

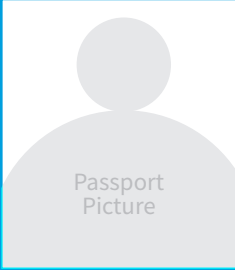
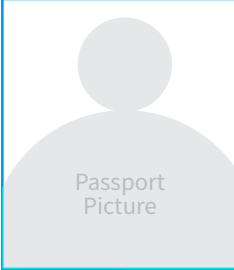
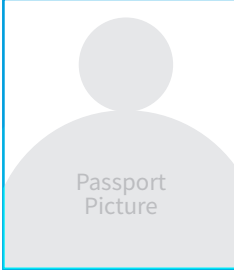
# Account Opening Form Corporate

Name of Account Holder:

Account Number:

## ACCOUNT OPENING FORM - CORPORATE

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

 Passport Picture	 Passport Picture	 Passport Picture
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### CATEGORY OF INVESTMENT

Fixed Income  
  CIS  
  Brokerage  
 CSD NO.  (For brokerage services)  
 Other

### \*CATEGORY OF BUSINESS

Sole Proprietorship  
  Partnership  
  Limited Liability Company  
  Associations  
  Charities / NGOs  
 Others  (Please specify)

### \*BUSINESS DETAILS

*Company / Business Name:			
*Certificate of Incorporation Number:			
*Date of Incorporation / Registration:			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  
 10,000-100,000  
 100,001 - 10 million  
 Above 10 million

Annual Turnover(GHS):  Below 10,000  
 10,000-100,000  
 100,001 - 10 million  
 Above 10 million

### \*STATEMENT SERVICES

Mode of Statement Delivery:  Email  
 By post  
 SMS  
 Collection

Statement Frequency:  Quarterly  
 Other  
 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:  Income  
 Capital Appreciation  
 Balanced

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

\* **Initial Investment Amount:**

\* **Anticipated Investment Activity: Top-ups:**  Monthly     Quarterly     Bi-Annually     Annually    Other

**Withdrawals:**  Monthly     Quarterly     Bi-Annually     Annually    Other

\* **Anticipated Investment Amount:**

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

**\* KEY CONTACT PERSON**

**Surname:**       **Other names:**

**First name:**       **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     Drivers License     SSNIT Biometric Card     National ID

**Job Title:**       **Email Address:**

**Contact Number 1:**       **Contact Number 2:**

**\* ACCOUNT SIGNATORY DETAILS 1**

**Surname:**       **Other names:**

**First name:**       **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     Drivers License     SSNIT Biometric Card     National ID

**Job Title:**       **Email Address:**

**Contact Number 1:**       **Contact Number 2:**

**\* ACCOUNT SIGNATORY DETAILS 2**

**Surname:**       **Other names:**

**First name:**       **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     Drivers License     SSNIT Biometric Card     National ID

**Job Title:**       **Email Address:**

**Contact Number 1:**       **Contact Number 2:**

**\*ACCOUNT SIGNATORY DETAILS 3**

Surname:	<input type="text"/>	Other names:	<input type="text"/>
First name:	<input type="text"/>	Date of Birth:	<input type="text" value="DD/MM/YYYY"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Residential Status:	<input type="checkbox"/> Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner		

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

Resident Permit Number:	<input type="text"/>	Permit Issue Date:	<input type="text" value="DD/MM/YYYY"/>
Place of Issue:	<input type="text"/>	Permit Expiry Date:	<input type="text" value="DD/MM/YYYY"/>
ID Type:	<input type="checkbox"/> Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Drivers License <input type="checkbox"/> SSNIT Biometric Card <input type="checkbox"/> National ID		
Job Title:	<input type="text"/>	Email Address:	<input type="text"/>
Contact Number 1:	<input type="text"/>	Contact Number 2:	<input type="text"/>

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

Surname	Other names	ID Type / ID Number	Status	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\*BENEFICIAL OWNERSHIP****Beneficial Owner**

Surname	Other names	ID Type/ No.	PEP Status	Contact No.	Home Address	Date of Birth	Ownership %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Directors**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\*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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\*EMAIL / TELEPHONE / FAX INDEMNITY**

This is to state that transactions on this account would ordinarily be authorized by the listed account signatory/signatories in person or in writing with the original signature and ID. However the company reserves the right to issue instructions for transactions on this account by email or telephone call at the discretion of Glico Capital Limited. We further wish to state that we are aware that email and telephone authorizations are insecure and can be tampered with.

