

ACCOUNT OPENING FORM-CORPORATE



License Dealing Member of the Ghana Stock Exchange

Email Address:

Website Address (If any):

* TIN:

* Contact Number 1:

Contact Number 2:

*

4. TURNOVER

* Monthly Turnover:

GHS 0 - 9,999 GHS 10,000 - 49,999 GHS 50,000 - 99,999 GHS 100,000 and above

Annual Turnover:

GHS 0 - 9,999 GHS 10,000 - 49,999 GHS 50,000 - 99,999 GHS 100,000 and above

5. STATEMENT SERVICES

Mode of Statement Delivery: E-mail: Collection:

Statement Frequency: Monthly: Quarterly: Bi-Annually: Annually:

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

*

6. 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:

*

7. EXPECTED ACCOUNT ACTIVITY

* Source of Funds: Proceeds from Business Other

* If other, please specify:

Initial Investment Amount:

* Anticipated Account Activities:

Top ups: Monthly: Quarterly: Bi-Annually: Annually:

Withdrawals: Monthly: Quarterly: Bi-Annually: Annually:

11. ACCOUNT SIGNATORY DETAILS 3

Surname:

First Name:

Other Name(s):

Date of Birth: Gender: Male: Female:

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

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

Resident Permit Number: Permit Expiry Date:

Place of Issue: Permit Issue Date:

ID Type:

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

ID Number

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

12. DIRECTORS/EXECUTIVE/TRUSTEE/ADMIN

Surname: Other Name(s):

1

2

Status Contact Number(s)

1

2

ID Type: Passport Voters ID Drivers License SSNIT card National ID

ID Number:

13. BENEFICIAL OWNERSHIP

Beneficial Ownership

Surname: Other Names:

Contact Number(s)

Home Address:

ID Type: Passport Voters ID Drivers License SSNIT card National ID

ID Number: PEP Status

Directors

Surname: Other Names:

Contact Number(s)

ID Type: Passport Voters ID Drivers License SSNIT card National ID

ID Number: PEP Status

14. AFFILIATIONS

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

15. BANK ACCOUNT DETAILS

Bank Name:

1

2

Account Name:

1

2

Account Number:

Bank Branch

1

2

*
16. EMAIL/ TELEPHONE/ FAX INDEMNITY

We hereby acknowledge that it is not practicable for TTB to establish the authenticity of all telefaxed/ emailed/telephone instructions communicated to us which purports to emanate from us. We agree that telefaxed/emailed/telephone instructions, mandates, consents, commitments and the likes which purports to emanate from us shall be deemed to have been given by us in the form actually received by TTB and we shall be bound thereby. We release from all claims, demands, actions, losses and damages of whatsoever nature which may be brought against us or which we may suffer or incur as a result of TTB acting or for reasonable cause not acting on any purported fax/emailed/telephoned instruction. we agree to implement and adhere to any procedure and for restrictions imposed on us by TTB from time to time regarding the sending of faxed/emailed/telephone instructions to TTB

*
17. ACCOUNT MANDATE

Name of Signatory	Signature Specimen		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
One to sign <input type="checkbox"/>	Either to sign <input type="checkbox"/>	All to Sign <input type="checkbox"/>	Others <input type="checkbox"/>
If others, please specify		<input type="text"/>	

*
18. DECLARATION

I/we hereby 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 or 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). (Company name) accepts no liability for any direct or consequential loss arising from my/our decision.
I/We also decalre etaht 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICIAL USE ONLY

20. 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 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 position:

A head of state/ government, politician, 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 position:

21. CUSTOMER RISK PROFILE

Client Verification/ Screening

Level of Risk: Low Medium High

Nature of High Risk : PEP Non-Resident

High Risk Business (Refer to Guide) State nature of business

High Risk Country

22. APPROVALS

Account opened by

Account approved/ authorized by Compliance Officer/AMLRO

Name of Licensed officer

Name

Position

Position

Signature

Signature

Date

Date

* Account 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:

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