

CHANGE IN SIGNATORY FORM

Client ID

FUND TYPE

Bora Fixed Income Unit Trust **Bora Balanced Income Unit Trust**

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: **Issue Date:**

Place of Issue: **Expiry Date:**

APPLICATION FORM - INDIVIDUALS

SIGNING MANDATE

Signature I

Full Name:

Date:

D	D	M	M	Y	Y	Y	Y
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PHOTO

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 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:

Signature:

.....

Date:

D	D	M	M	Y	Y	Y	Y
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FOR INTERNAL USE ONLY:

Account Opened By Licensed Officer

Name of Officer

Position:

Signature

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Date:

D	D	M	M	Y	Y	Y	Y
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Approved By Compliance Officer/AMLRO:

Name of Officer

Position:

Signature:

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Date:

D	D	M	M	Y	Y	Y	Y
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**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
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Comments: