SOCIETE GENERALE GHANA

KYC UPDATE FORM

Client ID _____ (for Bank use only)

Purpose of KYC Form: ☐ Periodic Review ☐ Event Driven

ACCOUNT INFORMATION

Account Number _____

Account Type _____

Account Branch _____

Account Name _____

OTHER ACCOUNTS INFORMATION

Account Number _____

Account Type _____

Account Branch _____

Account Name _____

PERSONAL INFORMATION

Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Other _____

First Name: _____ Other/Middle Names _____

Last Name _____ Maiden Name (indicate if Mrs) _____

Old/Previous Name (name before current name) (Indicate if NOT Mrs) _____ Place of Birth _____

Date of Birth _____ Nationality _____

Country of Birth _____ Other Nationality _____

Mobile Number _____ Alternate Mobile Number _____

Email Address _____ Alternative Email Address _____

Marital Status ☐ Single ☐ Divorced ☐ Married ☐ Separated ☐ Widow

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EMERGENCY CONTACT

First Name		Other Name(s)	
Last Name			
Mobile Number		Relationship	

ID INFORMATION:

(Ghana card for Ghanaian nationals, Non-Citizen Card for Foreign Nationals / Non-Ghanaian resident more than 90 days, Foreign passport for Foreign Nationals / Non-Ghanaian resident less than 90 days & Diplomatic Passport – for Diplomats Only)

Ghana Card Number:		Place Of Issue	
Date of Issue		Date of Expiry	
Issuer			

Passport Number		Place of Issue	
Date of Issue		Date of Expiry	
Issuing Country			

DISABILITY STATUS:

Disabled: ○ Yes ○ No

Type of Disability

☐ Hunchback ☐ Mobility Impairment ☐ Visual, Hearing & Albinism ☐ Visual Impairment

☐ Visual, Hearing & Mobility ☐ Impairment & Albinism ☐ Visual, Mobility & Albinism

☐ Visual, Hearing & Mobility ☐ Visual & Hearing Impairments ☐ Visual, Hearing & Albinism

☐ Other

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ADDRESS/LOCATION SELF CERTIFICATION

Residential Address		Landmark	
Town & City of Residence		Digital Address	
MMDA		Country of Residence	
Mailing Address (P.O.Box)			

Residential Situation ☐ Owner ☐ Tenant ☐ Other (Specify) _____

CLIENT ACTIVITY INFORMATION

Source of funds: ☐ Salary ☐ Pension ☐ Retirement ☐ Other _____

Occupation		Sector of Activity	
Start Date of Activity		Monthly Income	
Annual Income:		Net Worth	
Currency			

INTERNATIONAL TRANSACTIONS

International transactions upcoming or recorded ☐ Yes ☐ No

Countries with which transactions will be/are executed: _____

Currencies in which transactions will be/are executed: _____

Current account: ☐ Yes ☐ No

Credit products (consumer loan, real estate loan, bank overdraft...)

_____

Saving products ☐ Yes ☐ No

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ACCOUNTS FUNCTIONING

Expected or recorded operations on the account (Types of transactions):

POLITICALLY EXPOSED PERSON (PEP) / SENIOR PUBLIC OFFICER (SPO) STATUS

POLITICALLY EXPOSED PERSON (PEP) / (SPO) STATUS ☐ Yes ☐ No

(If yes, complete the following fields)

The PEP/SPO status is derived from the list of important public offices or list of PEP/SPO relatives:

☐ Important public offices ☐ PEP/SPO relatives

(1) In case of « **Important public offices** » specify the PEP/SPO position:

End date of the PEP/SPO status:

(2) In case of « **PEP/SPO relatives** » specify the relationship (family circle or circle of influence):

First name of the PEP/SPO:

Last name of the PEP/SPO:

Date of birth of the PEP/SPO:

Place of birth of the PEP/SPO:

FATCA STATUS – US PERSON (TICK WHERE APPLICABLE)

☐ US PASSPORT ☐ US GREEN CARD ☐ US DRIVERS LICENSE

☐ US ADDRESS ☐ US PHONE NO. ☐ US TAX ID

☐ OTHER:

TAX RESIDENCY SELF-CERTIFICATION FORM

Please read before completing this form:

Tax Regulations require Societe General Ghana Limited (hereinafter called 'SG Ghana') to collect and report certain information about Account Holder's tax residency status. The term 'Tax Regulations' refers to regulations created to enable the automatic exchange of information and includes the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information ('CRS'), as implemented in the relevant jurisdictions.