By signing this form, we agree to indemnify or absolve Glico Capital Limited from any losses and all other liabilities that may result from this authorized transaction.

Signature:..... Date:.....

Signature:..... Date:.....

Signature:..... Date:.....

**\*ACCOUNT MANDATE**

Name of Signatory	Signature Specimen

One to sign     Either to sign     All to sign    Other

**\*TERMS AND CONDITIONS**

- Glico Capital will manage the funds within the agreed mandate after establishing the client's investment objectives and risk profile and as such will make specific investment decisions without discussing these with the client at a fee
- Redemption of funds at maturity do not attract any charge, however a partial or full redemption before maturity will attract a discounting charge that is dependent on the rediscount rate. Payment will be made within a maximum of 3 working days.
- Liquidation notice must be signed and issued at least fourteen (14) working days before funds are paid to the investor.
- Payments/Withdrawals: Redemptions can only be made into an account or cheque issued in the name of the Client. No third party cheque payments will be made except where client has expressly instructed the Manager to do so.
- An investment with a fund manager is not the same as a deposit with a banking institution.
- The value of your investment may go down as well as up and past performance is not necessarily a guide to future performance. Hence investments returns are not fixed.

**DATA PROTECTION**

You consent to us collecting your Personal Information from you and where lawful and reasonable, from public sources for credit, fraud and compliance purposes, as well as the purposes set out below. If you give us Personal Information about or on behalf of another person (including, but not limited to, account signatories, shareholders, principal executive officers, trustees and beneficiaries), you confirm that you are authorised to: (a) give us the Personal Information; (b) consent on their behalf to the Processing of their Personal Information, specifically any cross-border transfer of Personal Information into and outside the country where the products or services are provided; and (c) receive any privacy notices on their behalf. You consent to us processing your Personal

**Information:**

- To provide products and services to you in terms of this agreement and any other products and services for which you may apply;
- To carry out statistical and other analyses to identify potential markets and trends, evaluate and improve our business (this includes improving existing and developing new products and services);
- In other countries where the products or services are provided. These countries may not have the same data protection laws as the country where the products or services are provided. Where we can, we will ask the receiving party to agree to our privacy policies;
- By sharing your Personal Information with our third-party service providers, locally and outside the country where the products or services are provided. We ask people who provide services to us to agree to our privacy policies if they need access to any Personal Information to carry out their services; and within the Group.

**SANCTION CLAUSE**

We can close your account should your name appear on the sanction list. For the purpose of this agreement: "Sanction List" shall mean the specially designated nationals and blocked persons list of the Office of Foreign Asset Control (OFAC) of the department of treasury of the United States of America and/or the United Nations Security Council list of persons or entities suspected to be involved in terrorist related activities or the funding thereof and/or any other list of Her Majesty's Treasury of the United Kingdom and/or the European Union's Common Foreign and Security Policy and/or the French Ministry of Economy, Finance and Industry (MINEFI) as may be amended from time to time. We can also close your account and terminate all contracts if we identify activities to sanctioned individuals and/or entities. You will indemnify us for any losses that may occur as a result of blocked and/or seized funds.

**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 Glico Capital Limited 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 Glico Capital Limited. Glico Capital 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:.....

Name: .....Signature:.....Date:.....

Name: .....Signature:.....Date:.....

**CLIENT ADDITIONAL INFORMATION (1)**

**OFFICIAL USE ONLY**

**NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE GLICO CAPITAL LIMITED DETERMINE 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 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 (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 party official outside Ghana  YES  NO

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

**CLIENT ADDITIONAL INFORMATION (2)**

**For Depository Participant Use Only**

Have you bought a security such as Treasury bill, bond shares, etc. before  YES  NO

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

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

Bank Name	Account Name	Account Number	Bank Branch

**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 or information provided by me in this form

Name:.....Signature:.....Date:.....

(Securities Account holder/Authorised Signatory/Guardian)

**Tick where applicable**

Local Company (LC)  Foreign Company

Verified by CSD Officer:  (Name of Depository Participant Officer) Date:  DD/MM/YYYY Signature:

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

Stamp:

## CUSTOMER RISK PROFILE

Client Verification / Screening:  Indicate platform or 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

## APPROVALS

Account opened by   
 Name of Licensed Officer   
 Position   
 Signature   
 Date

Account approved/authorized by Compliance Officer/AMLRO:

Name   
 Position   
 Signature   
 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   
 Comment   
 Date

## CHECKLIST

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



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