income Unit Trust
DETAILS OF NEW BENEFICIARY	
Relationship: Spouse Child Sibling Legal Entity	Estate Parent Other Share: %
Surname:	First Name:
Other Name(s):	Gender: Male Female
Marital Status: Single Married	Place of Birth:
Date of Birth: D D M M Y Y Y Y	Nationality:
Residential Address:	
City / Town:	Digital Address: Ghana Post GPS
Postal Address:	
Email Address:	
Primary Mobile Contact:	
National ID Number: (Ghana Card only)	Issue Date: D D M M Y Y Y Y
Place of Issue:	Expiry Date: D D M M Y Y Y Y

## DECLARATION

I/we hereby declare that all the information submitted by me/us in this form is correct, true and valid, that by my/our request, to open and maintain Investment Account(s) in my/our name and undertake to notify Bora Capital Advisors of any changes to my/our particulars or information as may be necessary. I/We also declare that we have read thoroughly and understood the prospectus as well as contents of this application and have given my/our consent by virtue of my/our signature(s) on this form. Bora Capital Advisors accepts no liability for any direct or consequential loss arising from my/our decision. I/We also declare that all debits incurred on my/our Investment account(s) by virtue of my/our trade orders shall be settled by me/us accordingly.

Name:		Name:		
Signature: Date:	D D M M Y Y Y Y	Signature: Date:	D D M M Y Y Y Y	
FOR INTERNAL	USE ONLY:			
Account Opened By Licensed Officer		Approved By Compliance Officer/AMLRO:		
Name of Office	r	Name of Office	r	
Position:		Position:		
Signature Date:	D D M M Y Y Y	Signature: Date:	D D M M Y Y Y Y	

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## **ADDITIONAL BENEFICIARY FORM**

BENEFICIARY DETAILS					
Relationship: Spouse	Child Sibling	Legal Entity	Estate Parent	Other	Share: %
Surname:			First Name:		
Other Name(s):			Gender:	Male	Female
Marital Status: Single	Married		Place of Birth:		
Date of Birth: D D	о м м ү ү	YY	Nationality:		
Residential Address:					
City / Town:			Digital Address: Ghana Post GPS		
Postal Address:					
Email Address:					
Primary Mobile Contact:	:				
ID Туре:	National ID	Passport	Voters ID	C	Driver's License
ID Number:			Issue Date:	DDM	ΜΥΥΥΥΥ
Place of Issue:					
race of issue.			Expiry Date:	DDM	
BENEFICIARY DETAILS			Expiry Date:	DDM	
	Child Sibling	Legal Entity	Expiry Date:	D D M	Share: %
BENEFICIARY DETAILS	Child Sibling	Legal Entity		D D M	Share: %
BENEFICIARY DETAILS Relationship: Spouse	Child Sibling	Legal Entity	Estate Parent	D D M Other Male	Share: %
BENEFICIARY DETAILS Relationship: Spouse Surname:		Legal Entity	Estate Parent First Name:		Snare:
BENEFICIARY DETAILS Relationship: Spouse Surname: Other Name(s):		Legal Entity	Estate Parent First Name: Gender:		Snare:
BENEFICIARY DETAILS Relationship: Spouse Surname: Other Name(s): Marital Status: Single		Legal Entity	Estate Parent First Name: Gender: Place of Birth:		Snare:
BENEFICIARY DETAILS   Relationship:   Spouse   Surname:   Other Name(s):   Marital Status:   Single   Date of Birth:		Legal Entity	Estate Parent First Name: Gender: Place of Birth:		Snare:
BENEFICIARY DETAILS   Relationship:   Surname:   Surname:   Other Name(s):   Marital Status:   Single   Date of Birth:   D   Residential Address:		Legal Entity	Estate Parent First Name: Gender: Place of Birth: Nationality:		Snare:
BENEFICIARY DETAILS   Relationship:   Surname:   Surname:   Other Name(s):   Marital Status:   Single   Date of Birth:   Date of Birth:   City / Town:		Y Y	Estate Parent First Name: Gender: Place of Birth: Nationality:		Snare:
BENEFICIARY DETAILS   Relationship:   Surname:   Surname:   Other Name(s):   Marital Status:   Single   Date of Birth:   Date of Birth:   City / Town:   Postal Address:	D M M Y Y	Y Y	Estate Parent First Name: Gender: Place of Birth: Nationality:		Snare:
BENEFICIARY DETAILS   Relationship:   Surname:   Surname:   Other Name(s):   Marital Status:   Single   Date of Birth:   Date of Birth:   City / Town:   Postal Address:   Email Address:	D M M Y Y	Legal Entity	Estate Parent First Name: Gender: Place of Birth: Nationality:	Male	Snare:
BENEFICIARY DETAILS Relationship: Spouse Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town: Postal Address: Email Address: Primary Mobile Contact:	Married M M Y Y	YY	Estate Parent First Name: Gender: Place of Birth: Nationality: Digital Address: Ghana Post GPS	Male	Female
BENEFICIARY DETAILS   Relationship:   Surname:   Surname:   Other Name(s):   Marital Status:   Single   Date of Birth:   Date of Birth:   Residential Address:   City / Town:   Postal Address:   Email Address:   Primary Mobile Contact:   ID Type:	Married M M Y Y	YY	Estate Parent First Name: Gender: Place of Birth: Nationality: Digital Address: Ghana Post GPS	Male	Female
BENEFICIARY DETAILS   Relationship:   Surname:   Surname:   Other Name(s):   Marital Status:   Single   Date of Birth:   Date of Birth:   Date of Birth:   City / Town:   Postal Address:   Email Address:   Primary Mobile Contact:   ID Type:   ID Number:	Married M M Y Y	YY	Estate Parent First Name: Gender: Place of Birth: Nationality: Digital Address: Ghana Post GPS	Male	Female
BENEFICIARY DETAILS   Relationship:   Surname:   Surname:   Other Name(s):   Marital Status:   Single   Date of Birth:   Date of Birth:   Date of Birth:   City / Town:   Postal Address:   Email Address:   Primary Mobile Contact:   ID Type:   ID Number:	Married M M Y Y	YY	Estate Parent First Name: Gender: Place of Birth: Nationality: Digital Address: Ghana Post GPS	Male	Female