

ACCOUNT OPENING FORM CORPORATE

NOTE: PORTIONS MARKED WITH * ARE COMPULSORY AND MUST BE COMPLETED

CATEGORY OF INVESTMENT

Fixed Income CIS Brokerage CSD NO: (For brokerage services)

Product 1 Product 2 Product 3

*CATEGORY OF BUSINESS

Sole Proprietorship Partnership Limited Liability Company
 Associations Charities / NGOs Other
 If Other, Please Specify

*BUSINESS DETAILS

* Company / Business Name:

* Certificate of Incorporation Number:

* Date of Incorporation / Registration: D D M M Y Y Y Y License Number:

* Jurisdiction of Incorporation / Registration:

* Parent Company's Country of Incorporation (if any):

* Type / Nature of Business:

Sector / Industry:

Principal Place of Business:

* Company Postal Address:

* Digital Address (GhanaPost GPS):

* Email Address:

Website Address (if any):

* TIN:

* Contact Number 1:

Contact Number 2:

*TURNOVER

Monthly Turnover(GHS): Below 10,000 Above 10,000-100,000 Above 100,000 Above 10 million
 Annual Turnover(GHS): Below 10,000 Above 10,000-100,000 Above 100,000 Above 10 million

*STATEMENT SERVICES

Mode of Statement Delivery: Email By post SMS Collection
 Statement Frequency: Quarterly Specify any other additional statement frequency

NB: Please note that statements must be provided at least quarterly according to law

*CLIENT INVESTMENT PROFILE

1 Investment Objective: What client intends to achieve from investment

2 Risk Tolerance: Low Medium High

3 Investment Horizon: Short Term Medium Term Long Term

4 Investment Knowledge: Low Medium High

***EXPECTED ACCOUNT ACTIVITY**

Source of Funds: Proceeds from business Other

If Other, please specify:

Initial Investment Amount:

Anticipated Investment Activity:

Top-ups: Monthly Quarterly Bi-Annual Annual Other Frequency

Withdrawals: Monthly Quarterly Bi-Annual Annual Other Frequency

Anticipated Investment Amount:

Regular Top-up Amount (Expected): Regular Withdrawal Amount (Expected):

***KEY CONTACT PERSON**

Surname:

First Name:

Other Name(s):

Date of Birth: Gender: Male Female

Residential Status: Resident Ghanaian Non-Resident Ghanaian
Resident Foreigner Non-Resident Foreigner

If country of origin is not Ghana, please provide the following:

Resident Permit Number Permit Issue Date
Place of Issue Permit Expiry Date

ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

***ACCOUNT SIGNATORY DETAILS 1**

Surname:

First Name:

Other Name(s):

Date of Birth: Gender: Male Female

Residential Status: Resident Ghanaian Non-Resident Ghanaian
Resident Foreigner Non-Resident Foreigner

If country of origin is not Ghana, please provide the following:

Resident Permit Number Permit Issue Date
Place of Issue Permit Expiry Date

ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

***ACCOUNT SIGNATORY DETAILS 2**

Surname:

First Name:

Other Name(s):

Date of Birth: Gender: Male Female

* Residential Status: Resident Ghanaian Non-Resident Ghanaian
Resident Foreigner Non-Resident Foreigner

If country of origin is not Ghana, please provide the following:

Resident Permit Number Permit Issue Date
Place of Issue Permit Expiry Date

* ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

ACCOUNT SIGNATORY DETAILS 3

Surname:

First Name:

Other Name(s):

Date of Birth: Gender: Male Female

* Residential Status: Resident Ghanaian Non-Resident Ghanaian
Resident Foreigner Non-Resident Foreigner

If country of origin is not Ghana, please provide the following:

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

* ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

***DIRECTORS / EXECUTIVE / TRUSTEE / ADMIN**

Surname	Other names	ID Type / ID Number	Status	Contact Number
<input type="text"/>				
<input type="text"/>				

