

CLIENT IDENTITY

Last Name: First Name:
Date of Birth: Account No.

ACTIVITY / PROFESSIONAL SITUATION

Profession: Position:
Public Mandate:
Mandate Starting Date (If appropriate) Mandate ending Date (If appropriate)

OTHER SOURCES OF INCOME

(other than those declared in the KYC form)

- ☐ Real Estate income
☐ Financial income
☐ Other (precise):

ANNUAL TOTAL AMOUNT OF OTHER INCOME SOURCES

- ☐ Less than 155 000.00 GHC
☐ From 155, 000.00 to 310, 000.00 GHC
☐ From 310, 000.00 to 620,000.00 GHC
☐ From 620,000.00 to 3,100,000.00 GHC
☐ More than 3,100,000.00 GHC

Please specify the amount to 3,100,000 GHC near :

Please tick the correct box(es)

NATURE AND ORIGIN OF THE ASSETS

Please tick the correct box(es)

* Net assets = Gross assets - Total of debts

Professional assets

Companies shares Yes ☐ No ☐
Business capital/goodwill Yes ☐ No ☐
Other (precise)

ESTIMATED NET* AMOUNT OF ASSETS

- ☐ Less than 310,000.00 GHC
☐ From 310,000.00 to 930,000.00 GHC
☐ From 930,000.00 to 1,922,000.00 GHC
☐ From 1,922,000.00 to 4,650,000.00 GHC
☐ From 4,650,000.00 to 6,200,000.00 GHC
☐ More than 6,200,000.00 GHC

Please specify the amount to 100 000 GHC near

Real estate assetsMain residence Yes ☐ No ☐Secondary residence Yes ☐ No ☐

Other (precise)

Financial assets (financial investment, savings accounts...)Yes ☐ No ☐**Other Tangible assets** (valuable furniture, works of art, yachts, precious commodity...)Yes ☐ No ☐**ADDITIONAL COMMENTS (IF ANY)****DECLARATION**

I declare on my word of honour the accuracy of the above information; the information and personal data collected are subject to mandatory processing in the context of customer knowledge processes in accordance with the legal requirements and regulations applicable to the fight against money laundering and terrorism financing. In view of the above-mentioned purposes, these may be communicated to the competent authorities, to the legal entities of Societe Generale Group and, as and when necessary, to its subcontractors and service providers, within the limits necessary for the execution of the above-mentioned purposes. I have a right of access to my personal data, as well as the right to correct or update inaccurate or obsolete data with my Branch at Societe Generale [through the Branch Manager] having collected this information.

Done In

Signed Date:

Signed By**Client(s)....****Branch Manager/Relationship Manager**

(Signs only when the form is filled out by the BM/RM with information obtained from the client)

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