

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)
	Tixed modifie
Product 1	Product 2 Product 3
*CATEGORY OF BUSINESS	Destruction Limited Liebility Comment
Sole Proprietorship Associations	Partnership Limited Liability Company 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 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 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 n	nust 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

Medium

Investment Knowledge:

*EXPECTED ACCOUNT ACTIVITY	
Source of Funds:	Proceeds from business Other
If Other, please specify:	
Initial Investment Amount:	
Anticipated Investment Activity:	nthly Quarterly Bi-Annual Annual Other Frequency
Anticipated Investment Amount:	nthly Quarterly Bi-Annual Annual Other Frequency
	Regular Withdrawal Amount
Regular Top-up Amount (Expected):
*KEY CONTACT PERSON	
Surname:	
First Name:	
Other Name(s):	
Date of Birth:	D D M M Y Y Y Y Gender: Male Female
Residential Status:	Resident Ghanaian Non-Resident Ghanaian
	Resident Foreigner Non-Resident Foreigner
If country of origin is not Ghana, p	please provide the following:
	Resident Permit Number Permit Issue Date
	Place of Issue Permit Expiry Date
ID Type:	Driver Liver CONT Disconnects Cont Northwest D
Passport Vote	rs 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 Plate	
Date of Birth:	D D M M Y Y Y 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 Tyracı	Place of Issue Permit Expiry Date
ID Type: Passport Vote	
Passport Vote	
Passport Vote Job Title:	
Passport Vote Job Title: Email Address:	rrs ID Drivers License SSNIT Biometric Card National ID
Passport Vote Job Title: Email Address: Contact Number 1:	rrs ID Drivers License SSNIT Biometric Card National ID
Passport Vote Job Title: Email Address:	rs ID Drivers License SSNIT Biometric Card National ID
Passport Vote Job Title: Email Address: Contact Number 1:	rrs ID Drivers License SSNIT Biometric Card National ID
Passport Vote Job Title: Email Address: Contact Number 1: Contact Number 2:	rrs ID Drivers License SSNIT Biometric Card National ID
Passport Vote Job Title: Email Address: Contact Number 1: Contact Number 2: *ACCOUNT SIGNATORY DETAILS 2	rrs ID Drivers License SSNIT Biometric Card National ID
Passport Vote Job Title: Email Address: Contact Number 1: Contact Number 2: *ACCOUNT SIGNATORY DETAILS 2 Surname: First Name:	rrs ID Drivers License SSNIT Biometric Card National ID
Passport Job Title: Email Address: Contact Number 1: Contact Number 2: *ACCOUNT SIGNATORY DETAILS 2 Surname: First Name: Other Name(s):	rs ID Drivers License SSNIT Biometric Card National ID
Passport Vote Job Title: Email Address: Contact Number 1: Contact Number 2: *ACCOUNT SIGNATORY DETAILS 2 Surname: First Name:	rrs ID Drivers License SSNIT Biometric Card National ID
Passport Job Title: Email Address: Contact Number 1: Contact Number 2: *ACCOUNT SIGNATORY DETAILS 2 Surname: First Name: Other Name(s):	rs ID Drivers License SSNIT Biometric Card National ID
Passport Job Title: Email Address: Contact Number 1: Contact Number 2: *ACCOUNT SIGNATORY DETAILS 2 Surname: First Name: Other Name(s): Date of Birth:	Privers License SSNIT Biometric Card National ID National ID National ID O
Passport Job Title: Email Address: Contact Number 1: Contact Number 2: *ACCOUNT SIGNATORY DETAILS 2 Surname: First Name: Other Name(s): Date of Birth: * Residential Status:	rs ID Drivers License SSNIT Biometric Card National ID O National
Passport Job Title: Email Address: Contact Number 1: Contact Number 2: *ACCOUNT SIGNATORY DETAILS 2 Surname: First Name: Other Name(s): Date of Birth:	rs ID Drivers License SSNIT Biometric Card National ID O National
Passport Job Title: Email Address: Contact Number 1: Contact Number 2: *ACCOUNT SIGNATORY DETAILS 2 Surname: First Name: Other Name(s): Date of Birth: * Residential Status:	rs ID Drivers License SSNIT Biometric Card National ID Drivers License SSNIT Biometric Card Nat
Passport Job Title: Email Address: Contact Number 1: Contact Number 2: *ACCOUNT SIGNATORY DETAILS 2 Surname: First Name: Other Name(s): Date of Birth: * Residential Status:	rs ID Drivers License SSNIT Biometric Card National ID Drivers License SSNIT Biometric Card Nat

* 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: D D M M Y Y Y 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:
*DIRECTORS / EXECUTIVE / TRUSTEE / ADMIN Surname Other names ID Type / ID Number Status Contact Number
*BENEFICIAL OWNERSHIP
Beneficial Owner ID Type/ Contact Home Date of
Surname Other names No. PEP Status Number Address Birth Ownership %
ID Type/ Contact Home Date of
Surname Other names No. PEP Status Number Address Birth Ownership %
*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
*EMAIL / TELEPHONE / FAX INDEMNITY
To be drafted based on company's operations
*ACCOUNT MANDATE
Name of Signatory Signature Specimen
One to sign Either to sign All to sign Others

*TERMS AND CONDITIONS To be drafted based on company's operations						
*550.15						
*DECLARATION						
true and valid, that name) of any chan- understood the con that investment de accepts no liability	t by my/our request, to ges to my/our particulars tents of this application ecisions are my/our prer for any direct or consequ	open and maintain securities accous of information as may be necessa and have given my/our consent by rogative without sole reliance on	information submitted by me/us in this form is correct, unt(s) in my/our name and undertake to notify (company ary. I/We also declare that we have read thoroughly and virtue of my/our signature(s) on this form. I/We consent the investment advice received from (Company name) ision. I/We also declare that all debits incurred on my/our			
Name:		Signature:	Date:			
*TERMS OF DECLARATION						
To be drafted based on company's operations						
OFFICIAL USE ONLY						
*CLIENT ADDITIONAL INFORMATION						
NB: THE FOLLOWING QUESTI	ONS ARE DESIGNED TO ENABLE THI	E INSTITUTION DETERMINE THE WHETHER THE CLI	ENT IS A POLITICALLY EXPOSED PERSON (PEP)			
•		nt, administrators, trustees and signatories fall und	-			
A head of state/governr If yes to any above, plea nature of the position:		al, senior military offical, senior public corporation o	officer, high rank political party official <u>in</u> Ghana YES / NO			
·	ment, politician, senior public officia	al, senior military offical, senior public corporation o	officer, high rank political party official <u>outside</u> Ghana YES / NO			
If yes to any above, plea	ase specify name and					
nature of the position:						
*CUSTOMER RISK PROFILE						
Client Verification / Screenin		olatform or media through which client ID and Nam	e was screened			
	Low Medium	High				
Nature of High Risk Exposure:	PEP	Non-Resident				
·	High Risk Business (Refer to guide)					
	5 z (to Balac)		I .			
	High Risk Country	State Country				
*APPROVALS	High Risk Country	State Country				
	High Risk Country	State Country Account approved/authorized by Complia	nnce Officer/AMLRO:			
*APPROVALS Account opened by Name of Licensed	High Risk Country		ince Officer/AMLRO:			
*APPROVALS Account opened by	High Risk Country	Account approved/authorized by Complia	ince Officer/AMLRO:			
*APPROVALS Account opened by Name of Licensed Officer	High Risk Country	Account approved/authorized by Complia	ance Officer/AMLRO:			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date:		Account approved/authorized by Complia Name: Position: Signature: Date:				
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature	e must be jointly approved by CEO /	Account approved/authorized by Complia Name: Position: Signature:				
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized/		Account approved/authorized by Complia Name: Position: Signature: Date:				
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature	e must be jointly approved by CEO /	Account approved/authorized by Complia Name: Position: Signature: Date:				
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*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized, Name:	e must be jointly approved by CEO /	Account approved/authorized by Complia Name: Position: Signature: Date: Executive / Senior Manager and Compliance Office				
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized, Name: Signature:	e must be jointly approved by CEO /	Account approved/authorized by Complia Name: Position: Signature: Date: Executive / Senior Manager and Compliance Office				
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized Name: Signature: Comments:	e must be jointly approved by CEO / /approved by Executive / CEO	Account approved/authorized by Complia Name: Position: Signature: Date: Executive / Senior Manager and Compliance Office				
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized, Name: Signature: Comments: *CHECKLIST SN. Documents Requires	e must be jointly approved by CEO / /approved by Executive / CEO	Account approved/authorized by Complia Name: Position: Signature: Date: Executive / Senior Manager and Compliance Office	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized, Name: Signature: Comments: *CHECKLIST SN. Documents Required Account opening to	e must be jointly approved by CEO / /approved by Executive / CEO	Account approved/authorized by Complia Name: Position: Signature: Date: Executive / Senior Manager and Compliance Office	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized/ Name: Signature: Comments: *CHECKLIST SN. Documents Required Account opening of Specimen signatures Copy of Certificates	e must be jointly approved by CEO / /approved by Executive / CEO fred form duly completed re card duly completed e of Incorporation and Certificate to	Account approved/authorized by Complia Name: Position: Signature: Date:	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized, Name: Signature: Comments: *CHECKLIST SN. Documents Requiration 1 Account opening to Specimen signature 2 Specimen signature 3 Copy of Certificate 4 Board resolution to	e must be jointly approved by CEO / /approved by Executive / CEO fred form duly completed re card duly completed e of Incorporation and Certificate to to open account and nomination of	Account approved/authorized by Complian Name: Position: Signature: Date: Date	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized, Name: Signature: Comments: *CHECKLIST SN. Documents Requiration 1 Account opening of 2 Specimen signature 3 Copy of Certificate 4 Board resolution of 5 Copy of Memoran	e must be jointly approved by CEO / /approved by Executive / CEO fred form duly completed re card duly completed e of Incorporation and Certificate to	Account approved/authorized by Complian Name: Position: Signature: Date: Date	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized, Name: Signature: Comments: *CHECKLIST SN. Documents Requir 1 Account opening to Specimen signatur 2 Specimen signatur 3 Copy of Certificate 4 Board resolution to Specimen signatur 5 Copy of Memoran 6 TIN	e must be jointly approved by CEO / /approved by Executive / CEO form duly completed re card duly completed e of Incorporation and Certificate to to open account and nomination of	Account approved/authorized by Complian Name: Position: Signature: Date: Date	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized/ Name: Signature: Comments: *CHECKLIST SN. Documents Requiration 1 Account opening to 2 Specimen signatur 3 Copy of Certificate 4 Board resolution to 5 Copy of Memoran 5 Copy of Memoran 6 TIN 7 Partnership Deed	e must be jointly approved by CEO / /approved by Executive / CEO fred form duly completed re card duly completed e of Incorporation and Certificate to to open account and nomination of	Account approved/authorized by Complian Name: Position: Signature: Date: Date	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized/ Name: Signature: Comments: *CHECKLIST SN. Documents Requiration 1 Account opening of 2 Specimen signatur 3 Copy of Certificate 4 Board resolution of 5 Copy of Memoran 6 TIN 7 Partnership Deed 8 Constitution if unit	red form duly completed re card duly completed e of Incorporation and Certificate to to open account and nomination of indum and Articles of Association (Fo	Account approved/authorized by Complian Name: Position: Signature: Date: Pexecutive / Senior Manager and Compliance Office Date: D M M Y Documence Business Fignatories Signatories Signa	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized, Name: Signature: Comments: *CHECKLIST SN. Documents Requiration 1 Account opening to Specimen signature 2 Specimen signature 3 Copy of Certificate 4 Board resolution to Specimen signature 5 Copy of Memorant 6 TIN 7 Partnership Deed 8 Constitution if units 9 Act / Gazette for Opening to Specimen signature 9 Act / Gazette for Opening to Specimen signature 10 Copy of Memorant specimen signature specimen sp	e must be jointly approved by CEO / /approved by Executive / CEO form duly completed re card duly completed e of Incorporation and Certificate to to open account and nomination of indum and Articles of Association (Fo	Account approved/authorized by Complian Name: Position: Signature: Date: Pexecutive / Senior Manager and Compliance Office Date: D M M Y Documence Business Fignatories Signatories Signa	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized, Name: Comments: *CHECKLIST SN. Documents Requiration 1 Account opening of 2 Specimen signaturation 2 Specimen signaturation 3 Copy of Certificate 4 Board resolution of 5 Copy of Memoran 6 TIN 7 Partnership Deed 8 Constitution if units 9 Act / Gazette for the control of the contr	e must be jointly approved by CEO / /approved by Executive / CEO form duly completed re card duly completed e of Incorporation and Certificate to to open account and nomination of indum and Articles of Association (For	Account approved/authorized by Complian Name: Position: Signature: Date: Pexecutive / Senior Manager and Compliance Office Date: D M M Y Documence Business Fignatories Signatories Signa	Y Y Y			
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*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized/ Name: Signature: Comments: *CHECKLIST SN. Documents Requi 1 Account opening of 2 Specimen signatur 3 Copy of Certificate 4 Board resolution of 5 Copy of Memoran 6 TIN 7 Partnership Deed 8 Constitution if unr 9 Act / Gazette for of 10 One passport-size 11 Resident / Work P 12 Evidence of regist 13 Power of Attorner	red form duly completed re card duly completed re card duly completed re card duly completed to open account and nomination of adum and Articles of Association (For (where applicable) registered association Government Agency (where applicated photograph of each signatory termit (for Non-Ghanaians) tration with other Government Age by (where applicable)	Account approved/authorized by Complian Name: Position:	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized, Name: Comments: *CHECKLIST SN. Documents Requi 1 Account opening of 2 Specimen signatur 3 Copy of Certificate 4 Board resolution of 5 Copy of Memoran 6 TIN 7 Partnership Deed 8 Constitution if unn 9 Act / Gazette for of 10 One passport-size 11 Resident / Work P 12 Evidence of regist 13 Power of Attorney 14 Letter of Indemnit	red form duly completed re card duly completed e of Incorporation and Certificate to to open account and nomination of indum and Articles of Association (Fo (where applicable) registered association Government Agency (where applicate de photograph of each signatory rermit (for Non-Ghanaians) rration with other Government Age by (where applicable)	Account approved/authorized by Complian Name: Position:	Y Y Y			
*APPROVALS Account opened by Name of Licensed Officer Position: Signature: Date: *Accounts of High Risk Nature High risk account authorized/ Name: Comments: *CHECKLIST SN. Documents Requiration Account opening of the Specimen signature Copy of Certificate Board resolution of the Specimen Signature Copy of Memoran Requiration Resident / Gazette for the Specimen Signature Copy of Memoran Co	red form duly completed re card duly completed e of Incorporation and Certificate to to open account and nomination of indum and Articles of Association (Fo (where applicable) registered association Government Agency (where applicate de photograph of each signatory rermit (for Non-Ghanaians) rration with other Government Age by (where applicable)	Account approved/authorized by Complian Name: Position:	Y Y Y			