



PRUDENTIAL SECURITIES LTD.

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CUSTOMER INFORMATION AMENDMENT FORM

NOTE: PORTIONS MARKED WITH * ARE COMPULSORY SECTIONS AND MUST BE COMPLETED

Name of Customer:

Date:

I hereby request PSL to update / amend my account details for the following fields to be amended / updated (tick the appropriate box (es)).

- 1. Name
- 2. Residential Address
- 3. Postal Address
- 4. Mobile Number
- 5. Email
- 6. Signature
- 7. Occupation
- 8. Employer
- 9. Valid ID Card
- 10. Emergency Contact Person
- 11. Next of Kin

No.	Updated Details		
6	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Old Signature:</td> <td style="width: 50%; border: none;">New Signature:</td> </tr> </table>	Old Signature:	New Signature:
Old Signature:	New Signature:		

Customer Signature 1: _____

Contact No: _____

Customer Signature 2: _____

Contact No: _____

FOR OFFICIAL USE ONLY:

Checked and Captured by:

Signature:

Approved by:

Signature: