

Once completed this form should be returned to:

Change of Details Forms can also be mailed to:

African Alliance Botswana Management Company Limited  
Unit Q1, First Floor, Building 2, Lot 70667  
Fairscape Precinct, Gaborone

African Alliance Botswana Management Company Limited  
PO Box 2770, Gaborone, Botswana  
Phone: +267 364 3900  
(Please confirm telephonically that the form has been received)

Note: Change of details will only be affected on receipt of this Change of Details Form together with the necessary Identification Documentation or Proof of Bank Account or Proof of Residence.

Faxed copies of this Change of Details Form and supporting documentation cannot be accepted by African Alliance.

Details to Change			
Contact Details <input type="checkbox"/>	Bank Account Details <input type="checkbox"/>	Address <input type="checkbox"/>	Signatories <input type="checkbox"/>

Personal/Company Details				
Account in the name of				
Nationality	Date of Birth	ID Number/Passport Number (Individual) Registration number (other legal entities)		

Investor Number	For Office Use Only			
	Captured by	Date	Authorised by	Date
1.				
2.				
3.				
4.				
5.				

Contact Details	
Postal Address	Physical Address
E-mail Address	

Telephone - Work	Telephone - Home	Fax	Mobile

Bank Account Details					
Account Holder	Bank	Account Number	Branch Code	Account Type	Branch Name

**African Alliance Employee:** I ..... hereby confirm that I have satisfied myself as to the identity of the client and that I attach all their relevant verified/certified documentation to this change of details form.

Employee's Signature	Date

I/We confirm that all information provided herein is true and correct.

Authorised Signatories			
Signature 1		Name	
Signature 2		Name	
Signature 3		Name	
Signature 4		Name	
Number of Required Signatories on this account		Date	DD / MM / YYYY

I / We warrant that I am / we are duly authorised to sign this Change of Details Form.