***BENEFICIAL OWNERSHIP**

Beneficial Owner

Surname	Other names	ID Type/ No.	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %
<input type="text"/>							
<input type="text"/>							

Directors

Surname	Other names	ID Type/ No.	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %
<input type="text"/>							
<input type="text"/>							

***AFFILIATIONS**

If a part of a group, kindly state all entities within the group structure

***BANK ACCOUNT DETAILS**

Bank Name	Account Name	Account Number	Bank Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***EMAIL / TELEPHONE / FAX INDEMNITY**

To be drafted based on company's operations

***ACCOUNT MANDATE**

Name of Signatory	Signature Specimen
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

One to sign Either to sign All to sign Others

If other, please specify:

***TERMS AND CONDITIONS**

To be drafted based on company's operations

***DECLARATION**

I/Wehereby declare that all the information submitted by me/us in this form is correct, true and valid, that by my/our request, to open and maintain securities account(s) in my/our name and undertake to notify (company name) of any changes to my/our particulars of information as may be necessary. I/We also declare that we have read thoroughly and understood the contents of this application and have given my/our consent by virtue of my/our signature(s) on this form. I/We consent that investment decisions are my/our prerogative without sole reliance on the investment advice received from (Company name) accepts no liability for any direct or consequential loss arising from my/our decision. I/We also declare that all debits incurred on my/our securities account(s) by virtue of my/our trade orders shall be settled by me/us accordingly.

Name: Signature: Date:

***TERMS OF DECLARATION**

To be drafted based on company's operations

OFFICIAL USE ONLY

***CLIENT ADDITIONAL INFORMATION**

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE THE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)

Does the shareholders, directors, executives, senior management, administrators, trustees and signatories fall under the following:

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official in Ghana YES / NO

If yes to any above, please specify name and nature of the position:

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official outside Ghana YES / NO

If yes to any above, please specify name and nature of the position:

***CUSTOMER RISK PROFILE**

Client Verification / Screening:

Indicate platform or media through which client ID and Name was screened

Level of Risk: Low Medium High

Nature of High Risk Exposure:

PEP Non-Resident
High Risk Business (Refer to guide) State nature of business:
High Risk Country State Country

***APPROVALS**

Account opened by

Name of Licensed Officer

Position:

Signature:

Date:

Account approved/authorized by Compliance Officer/AMLRO:

Name:

Position:

Signature:

Date:

*Accounts of High Risk Nature must be jointly approved by CEO / Executive / Senior Manager and Compliance Officer

High risk account authorized/approved by Executive / CEO

Name:

Signature:

Date:

Comments:

***CHECKLIST**

SN.	Documents Required	Verified
1	Account opening form duly completed	<input type="checkbox"/>
2	Specimen signature card duly completed	<input type="checkbox"/>
3	Copy of Certificate of Incorporation and Certificate to Commence Business	<input type="checkbox"/>
4	Board resolution to open account and nomination of signatories	<input type="checkbox"/>
5	Copy of Memorandum and Articles of Association (Forms A, 3, 17)	<input type="checkbox"/>
6	TIN	<input type="checkbox"/>
7	Partnership Deed (where applicable)	<input type="checkbox"/>
8	Constitution if unregistered association	<input type="checkbox"/>
9	Act / Gazette for Government Agency (where applicable)	<input type="checkbox"/>
10	One passport-sized photograph of each signatory	<input type="checkbox"/>
11	Resident / Work Permit (for Non-Ghanaians)	<input type="checkbox"/>
12	Evidence of registration with other Government Agencies	<input type="checkbox"/>
13	Power of Attorney (where applicable)	<input type="checkbox"/>
14	Letter of Indemnity	<input type="checkbox"/>
15	Proof of Company Address	<input type="checkbox"/>
16	Proof of Identity of all signatories and representatives	<input type="checkbox"/>
17	Executed Management Agreement	<input type="checkbox"/>