

Account Opening Form Retail Individual

Name of Account Holder:

Account Number:

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 HNI CIS Fixed Income Brokerage CSD NO. Other

* PERSONAL INFORMATION 1

*Title: Mr. Mrs. Ms. Prof. Dr. Other (Please specify)

*Surname:

*First name:

Other names: Maiden name:

*Marital Status: Single Married *Gender: Male Female

*Date of Birth: DD/MM/YYYY *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: DD/MM/YYYY
Place of Issue: Permit Expiry Date: DD/MM/YYYY
*Occupation: Profession:
Input Professional Licence Number (If Applicable) *TIN:

PERSONAL INFORMATION 2

*Title: Mr. Mrs. Ms. Prof. Dr. Other (Please specify)

*Surname:

*First name:

*Date of Birth: DD/MM/YYYY *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: DD/MM/YYYY
Place of Issue: Permit Expiry Date: DD/MM/YYYY
*Occupation: Profession:
Input Professional Licence Number (If Applicable) *TIN:

CONTACT DETAILS

*Residential Address:
Nearest Landmark: Digital Address (GhanaPost GPS):
City / Town:

Postal Address:

Email Address:

*Mobile Number 1: Mobile Number 2:

Contact Details (In case of emergency):

*Contact Name:

Relationship to client: *Contact Number:

*PROOF OF IDENTITY (Must be completed by each applicant)

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

*ID Number: *Place of Issue:

*Issue Date: *Expiry Date:

*STATEMENT SERVICES

Mode of Statement Delivery: Email By post SMS Collection

Statement Frequency: Quarterly | Specify any other additional statement frequency

*EMPLOYMENT / BUSINESS DETAILS

Status: Employed Self-employed Unemployed Student Retired

Years of Employment: Years of Current Employment: Years of Previous Employment:

Total Monthly Income Range:

NB: Income includes salary and other income/cash inflows

Below 1,000 1,000 - 5,000 5,001 - 10,000 Above 10,000

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:

IN TRUST FOR

*Title: Mr. Mrs. Ms. Prof. Dr. Other Other names:

*Surname: Maiden name:

*First name: Marital Status: Single Married

*Gender: Male Female

Relationship with Account Applicant:

*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: *Place of Issue:

*Issue Date: *Expiry Date:

***BENEFICIARY**

*Percentage *Title: Mr. Mrs. Ms. Prof. Dr. Other

*Surname: Other names:

*First name: Maiden name:

Marital Status: Single Married *Date of Birth: Relationship with Account Applicant:

*Gender: Male Female *Place of Birth:

*Country of Origin: *Country of Residence:

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

*ID Number: *Place of Issue:

*Issue Date: *Expiry Date:

***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:
Salary Proceeds from Business Inheritance/Gifts Personal Savings Others

* 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):

***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 my 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 my account by email or telephone call at the discretion of Glico Capital Limited.

I further wish to state that I am aware that email and telephone authorizations are insecure and can be tampered with.

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

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

***TERMS AND CONDITIONS**

1. 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
2. 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.
3. Liquidation notice must be signed and issued at least fourteen (14) working days before funds are paid to the investor.
4. 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.
5. An investment with a fund manager is not the same as a deposit with a banking institution.
6. 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.

***ACCOUNT MANDATE**

Name of Signatory

Signature Specimen

One to sign Either to sign Both to sign

***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:.....

ILLITERATE / BLIND CUSTOMER RATIFICATION

The above declaration has been read and interpreted by me in thelanguage to the applicant and he/she approves of it.

Name:.....

Residential Address:Telephone Number:

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)

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 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)

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

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

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

Full Name: _____
 Foreign Residential Address: _____
 Foreign Mailing Address: _____
 Foreign Telephone Number: _____
 Foreign Tax Identification Number (TIN)/Social Security Number (SSN)/National Identity Number: _____

I/We, hereby confirm the information provided above is true, accurate and complete. Name:.....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.

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

CLIENT ADDITIONAL INFORMATION (3)

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

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

Tick where applicable

- Local Individual (LI)
- Local Junior (LJ)
- Foreign Individual (FI)
- Foreign Junior (FJ)
- Resident Foreigner (FR)

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

(Securities Account holder/Authorised Signatory/Guardian)

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.	*Passport-sized photographs (Account holders / Beneficiaries)	
2.	*Proof of Identity	
3.	*Proof of Identity of Account Beneficiary	
4.	*Proof of Address	
5.	*Specimen Signature(s)	
6.	*Email Indemnity (for clients with email address)	
7.	*Proof of Foreign Address (for Non-Resident clients)	
8.	*Resident / Work Permit (for Non-Ghanaians)	
9.	*Executed Management Agreement (Strictly for High Net Worth Clients)	



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