GSE Securities Depository Company
5th Floor Cedi House
C/o P. O. Box 1849, Accra, Ghana
Tel: (233-21) 669908/ 669935/ 669914/ 664715
Fax: (233-21) 672569
E-mail: gsd@gse.com.gh

INVESTOR SERVICE ACCOUNT REGISTRATION FORM (For Individuals) (GSD 1c)

To be completed in BLOCK LETTERS

Client Account Code:

Title:

Surname: First Name:

Other name(s): Previous name(s)

Mailing Address City

Residential Address Country

City Country

Nationality: Date of Birth

Tel: (Home) (Office) (Mobile)

Email: Fax:

National ID/Passport/ Drivers License/NHIS/Voters ID: Number:
(underline where applicable)

Place of Issue: Date of Issue: *(dd / mm / yy)*

Residential Status:
(Tick where appropriate)

[ ] Resident Ghanaian [ ] Non Resident Ghanaian
[ ] Resident Foreigner [ ] Non Resident Foreigner

Occupation:

Dividend Mandate: [ ] Bank [ ] Post
(If Bank, give details)

Account Number: Account Name:

Name of Bank Branch:

Send statement by: [ ] Email [ ] Post [ ] Hold

For 2nd Joint Account Holder (optional)

Title:

Surname: First & other names

Previous names

Tel: (Home) (Office) (Mobile)

National ID/Passport/ Drivers License/NHIS/Voter ID: No.

Place of Issue: Date of Issue: *(dd / mm / yy)*

Declaration: We hereby
(i) request to open and maintain a security account in our names
(ii) affirm that all information on the form are correct
(iii) undertake to notify GSD of any change of particulars or information provided by us on this form

(name) (signature) (date) *(dd / mm / yy)*

(name) (signature) (date) *(dd / mm / yy)*

Particulars of Next of Kin

Full Name:

Relationship with applicant

Address:

For Depository Use Only

Verified by: (name) (sign) (date) *(dd / mm / yy)*

Securities Account No:

Supporting Documents:

(Copy of Nationsl ID/Passport/Driver's License/NHIS/Voters ID)