

Licensed Dealing Member of the Ghana Stock Exchange

ACCOUNT OPENING FORM INDIVIDUAL/JOINT/ITF (In-trust-for)

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



CATEGORY OF INVESTMENT				
Individual Joint ITF Fixed Income Brokerage CSD NO:				
Product Name 1 Product Name 2 Product Name 3				
* PERSONAL INFORMATION 1				
*Full Name (Mr./MrsMiss/Dr./Prof/Other) First Name Middle Name Surname				
*Marital Status: Single Married *Gender: Male Female				
*Date of Birth /				
Mother's Maiden Name:				
*Resident Ghanaian Resident Ghanaian Resident Foreigner Non-Resident Ghanaian Non-Resident Foreigner				
*Country of Origin: *Country of Residence:				
If country of origin is not Ghana, please provide the following:				
Resident Permit Number Permit Issue Date				
Place of Issue Permit Expiry Date				
*TIN				
* PERSONAL INFORMATION 2				
*Full Name				
*Marital Status: Single Married *Gender: Male Female				
*Date of Birth				
Mother's Maiden Name:				
*Resident Ghanaian Resident Ghanaian Resident Foreigner Non-Resident Ghanaian Non-Resident Foreigner				
*Country of Origin: *Country of Residence:				
If country of origin is not Ghana, please provide the following:				
Resident Permit Number Permit Issue Date				
Place of Issue Permit Expiry Date DD MM YY YY				
TIN CONTRACTOR OF THE CONTRACT				

* CONTACT DETAILS
Residential Address:
Nearest Landmark:
Digital Address (Ghana Post GPS):
City / Town:
Postal Address:
Email Address:
*Mobile Number 1:
*Mobile Number 2:
*Contact Details (In case of emergency):
Contact Name:
*PROOF OF IDENTITY (Must be completed by each applicant)
ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID
ID Number: *Issue Date: *Issue
Place of Issue: *Expiry Date: DD / MM / YY
*STATEMENT SERVICES
Mode of Statement Delivery: Email By post SMS Collection
Statement Frequency: Quarterly Specify any other additional statement frequency
*EMPLOYMENT / BUSINESS DETAILS
Status: Employed Self-employed Unemployed Retired Student
Years of Employment Years of Current Employment Employment Employment
Total Monthly Income Range: Below 1,000 Above 1,001 - 5,000 Above 10,000 Above 10,000
NB: Income includes salary and other income/cash inflows
Employer/Business/School Name:
Employer/Business/School Address:
Nearest Landmark: Digital Address (GhanaPost GPS):
City/Town: *Nature of Business:
Business/School/Office: Contact Number 1:
Business/School/Office: Contact Number 2:
Business/School/Office Email

IN TRUST FOR
*F. II NI
*Full Name
Relationship with Account Applicant:
*Marital Status: Single Married *Gender: Male Female
*Date of Birth / *Place of Birth
ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID
ID Number: *Issue Date: *Issue Date: /
Place of Issue: *Expiry Date: / / YY
BENEFICIARY
*Full Name
*Full Name
Relationship with Account Applicant:
*Marital Status: Single Married *Gender: Male Female
*Date of Birth / *Place of Birth
*Country of Origin: *Country of Residence:
ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID
DD MM YY
Place of Issue: *Expiry Date: DD / MM / YY
*CLIENT INVESTMENT PROFILE
1 *Investment Objective:
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: Salary Proceeds from Business Inheritance/Gifts
Personal Savings Others If Other, please specify:
* Initial Investment Amount:
Top-ups: Monthly Quarterly Bi-Annually Annually Other
If Other, please specify:
Withdrawals: Monthly Quarterly Bi-Annually Annually Other
If Other, please specify:

Anticipated Investment Amount:					
Regular Top-up Amount (Expecte	d): Regu	lar Withdrawal Amount (Exp	ected):		
*BANK ACCOUNT DETAILS					
Bank Name	Account Name	Account Number	Bank Branch		
EMAIL / TELEPHONE / FAX INDE	MNITY				
*TERMS AND CONDITIONS					
Subject to the rules and regulation	ons ot the Ghana Stock E	xchange and the Securities a	and Exchange Commission.		
ACCOUNT MANDATE					
Name of Signatory		Signature Specimen			
One to sign Both to sign					
*DECLARATION					
I/we					
Name:	Signature	Date	://		
ILLITERATE / BLIND CUSTOMER RATIFICATION					
The information in this application form was read and explained to the customer by:					
Name:					

OFFICIAL USE ONLY

*CLIENT ADDITIONAL INFORMATION (1)

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

Do you, your spouse, or any other immediate family member, including parents, in-laws, siblings and dependants fall under the following:

A head of state/government, politician, senior public official, senior military offical, senior public corporation officer, high rank political party official in Ghana YES/NO
A head of state/government, politician, senior public official, senior military offical, senior public corporation officer, high rank political party official outside Ghana YES / NO
If yes to any above, please specify name (if not the applicant) and nature of the position:
*CLIENT ADDITIONAL INFORMATION (2)
NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON REPORTING STANDARDS AS WELL AS FATCA (Foreign Account Tax Compliance Act)
Are you a citizen of any foreign country (besides Ghana)? Do you hold passport of any foreign country (besides Ghana)? YES NO NO NO Are you resident in any foreign country? Have you spent more than 183 days in any foreign country? YES NO NO NO YES NO
If the responses to any of the above questions is Yes, please provide the following information:
Full Name:
Foreign Residential Addresss:
Foreign Mailing Address:
Foreign Telephone Number:
Foreign Tax Identification Number (TIN)/Social Security Number (SSN)/National Identity Number:
I/We, Hereby confirm the information provided above is true, accurate and complete
Signature: Date:/
UNDERTAKING TO BE SIGNED ONLY BY THOSE WHO RESPONDED 'YES' TO THE FIRST SET OF QUESTIONS ABOVE
Subject to the applicable local laws, I hereby give consent to the Institution to share my information with foreign tax authorities where necessary to establish my tax liability. Where required by domestic or foreign tax authorities, I give my consent and agree that the Institution may withold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.
Signature: Securities Account holder/Authorised Signatory/Guardian Date: DD MM M YY
*CLIENT ADDITIONAL INFORMATION (3)
For Depository Participant Use Only
Have you bought a security such as Treasury bill, bond shares etc before Yes
Existing CSD Client ID (If Applicable

BANK INFORMATION OF THE INVESTOR FOR DIVIDENDS, INTEREST AND MATURITY DISPOSAL IF DIFFERENT FROM ABOVE BANK DETAILS (FOR EQUITY OR SHARES, THE BANK INFORMATION IS OPTIONAL)

Bank Name	Account Name	Account Number	Bank Branch
DECLARATION IF APPLI	CABLE		
/we hereby declare:			
ii) affirm that all inform	maintain a Security Account in my/o action in the form are correct the Depository Participant of any ch		mation provided by m
Name:	Signature: _	Date	ə:
Securities Account holder/Author	_		
Tick where applicable			
Local Individual	(LI) Local Junio	or (LJ)	
Foreign Individu	<u> </u>		
Resident Foreign			
Verified by CSD Officer:		_ Signature:	
Date//_	, <u>ү</u> ү	Stamp:	
Client CSD Securities Acc	ount Number:		
*CUSTOMER RISK PROF	FILE		
Client Verification / Scre	ening:		
·	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	
	,	, <u> </u>	
APPROVALS			
Account opened by	Account ap	oproved/authorized by Con	npliance Officer/AMLR
Name of Licensed Officer	Name:		
Position:	Position:		

Signature: Signatu	re:					
Date: 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:						
1 *Passport-sized photographs (Account holders / Benefic	ciaries)					
2 *Proof of Identity						
3 *Proof of Identity of Account Beneficiary						
4 *Proof of Address						
5 *Specimen Signature(s)						
6 *Email Indemnity (for clients with email address)						
7 *Proof of Foreign Address (for Non-Resident clients)						
8 *Resident/Work Permit (for Non-Ghanaians)						
9 *Executed Management Agreement (Strictly for High N						