



CalBank Corporate Account Update Form

Company Information

Company Name (if name has changed provide relevant documentation) :

Account Number (s):

Current Business Address

Directional Description to Business Address

GPS Code

Current Postal Address

Current Telephone Number

Current Email Address

Current Website Address (if any)

Nature of Business:

Registration Information:

(Provide the relevant information and attach documentation if there has been any changes to Name of Business, Nature of Business, Directorship, Shareholders and Auditors)

Director Information (Provide details, Form 17 indicating changes and IDs)

Name of Director	Nationality	Residential Address	Telephone Number	Designation/Role

Provide License for Regulated Businesses (If previously submitted license has expired)

Type of Licence	License Number	License Issue Date	License Expiry Date:

FATCA Information

Tick what applies to any of your Directors/Shareholders/Partners/Executives (You will be required to complete an additional FATCA form if any of these are selected except for NONE)

US Citizen US Green Card US Resident US Passport NONE

Spent more than 183 days in the US in the past one year or average of 122 days in the past three years

For Resident Non-Ghanaian Director (Foreigners who are Resident in Ghana)

Director Name	Residential Address	Nationality	Permit Number	Permit Issue Date	Permit Expiry Date

For Non Resident Directors (Directors who are not currently resident in Ghana)

Director Name	Residential Address	Nationality	Provide Proof of address: Driver's License, Utility Bill, Bank Statement, Other (Specify)

Shareholder Information (Provide details and Form 6 indicating changes and registration documents if shareholder is a company)

(Provide US TIN, if shareholder is a US Person and holds 10% or more shares/interest)

Name of Shareholder	Nationality/ Country of Incorporation	Residential Address/ Business Address	Telephone Number	% Shares	US TIN

Auditor Information (Provide details, Form 15 indicating changes)

Name of Auditor	Business Address	Telephone Number	GRA TIN

Monthly Account Activity

(Expected number of Deposits/Withdrawals means the number of times you expect to make deposits/withdrawals in a month. Expected value of Deposits/Withdrawals means the total value of Deposits/Withdrawals you expect to make in a month)

Expected Income (Expected income from your employment/business)

Expected number and Value of Deposits: Frequency Value

Expected number and Value of Withdrawals: Frequency Value

Key Contact Person's Information (Person the Bank can contact in relation to company information)

Name of Key Contact Person:

Residential Address of Key Contact Person:

Telephone Number of Key Contact Person:

Role of Key Contact Person: (The role/designation of key contact person in the company)

Signature_____

Date_____

Signature_____

Date_____