



GHANA COMMERCIAL BANK LIMITED

Registrar's Department. Head Office, Thorpe Road, P.O. Box 134, Accra, Ghana

Date: _____

To the Directors of _____

CHANGE OF ADDRESS

I/We register changes in my/our address(s) as indicated below
Please effect the necessary changes to the Register.

PARTICULARS OF ACCOUNT	
Folio Number: _____	
Old Address:	New Address:

All Shareholders should sign as appropriate below	
1st Named Holder:	Signature:
2nd Named Holder:	Signature:

FOR REGISTRAR'S USE ONLY		
Amendment Number	Date	Signature

Note: The exact full name(s) as registered is/are required. It/they can be verified by reference to the Share Certificate, or other such communication from us about this shareholding.