To enable SG Ghana to comply with its obligation to report to the relevant tax authorities, you are required to state the residency for tax purposes of the person or persons identified as the holder(s) of a Financial Account. On this form these persons are cumulatively referred to as the "Account Holder(s)"

Country of Tax residence		Tax Number	

Other Country of Tax Residence ☐ Yes ☐ No

Country		Tax Number	
Country		Tax Number	
Country		Tax Number	
Country		Tax Number	

Please provide the reason why the TIN is unavailable (Where TIN is unavailable):

Confirmation of Sole Residence for Tax Purposes

I further certify that I am not (or the account holder is not) resident in any other country for tax purposes

The account holder authorizes SG Ghana to provide a copy of this self-certification filled out and transmitted by him/her, or any other information necessary for establishing his/her tax status to any competent tax authority, any authority empowered to audit or control SG Ghana for tax purposes as well as any entity, which, at the time of disclosure, belongs to the Société Générale Group.

The account holder agrees that any information contained in this self-certification and any information regarding his/her current and future financial account(s), including their balance(s) and income revenues transactions, may be reported to (i) any authority to which SG Ghana is required to provide tax-related information, (ii) any other parties SG Ghana considers as relevant in order to comply with the applicable CRS regulation and to prevent its potential violation and (iii) any entity to whom SG Ghana decides to entrust all or part of its CRS reporting obligations, including any companythat, at the time of disclosure, belongs to the Société Générale Group.

Bank use only

Reasonableness test performed : ☐ Yes ☐ No

Reasonableness test performed : ☐ Yes ☐ No

RM/URO Name: Date:

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I declare that all statements made in this form including the self-certification form are, to the best of my knowledge and belief, correct and complete. I agree that I will submit a new self-certification within 90 days if any information on this form becomes incorrect.

I certify that I am the Account Holder (or authorized to sign for the Account Holder) of all the accounts to which this form relates. I undertake to inform SOCIETE GENERALE GHANA PLC in the event of any change in the information provided.

Print Name

Signature

Print Name: Date (DD/MM/YYYY)

If you are signing this form on behalf of the account holder, please indicate the capacity in which signed. If signing under a power of attorney, please attach a copy of the power of attorney

Capacity

Personal data: The personal data collected in this document are required to enable SG Ghana to accurately determine your fiscal status and qualification, in accordance with applicable regulatory requirements. These data, along with any additional information collected subsequently, are protected under the Data Protection Act, 2012 (Act 843), as amended by the Anti-Money Laundering Act, 2020 (Act 1044), the Banks and Specialized Deposit-Taking Institutions Act, 2016 (Act 930), and other relevant statutory and regulatory frameworks including Anti-Money Laundering (AML) and Counter- Terrorism Financing (CTF) regulations.

The data may be used by SG Ghana for purposes related to customer relationship management, including but not limited to risk assessment, incident and fraud prevention, Know Your Customer (KYC) compliance, and anti-money laundering efforts. These personal data will not be used by the Bank for direct marketing purposes.

Subject to your explicit consent and only to the extent necessary to fulfill the above purposes, your data may be shared with other legal entities within the Société Générale Group, as well as competent authorities such as tax and regulatory bodies. These recipients may be located within or outside the European Economic Area, including jurisdictions with data protection laws that differ from those of the European Union. Any such data transfers will be conducted under conditions that ensure appropriate safeguards for your personal data.

You have the right to access your personal data and request the correction or deletion of any incomplete or inaccurate information. You may also object, on legitimate grounds, to the processing of your data. These rights may be exercised by contacting the branch or service where your account is held.

APPROVER OF FILE (For Bank Use Only)

	Customer Relationship Manager	Branch manager	AMLO Mandatory for customers classified as AML/CFT Medium-High- or High-risk Mandatory for FATCA if customer with US indicia Mandatory for CRS in case of customer with	Chief Executive Officer (CEO) If the customer is identified as having a PEP/ SPO status
Date:				
Signature:				