



INVESTMENT WITHDRAWAL FORM

Client Account No:

CLIENT DETAILS

Client Name:

Postal Address:

Email Address:

Mobile Contact:

National ID Number: (Ghana Card only) Issue Date:

Place of Issue: Expiry Date:

WITHDRAWAL DETAILS

Before Maturity Upon Maturity Maturity Dates

Amount (In Figures):

Amount (In Words):

Reason for Withdrawal: Education Business Real Estate Health Other (please specify)

PAYMENT OPTIONS

Delivery Options: Cheque Bank Transfer Mobile Money

Account/Payee Name:

Bank Name: Bank Branch:

Account Number:

MoMo Number: Network Name (For Momo Only)

DECLARATION

I/We declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform Bora Capital Advisors of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we are aware that I/we may be held liable for it.

Signature I

Date:

Signature II

FOR INTERNAL USE ONLY:

Name of Receiving Officer: Approved By Compliance Officer/AMLRO:

Name of Officer: Name of Officer:

Position: Position:

Signature: Signature:

Date: Date: