

ACCOUNT OPENING FORM-RETAIL



Licensed Dealing Member of the Ghana Stock Exchange

6. SERVICE STATEMENT

Mode of Statement Delivery: Email By Post: SMS Collection

Statement Frequency: Quarterly Specify any other additional statement frequency

7. EMPLOYMENT/ BUSINESS DETAILS

Status
Employed Self-employed Unemployed Retired Student

Years of Employment: Length of current Employment:

Years of previous employment

* Total Monthly Income Range: Below 1,000 1,001-5,000 5,001-10,000 Above 10,000

NB: Income includes salary and other incomes/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:

8. IN TRUST FOR

* Title
Mr. Mrs. Miss. Hon. Dr. Prof. Rev. Other(Specify)

* Last Name: First Name:

Other Name(s): Maiden Name:

Relationship with account applicant

Marital Status: Married: Single: 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
ID Number: Issue Date
Place of Issue Expiry Date

9. BENEFICIARY

* Title
Mr. Mrs. Ms. Prof. Dr. Others(Specify)
* Surname * First Name
Other Name(s) Maiden Name
Relationship with Account Applicant
Marital Status Single Married Gender Male Female
* Country of Origin: Country of Residence:
* ID Type: Voters ID Drivers License SSNIT Biometric Card National ID
ID Number Issue Date
Place of Issue Expiry Date

10. 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

11. EXPECTED ACCOUNT ACTIVITY

* Source of Funds: Salary Proceeds from Business Inheritance/Gifts
Personal Savings Others
If others, please specify
Initial Investment Amount

*** Anticipated Investment Activity**

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 Topup Amount(Expected):

Regular Withdrawal Amount(Expected):

12. BANK ACCOUNT DETAILS

Bank Name:

Account Name:

Account Number:

Bank Branch:

13. EMAIL/ TELEPHONE/ FAX INDEMNITY

I/We do 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 me/us. I agree that telefaxed/emailed/telephone instructions, mandate, consents, commitments and the likes which purports to emanate from me/us shall be deemed to have been given by me/us in the form actually received by TTB and I/We shall be bound thereby. I/We release TTB from all claims, demand, actions, losses and damages of whatsoever nature which may be brought against me/us or which I/we may suffer or incur as a result of TTB acting or for reasonable cause not acting on any purported faxed/emailed/telephone instruction. I/we agree to implement and adhere to any procedure and /or restrictions impose on me/us by TTB from time to time regarding the sending of faxed/emailed/telephone instructions to TTB.

Name

Date

Signature

14. ACCOUNT MANDATE

Name of Signatory:

1.

Signature Specimen:

2.

One to Sign:

Either to Sign:

Both to Sign:

15. 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 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:

16. ILLITERATE/ BLIND CUSTOMER RACTIFICATION

I/We.....certify that before execution, details of this form/agreement was read out to me by.....and I further certify that I fully understand and am satisfied with it

Thumbprint

Signature of Official

OFFICIAL USE ONLY

17. 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 official, senior public corporation officer, high rank political official in Ghana YES/ NO

If yes to any above, please specify (if not the applicant) and nature of the position

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

If yes to any above, please specify (if not the applicant) and nature of the position

18. CLIENT ADDITIONAL INFORMATION 2

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON REPORTING STANDARDS AS WELL AS FACTA (Foreign Account Tax Compliance Act)

- Are you a citizen of an foreign country(besides Ghana)? YES NO
- Do you hold passport for any foreign country(besides Ghana)? YES NO
- Do you hold green card of any foreign country(beside Ghana)? YES NO
- Are you a resident of a foreign country? YES NO
- Have you spent more than 183 days in a foreign country? YES NO

If the responses of any of the above questions is Yes, please provide the following

Full Name:

Foreign Residential Address

Foreign Mailing Address

Foreign Telephone Number

Foreign Tax Identification Number(TIN/Social Security Number(SSN)/ National Identification

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 withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

Signature: Date:

19. CLIENT ADDITIONAL INFORMATION 3

For Depository Participant Use Only

Have you bought a security such as Treasury bills, bond shares, etc before

Yes

No

Existing CSD Client ID (If Applicable)
13 digits 2 digits 2 digits

20. BANK INFORMATION OF THE INVESTOR FOR DIVIDENDS, INTEREST AND MATURITY DISPOSAL IF DIFFERENT FROM BANK DETAILS

FOR EQUITY OR SHARES, THE BANK INFORMATION IS OPTIONAL

Bank Name	Account Name
1 <input type="text"/>	1 <input type="text"/>
2 <input type="text"/>	2 <input type="text"/>
Bank Branch	Account Number
1 <input type="text"/>	1 <input type="text"/>
2 <input type="text"/>	2 <input type="text"/>

21. DECLARATION IF APPLICABLE

I/We hereby declare:

- (i) request to open and maintain a Security Account in my/our name
- (ii) affirm that all information in the form are correct
- (iii) undertake to notify the Depository Participant of any change of particulars of information provided by me in this form

Name:

Signature

(Securities Account holder/Authorised Signatory/Guardian)

Tick where applicable

Local Individual(LI)	<input type="checkbox"/>	Local Junior(LJ)	<input type="checkbox"/>
Foreign Individual(FI)	<input type="checkbox"/>	Foreign Junior(FJ)	<input type="checkbox"/>
Resident Foreigner(RF)	<input type="checkbox"/>		

Verified by CSD Officer Signature
(Name of Depository Participant Officer)

Date Stamp

Client CSD Securities Account Number
4 digits 1 digit 13 digits 2 digits 2 digits

22. CUSTOMER RISK PROFILE

Client Verification/ Screening Indicate platform 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

23. APPROVALS

Account Opened by

Name of Licensed Officer

Position

Signature

Date

Account approved/ authorized by Compliance Office/AMLRO

Name

Position

Signature

Date

* Account High Risk Nature must be jointly approved by CEO/Executive//Manager and Compliance Officer
High risk account authorized/approved by Executive/CEO

Name

Signature Date

Comment

* **24. CHECKLIST**

SN. Documents Required	Verified
1. Passport-sized photographs(<i>Account holders/Beneficiaries</i>)	<input type="text"/>
2. Proof of Identity	<input type="text"/>
3. Proof of Identity of Account Beneficiary	<input type="text"/>
4. Proof of Address	<input type="text"/>
5. Specimen Signature	<input type="text"/>
6. Email Indemnity(<i>for clients with email address</i>)	<input type="text"/>
7. Proof of Foreign Address(<i>for Non-Resident clients</i>)	<input type="text"/>
8. Resident/Work Permit(<i>for Non-Ghanaians</i>)	<input type="text"/>
9. Executed Management Agreement(<i>Strictly for High Net Worth Clients</i>)	<input type="text"/>