



# FirstBanC

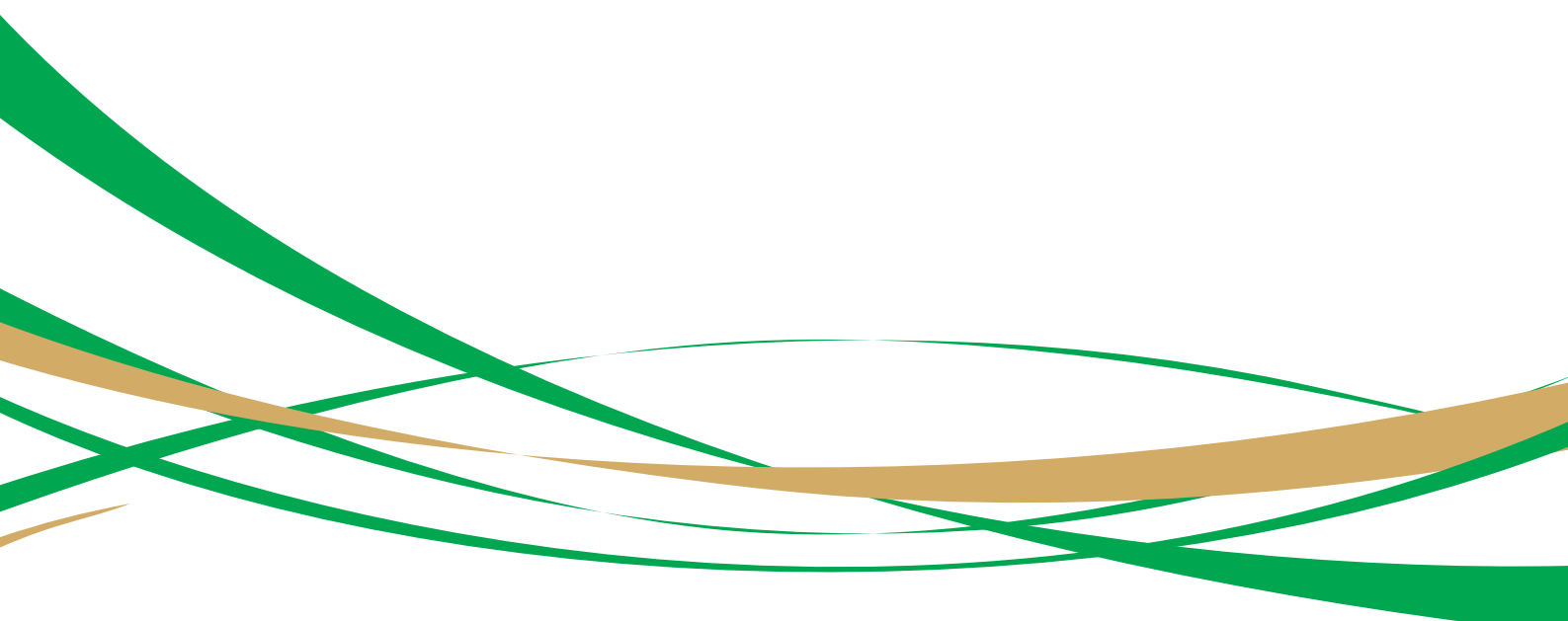
## Brokerage Services Ltd.

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  /  /  \*Place of Birth \_\_\_\_\_  
D D M M Y Y

Mother's Maiden Name: \_\_\_\_\_

\*Residential Status: Resident Ghanaian  Non-Resident Ghanaian   
Resident Foreigner  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  /  /   
D D M M Y YPlace of Issue  Permit Expiry Date  /  /   
D D M M Y Y\*TIN      **\* PERSONAL INFORMATION 2**\*Full Name \_\_\_\_\_  
(Mr./MrsMiss/Dr./Prof/Other) First Name Middle Name Surname\*Marital Status: Single  Married  \* Gender: Male  Female \*Date of Birth  /  /  \*Place of Birth \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

\*Residential Status: Resident Ghanaian  Non-Resident Ghanaian   
Resident Foreigner  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  /  /   
D D M M Y YPlace of Issue  Permit Expiry Date  /  /   
D D M M Y YTIN



## IN TRUST FOR

\*Full Name \_\_\_\_\_  
(Mr./MrsMiss/Dr./Prof/Other) First Name Middle Name Surname

Relationship with Account Applicant: \_\_\_\_\_

\*Marital Status: Single  Married  \* Gender: Male  Female

\*Date of Birth    /   /    \*Place of Birth \_\_\_\_\_  
DD MM YY

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

ID Number: \_\_\_\_\_ \*Issue Date:    /   /     
DD MM YY

Place of Issue: \_\_\_\_\_ \*Expiry Date:    /   /     
DD MM YY

## BENEFICIARY

\*Full Name \_\_\_\_\_  
(Mr./MrsMiss/Dr./Prof/Other) First Name Middle Name Surname

Relationship with Account Applicant: \_\_\_\_\_

\*Marital Status: Single  Married  \* Gender: Male  Female

\*Date of Birth    /   /    \*Place of Birth \_\_\_\_\_  
DD MM YY

\*Country of Origin: \_\_\_\_\_ \*Country of Residence: \_\_\_\_\_

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

ID Number: \_\_\_\_\_ \*Issue Date:    /   /     
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: \_\_\_\_\_







