



CDH Balanced Fund

Wisdom!

CDH BALANCED FUND PLC.

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CHANGE IN BENEFICIARY FORM

Client ID

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: 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 CDH Balanced Fund 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. CDH Balanced Fund 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:

Signature:

Date: D D M M Y Y Y Y

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 Officer

Name of Officer

Position:

Position:

Signature

Signature:

Date: D D M M Y Y Y Y

Date: D D M M Y Y Y Y

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: Nationality:

Residential Address:

City / Town: Digital Address:
Ghana Post GPS

Postal Address:

Email Address:

Primary Mobile Contact:

ID Type: National ID ☐ Passport ☐ Voters ID ☐ Driver's License ☐

ID Number: Issue Date:

Place of Issue: Expiry Date:

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: Nationality:

Residential Address:

City / Town: Digital Address:
Ghana Post GPS

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ID Type: National ID ☐ Passport ☐ Voters ID ☐ Driver's License ☐

ID Number: Issue Date:

Place of Issue: Expiry Date: