

## CHANGE IN BENEFICIARY FORM

**Client ID**

### FUND TYPE

Bora Fixed Income Unit Trust

Bora Balanced Income Unit 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:**

**National ID Number:**   
*(Ghana Card only)*

**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 prospectus as well as contents of this application and have given my/our consent by virtue of my/our signature(s) on this form. 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**

**Approved By Compliance Officer/AMLRO:**

**Name of Officer**

**Name of Officer**

**Position:**

**Position:**

**Signature** .....

**Signature:** .....

**Date:**

**Date:**

# ADDITIONAL BENEFICIARY FORM

## BENEFICIARY DETAILS

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  Driver's License

ID Number:  Issue Date:

Place of Issue:  Expiry Date:

## BENEFICIARY DETAILS

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  Driver's License

ID Number:  Issue Date:

Place of Issue:  Expiry Date: