



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 you and your account(s) with us.

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

Title:Mr/Mrs/Miss/Dr./Prof (please tick) Other:.....

Client Name :(first).....(Middle).....(Last).....

Account Number:..... Branch.....Purpose of Account.....

Marital Status.....Nationality.....TIN.....

ID Type and No:.....Date of Birth:/...../..... Gender:(Tick Appropriately) M___ F___

Telephone Number 1.....Telephone Number 2.....

E-mail Address..... Digital Address.....

Occupation..... Industry & Sector.....

Employer:(If employed).....

Residential Address

Area.....Road/Street..... House No/Plot#/Building Name.....

Postal Address..... Nearest Landmark.....

Metropolitan/Municipal/District Assembly Area (MMDA).....

Office Premises

Area.....Street..... House No/Plot#/Building Name.....

Postal Address.....Postal Code..... Telephone No. Office.....

Other Banking Information

Name of Financial Institution (other than BOA GH).....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:.....