

ACCOUNT OPENING FORM - CORPORATE

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

CATEGORY OF INVESTMENT

Fixed Income CIS
Product 1 Product 2 Product 3

***CATEGORY OF BUSINESS**

Sole Proprietorship Partnership Limited Liability Company
Associations 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 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 (Ghana Post 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 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 must be provided at least quarterly according to law

***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: Proceeds from business Other

If Other, please specify:

Initial Investment Amount:

Anticipated Investment Activity:

Top-ups: Monthly Quarterly Bi-Annual Annual Other Frequency

Withdrawals: Monthly Quarterly Bi-Annual Annual Other Frequency

Anticipated Investment Amount:

Regular Top-up Amount (Expected): Regular Withdrawal Amount (Expected):

***KEY CONTACT PERSON**

Surname:

First Name:

Other Name(s):

Date of Birth: *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 Driver's 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 Birth: 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 Driver's License SSNIT Biometric Card National ID

***DIRECTORS / EXECUTIVE / TRUSTEE / ADMIN**

Surname	Other names	ID Type / ID Number	Status	Contact Number

***BENEFICIAL OWNERSHIP**

Beneficial Owner

* ID Type: Passport Voters ID Driver's License SSNIT Biometric Card National ID

Surname	Other names No.	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %

Directors

* ID Type: Passport Voters ID Driver's License SSNIT Biometric Card National ID

Surname	Other names No.	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %

***AFFILIATIONS**

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

BANK ACCOUNT DETAILS

Bank Name	Account Name	Account Number	Bank Branch

***EMAIL / TELEPHONE / FAX INDEMNITY**

This is to State that transactions on the account would ordinarily be authorized by me in person or in writing with my original signature and ID. I however reserve the right to issue instructions for transactions on the account by fax, email or telephone call at the discretion of CIDAN Investments Limited. I further wish to state that I am aware that fax, email and telephone authorizations are insecure and can be tampered with. By my signing this form, I agree to indemnify or absolve CIDAN Investments Limited from any losses and other liabilities that may result from this authorized transaction. I further agree that this indemnity is binding and is in respect to this transaction.

SIGNATURE:

DATE:

***ACCOUNT MANDATE**

Name of Signatory	Signature Specimen

One to sign Either to sign All to sign Others

If other please specify:

***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 CIDAN Investments Limited if 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 CIDAN Investments Limited. CIDAN Investments Limited 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: _____

OFFICIAL USE ONLY

***CLIENT ADDITIONAL INFORMATION (1)**

Does the shareholders, directors, executives, senior management, administrators, trustees and signatories fall under the following:

A head of state/government, politician, senior public official, 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 the position:

Name: _____ Position: _____

A head of state/government, politician, senior public official, 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 the position:

Name: _____ Position: _____

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

Bank Name	Account Name	Account Number	Bank Branch

*** CUSTOMER RISK PROFILE**

Indicate platform or media through which client ID and Name was screened

Client Verification / Screening: _____

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: _____

*** APPROVALS**

Account opened by	_____	Account approved/authorized by Compliance Officer/AMLRO:	_____
Name of Licensed Officer	_____	Name:	_____
Position:	_____	Position:	_____
Signature:	_____	Signature:	_____
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: _____

*** CHECKLIST**

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