

PERSONAL INFORMATION UPDATE 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: (Ghana Card only) Issue Date:

Place of Issue: Expiry Date:

PERSONAL INFORMATION UPDATE FORM

SIGNING MANDATE

Signature I

PHOTO

Full Name:

Insert Passport Picture Here

Date:

D	D	M	M	Y	Y	Y	Y
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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

Approved By Compliance Officer/AMLRO:

Name of Officer

Name of Officer

Position:

Position:

Signature

.....

Signature:

.....

Date:

D	D	M	M	Y	Y	Y	Y
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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: