



# CHANGE IN BENEFICIARY FORM

Know Your Client (KYC) Application Form

Client Account No:

## ACCOUNT TYPE

Individual  Joint  Corporate  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:         Nationality:

Residential Address:

City / Town:  Digital Address:   
*Ghana Post GPS*

Postal Address:

Email Address:

Primary Mobile Contact:

ID Type: National ID  Passport  Voters ID  SSNIT Biometric Card

ID Number:  Issue Date:

Place of Issue:  Expiry Date:

## 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 contents of this application and have given my/our consent by virtue of my/our signature(s) on this form. I/We consent that investment decisions are my/our prerogative without sole reliance on the investment advice received from Bora Capital Advisors. 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: ..... Signature: .....

Date:         Date:

## FOR INTERNAL USE ONLY:

### Account Opened By Licensed Officer

Name of Officer:

Position:

Signature: .....

Date:

### Approved By Compliance Officer/AMLRO:

Name of Officer:

Position:

Signature: .....

Date:

## ADDITIONAL BENEFICIARY FORM

### BENEFICIARY B

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  SSNIT Biometric Card

ID Number:  Issue Date:

Place of Issue:  Expiry Date:

### BENEFICIARY C

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  SSNIT Biometric Card

ID Number:  Issue Date:

Place of Issue:  Expiry Date: