

Dear customer,

BANK OF AFRICA - GHANA continues to value our customers. In our efforts to serve you better and efficiently we have embarked on a campaign to update our database.

Kindly partner with us by filling your details below and returning the form to your nearest Branch of BANK OF AFRICA- GHANA to enable us have the most current information on your business and account(s).

Thank you.

BANK OF AFRICA – GHANA
enquiries@boaghana.com
serviceexcellence@boaghana.com

CLIENT NAME: _____

ACCOUNT NUMBER: _____ **BRANCH:** _____

CURRENT CONTACT INFORMATION:

Source of Funds..... Purpose of Account.....

Certificate of Incorporation Number TIN.....

Physical/Residential Address: E-mail.....

Town..... Country Digital Address.....

Mobile Number 1..... Mobile Number 2 Mobile Number 3.....

DIRECTORS AND SHAREHOLDING INFORMATION

Name Position Held..... Nationality..... TIN.....

Name Position Held..... Nationality..... TIN.....

Name Position Held..... Nationality..... TIN.....

Name Position Held..... Nationality..... TIN.....

RELATED PARTY INFORMATION

(E.g. Names of Companies in which Client plays significant roles such as Directors, Board Member etc.).

NB: Kindly attach Registrar General Department form 17 if Director(s) or Shareholder(s) have changed.

MARKET DETAILS:

Nature of business: _____
(Indicate the business conducted e.g. General merchant, manufacture of plastics, etc)

Economic Sector: _____
(Indicate whether Manufacturing, Import/Export, Agricultural, mining, Trade, etc)

Legal Status: _____

(Indicate whether Limited Company, partnership, sole proprietorship, etc)

Annual Sales turnover in GHS: _____ Number of employees: _____

Other Banking Information

Name of Bank (other than BOA GH)..... Bank Account Number.....

What services do you enjoy best from other FIs.....

We/I hereby attest that the above information is true and complete**BANK USE ONLY**

Signature & Date:----- Signature & Date:-----Verified By:-----