



CDH Balanced Fund

Wisdom!

CDH BALANCED FUND PLC.

CDH House, No. 36 Independence Avenue, North Ridge, Accra.
Websites: www.bfund.cdhgroup.co | www.boradvisors.com
Tel: +233 50 771 2343 | E-mail: cdhbalancedfund@boradvisors.com

CHANGE IN SIGNATORY FORM

Client ID

ACCOUNT CATEGORY

Corporate

☐

Individual

☐

Joint

☐

In Trust For

☐

PERSONAL INFORMATION

Title: Mr. Mrs. Ms. Prof. Dr. Other:

Surname:

First Name:

Other Name(s):

Maiden Name:

Marital Status: Single

☐

Married

☐

Gender:

Male

☐

Female

☐

Date of Birth:

Place of Birth:

Mother's

Maiden Name:

Father's Name:

Resident Status:

Resident Ghanaian

☐

Non-Resident Ghanaian

☐

Resident Foreigner

☐

Non-Resident Foreigner

☐

Nationality:

Country of Residence:

If Nationality is not Ghana, please provide the following:

Resident Permit Number

Permit Issue Date

Place of Issue

Permit Expiry Date

Occupation:

Profession:

TIN

CONTACT DETAILS

Residential Address:

Nearest Landmark:

Digital Address:

Ghana Post GPS...

Proof of Address: Latest Utility Bill

☐

Latest Bank Statement

☐

Others:

Postal Address:

Email Address:

Primary Mobile Contact:

PROOF OF IDENTITY

National ID Number:

(Ghana Card only)

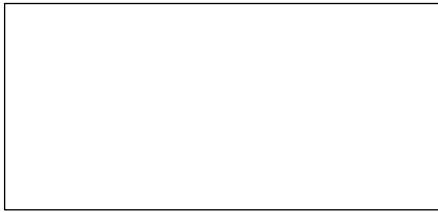
Issue Date:

Place of Issue:

Expiry Date:

APPLICATION FORM - INDIVIDUALS

SIGNING MANDATE



Signature I

Full Name:

Date:

D	D	M	M	Y	Y	Y	Y
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Insert Passport Picture Here

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:

Signature:

.....

Date:

D	D	M	M	Y	Y	Y	Y
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FOR INTERNAL USE ONLY:

Account Opened By Licensed Officer

Name of Officer

Position:

Signature

.....

Date:

D	D	M	M	Y	Y	Y	Y
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Approved By Compliance Officer/AMLRO:

Name of Officer

Position:

Signature:

.....

Date:

D	D	M	M	Y	Y	Y	Y
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**Accounts of High Risk Nature must be jointly approved by CEO/Executive/Senior Manager and Compliance Officer*

Name of Officer

Position:

Signature

.....

Date:

D	D	M	M	Y	Y	Y	Y
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Comments: