



CDH Balanced Fund

Wisdom!

CDH BALANCED FUND PLC.

CDH House, No. 36 Independence Avenue, North Ridge, Accra.

Websites: [www.bfund.cdhgroup.co](http://www.bfund.cdhgroup.co) | [www.boradvisors.com](http://www.boradvisors.com)

Tel: +233 50 771 2343 | E-mail: [cdhbalancedfund@boradvisors.com](mailto:cdhbalancedfund@boradvisors.com)

PERSONAL INFORMATION UPDATE 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)

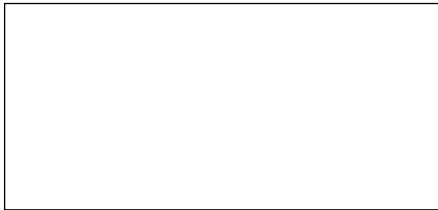
Issue Date:

Place of Issue:

Expiry Date:

## PERSONAL INFORMATION UPDATE FORM

### SIGNING MANDATE



Signature I

Full Name:

Date:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|



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 |
|---|---|---|---|---|---|---|---|

### FOR INTERNAL USE ONLY:

Account Opened By Licensed Officer

Name of Officer

Position:

Approved By Compliance Officer/AMLRO:

Name of Officer

Position:

Signature

.....

Date:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature:

.....

Date:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

*\*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 |
|---|---|---|---|---|---|---|---|

Comments: