PHOTO
Contact Person 1

KWABRE AREA COMMUNITY BANK PLC

Existing Membership / Share Application Form

CORPORATE

PHOTO
Contact Person 2

Shareholder Number _____

COMPANY DETAILS

Company Name _____

Postal Address _____ **Office Location** _____

GPS Address _____ **Telephone** _____

E-mail Address _____

SHARE APPLICATION

Number of shares applied for (in words) _____

_____ **In figures** _____

Amount payable (in words) _____

_____ **GHS** _____

Amount paid (in words) _____

_____ **GHS** _____

Source of Funds _____

AUTHORISED CONTACT PERSONS

Contact Person 1

Name _____

Designation _____

Ghana Card No. _____

Tel. _____

Signature _____ **Date** _____

Contact Person 2

Name _____

Designation _____

Ghana Card No. _____

Tel. _____

Signature _____ **Date** _____

FOR OFFICIAL USE ONLY

Number of shares allotted (in words) _____

_____ **In figures** _____

Amount received (in words) _____

_____ **GHS** _____

Application processed by

Name _____

Designation _____

Signature _____ **Date** _____

Approved by

Name _____

Designation _____

Signature _____ **Date** _____