West Africa Financing Investment Capital S.A (WAFI CAPITALS.A.)-SICAV Autogéré

Account N°

Identification form

……/……/……

I. Identification : natural person ☐ legal entities ☐

Mr. ☐ Mme.☐ Miss ☐ Mr.☐ Mme. ☐ Miss ☐

II. Holder/ Principal/ Leader/ Co-holder/ Co- leader/ Co- beneficiary 1

Last name:	
Given names:	
Date of birth:	
Nationality :	
Marital status:	
Residence :	
Profession	
Tel:	
Mob:	
Email:	
Type of ID (ID card/Passport/Driver's license:	
ID N°:	
Residence Address:	

Last name	
Given names	
Date of birth	
Nationality	
Marital status	
Residence	
Profession	
Tel	
Mob	
Email:	
Type of ID (ID card/Passport/Driver's license	
ID N°	
Residence Address	
Relation with the	

. Principal. Leader. Co-holder. Co-leader. Co-beneficiary.

Acting in the name of (for legal entities)

Company name ……legal form …….

Registration N° …… date……P.O. Box……. ……

Sector of activity ……tel:…….. Fax……

Is this account linked to a main account? Yes ☐ No: ☐ if yes, account n°……

II Documents needed

ID: address evidence, for legal entities: status, RCCM, nomination

Done in …….. on……20…….

Authorized signature:

Cross out the unnecessary mention, in case of several co-holders or beneficiaries, fill out the form as much as necessary.