

CHANGE IN BENEFICIARY FORM

Know Your Client (KYC) Application Form							1
Client Account No:							

ACCOUNT TYPE			
Individual	Joint	Corporate	Trust
DETAILS OF NEW BENEFI	CIARY		
Relationship: Spouse	Child Sibling Lega	l Entity Estate Parent	Other Share: %
Surname:		First Name:	
Other Name(s):		Gender:	Male Female
Marital Status: Single	Married	Place of Birth:	
Date of Birth:	M M Y Y Y	Nationality:	
Residential Address:		,	
		Digital Address:	
City / Town:		Ghana Post GPS	
Postal Address:			
Email Address:			
Primary Mobile Contact:			
National ID Number: (Ghana Card only)		Issue Date:	M M Y Y Y
Place of Issue:		Expiry Date:	M M Y Y Y
DECLARATION			
•	•		lid, that by my/our request, to open and
			f any changes to my/our particulars or
•	•	÷ •	ontents of this application and have given ons are my/our prerogative without sole
			no liability for any direct or consequential
	•	·	count(s) by virtue of my/our trade orders
shall be settled by me/us a	ccordingly.		
Name:		Name:	
Signature:		. Signature:	
Date:	M M Y Y Y Y	Date: D D	M M Y Y Y Y
FOR INTERNAL USE ONL	Υ:		
Account Opened By Licens	sed Officer	Approved By Compliance	Officer/AMLRO:
Name of Officer		Name of Officer	
Position:		Position:	
Signature		Signatura	
Signature	M M V V V V	. Signature:	M M V V V V
Date:		Date:	
	al Advisors Limited No. 3 Dano Court Re	oundary Road, East Legon, Accra Box C	T 10524. Cantonments. Accra



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:	M M Y Y Y	Y Nationality:		
Residential Address:				
City / Town:		Digital Addro Ghana Post Gi	ess: 25	
Postal Address:				
Email Address:				
Primary Mobile Contact:				
National ID Number: (Ghana Card only)		Issue Date:	D D M M	YYYY
Place of Issue:		Expiry Date:	D D M M	YYYY
BENEFICIARY C				
Relationship: Spouse	et 11 1 et 1 1	Land Futite Fatata	Parent Other	Share: %
retationship. Spouse	Child Sibling	Legal Entity Estate	Parent Other	Silare.
Surname:	Child Sibling	First Name:	Parent Other	Silare.
	Child Sibling		Male	Female
Surname:	Child Sibling Married	First Name:		
Surname: Other Name(s):		First Name: Gender:		
Surname: Other Name(s): Marital Status: Single		First Name: Gender: Place of Birth:		
Surname: Other Name(s): Marital Status: Single Date of Birth:		First Name: Gender: Place of Birth:	Male	
Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address:		First Name: Gender: Place of Birth: Nationality: Digital Addre	Male	
Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town:		First Name: Gender: Place of Birth: Nationality: Digital Addre	Male	
Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town: Postal Address:		First Name: Gender: Place of Birth: Nationality: Digital Addre	Male	
Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town: Postal Address: Email Address:		First Name: Gender: Place of Birth: Nationality: Digital Addre	Male	
Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town: Postal Address: Email Address: Primary Mobile Contact: National ID Number:		First Name: Gender: Place of Birth: Nationality: Digital Addre Ghana Post Gi	Male	
Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town: Postal Address: Email Address: Primary Mobile Contact: National ID Number: (Ghana Card only)		First Name: Gender: Place of Birth: Nationality: Digital Addre Ghana Post Gi	Male	
Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town: Postal Address: Email Address: Primary Mobile Contact: National ID Number: (Ghana Card only)		First Name: Gender: Place of Birth: Nationality: Digital Addre Ghana Post Gi	Male	
Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town: Postal Address: Email Address: Primary Mobile Contact: National ID Number: (Ghana Card only)		First Name: Gender: Place of Birth: Nationality: Digital Addre Ghana Post Gi	Male	