

## **ANLO RURAL BANK PLC.**

SHAREHOLDER'S KYC & SUBSCRIPTION FORM

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. ,	Gender: F M
Phone Number (1): Phone Number (2): City	y/Town/Village:
Physical Address: Digital Address:	Nearest Landmark:
Date of Birth: D D M M Y Y Y Y Place of Birth:	Nationality:
Ghana ID Card Number : Date of Card Expirat	tion: TIN:
G H A -	
Mother's First Name(s):  Middle Name(s):	Last Name(s):
Father's First Name(s): Middle Name(s):	Last Name(s):
Metropolitan, Municipal, District, Assembly (MMDA):  Postal Address:	
Email Address:	
E. SPOUSE INFORMATION (IF ANY):	
Surname   Middle   First Name(s)	Date of Birth: D D M M Y Y Y Y
Employer's Name:  Date of Employment:	Franksian's Address
Employer's Name:  Date of Employment:	Employer's Address:
F. OTHER INFORMATION:	
Are you a first time subscriber? Yes: No: If No, state previo	ous subscribed number of Shares?
Number of Current Shares Subscribed: Amount Paid	:
Number of Current Shares Subscribed: Amount Paid  I Authorize that Dividend from my subscribed be used to: Re-Purchase S	
I Authorize that Dividend from my subscribed be used to: Re-Purchase S  Account Number to be Credited:	
I Authorize that Dividend from my subscribed be used to: Re-Purchase S  Account Number to be Credited:	Shares: Credit My Account:
Account Number to be Credited:  Name of Bank:  Date of Purchase:  D D M M Y Y Y Y  NB: Upon completion of the form, payment could be made using one the following option form to the Chief Executive Officer or any Agency of the Anlo Rural Bank PLC or completed.	Shares: Credit My Account: Shares: Shares: Credit My Account: Signature of Applicant: Signature of Applicant: State evidence of payment should be submitted with the
Account Number to be Credited:  Name of Bank:  Date of Purchase:  D D M M Y Y Y Y  NB: Upon completion of the form, payment could be made using one the following option form to the Chief Executive Officer or any Agency of the Anlo Rural Bank PLC or a Account Number: 5071130001893)	Shares: Credit My Account: Shares: Shares: Credit My Account: Signature of Applicant: Signature of Applicant: State evidence of payment should be submitted with the
Account Number to be Credited:  Name of Bank:  Date of Purchase:  NB: Upon completion of the form, payment could be made using one the following option form to the Chief Executive Officer or any Agency of the Anlo Rural Bank PLC or Account Number: 5071130001893)  FOR OFFICE USE ONLY:	Shares: Credit My Account: Shares: Shares: Credit My Account: Signature of Applicant: Signature of Applicant: State evidence of payment should be submitted with the
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Account Number to be Credited:  Name of Bank:  Date of Purchase:  NB: Upon completion of the form, payment could be made using one the following option form to the Chief Executive Officer or any Agency of the Anlo Rural Bank PLC or Account Number: 5071130001893)  FOR OFFICE USE ONLY:	Shares: Credit My Account: Shares: Shares: Credit My Account: Signature of Applicant: Signature of Applicant: State evidence of payment should be submitted with the
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