



CLIENT UPDATE FORM

Tesah Capital Limited

2nd Floor, Allied Heights

10 Olusegun Obasanjo Highway

Abelenkpe-Accra.

Tel: +233 302 977813, +233 302 977471

E-mail: info@tesahcapital.com

NOTE: KINDLY MARK THE SECTION & FILL IN DETAILS WHERE CHANGE IS APPLICABLE

(Please fill form in Adobe Acrobat pdf reader)

CURRENT PERSONAL INFORMATION WITH TESAH

Name	<input type="text"/>	Account Number	<input type="text"/>
Date of birth	<input type="text"/>	ID Number/ Type	<input type="text"/>

UPDATE PERSONAL INFORMATION/ NAME/ MARITAL/RESIDENTIAL STATUS

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Other (Please speify)	<input type="text"/>
Surname:	<input type="text"/>				* First Name:	<input type="text"/>	
Other Name(s):	<input type="text"/>				Previous/Maiden Name:	<input type="text"/>	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced					
Residential Status:	<input type="checkbox"/> Resident Ghanaian	<input type="checkbox"/> Non-Resident Ghanaian					
	<input type="checkbox"/> Resident Foreigner	<input type="checkbox"/> Non-Resident Foreigner					
Country of Residence	<input type="text"/>						
Resident Permit Number (For Resident Foreigner)	<input type="text"/>				Permit Issue Date	<input type="text"/>	
Place of Issue	<input type="text"/>				Permit Expiry Date	<input type="text"/>	

CONTACT DETAILS

Residential Address:	<input type="text"/>		
Nearest Landmark:	<input type="text"/>	Digital Address / Post Code:	<input type="text"/>
City / Town:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Email Address:	<input type="text"/>		
Mobile Number:	<input type="text"/>		

Next of Kin

Contact Name:	<input type="text"/>
Relationship to client:	<input type="text"/>
*Contact Number:	<input type="text"/>

EMPLOYMENT / BUSINESS DETAILS

Status:	Employed <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Retired <input type="checkbox"/>	Student <input type="checkbox"/>
Current Employer / Business / School Name:	<input type="text"/>				
Employer / Business / School Address:	<input type="text"/>				
Nearest Landmark:	<input type="text"/>	Digital Address / Post Code:	<input type="text"/>		
City / Town:	<input type="text"/>	Nature of Business	<input type="text"/>		
Business/School/Office Contact Number 1:	<input type="text"/>	Business/School/Office Email	<input type="text"/>		

Bank Details

Bank Name	<input type="text"/>	Account Name	<input type="text"/>
Account Number	<input type="text"/>	Branch	<input type="text"/>

ACCOUNT MANDATE

Name of Signatory

Signature

Date

First Signatory

Second Signatory

Sole to sign

Either to sign

Both to sign

Any two to sign

All to Sign

Subject to the applicable local laws, I hereby give consent to the Institution to share my information with foreign tax authorities where necessary to establish my tax liability.

*DECLARATION

I/We hereby declare that all provisions in this agreement have been read and fully understood / explained to Me/Us in a language I/We understand. by appending my signature on this agreement, I/We accept all the terms and obligations between myself and Tesah Capital Limited.

Name of Signatory

Signature

Date

First Signatory

Second Signatory

OFFICIAL USE ONLY

Level of Risk:

Low

Medium

High

Nature of High Risk

PEP

Non-Resident

High Risk Business

State nature of business

High Risk Country

State Country

*APPROVALS

Account Updated by

Approved/authorized by Compliance Officer/AMLRO:

Position:

Name:

Signature:

Position:

Date:

Signature:

Date:

High risk account authorized/approved by Executive / CEO

Name:

Signature:

Date:

Comments:

*CHECKLIST

SN.

Documents Required

1

*Proof of Identity

2

*Proof of New Address (where applicable)

How to fill the Signature section:

1. Check to ensure you have opened this document with **Adobe Reader or PDF Reader**.
2. On the Toolbar (3rd bar from top or on the right), click on **'Fill & Sign'**.
3. Select **'Place Signature'**.
4. Choose how you would like to create or upload your signature.
5. Drag the signature into the Signature Box and ensure that it is in the box and does not touch the lines.

Completed form should be emailed to clientservice@tesahcapital.com.

***Note. Please lock this form before saving or emailing to prevent further editing by others. Confirm all information provided before Form Lock**