

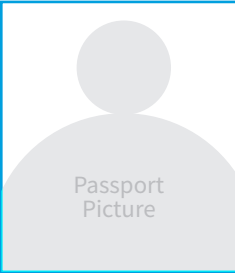
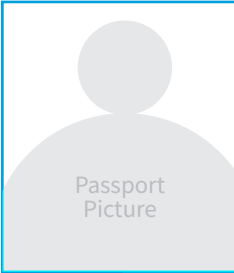
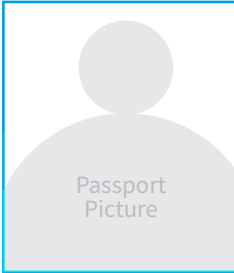
Account Opening Form Corporate

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.
 Other

*CATEGORY OF BUSINESS

Sole Proprietorship
 Partnership
 Limited Liability Company
 Associations
 Charities / NGOs
 Others

*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

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 Fixed Income Fund. 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 Fixed Income Fund 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**

1. Net Asset Value (NAV): prices are calculated on a nav basis, which is the total value of all assets in the portfolio including any income accrual and less any permissible deductions as defined in the prospectus divided by the number of units in issue. Permissible deductions include brokerage, auditor's fees, bank charges, trustee fees, administrative expenses for AGM and the service charge levied by GLICO Fixed Income Fund ("the manager").

2. Income distributions: income is not distributed on the fund. All earnings are reinvested in the fund which impacts on the nav of the fund. Investors seeking to withdraw earnings will have to sell part of their units to realize their earnings.

3. Electronic transactions: the client agrees that the manager shall be entitled to implement all instructions and applications of whatever nature received via email, or by fax or any other electronic medium and which appear to emanate from the client only after client has signed the email indemnity form.

The manager is indemnified against any losses, claims or damages arising from acting on such instructions and/or applications, notwithstanding that it may later be proved that any such instruction was not given by the client. The client agrees that the electronic records of all instructions and applications processed by/or on behalf of him/her or which purport to be processed on behalf of the client via GLICO Fixed Income Fund's internet site, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.

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.General

5.1 An investment in the units of a collective investment scheme in securities is not the same as a deposit with a banking institution.

5.2 The value of units may go down as well as up and past performance is not necessarily a guide to future performance.

5.3 The manager undertakes to repurchase units at the prevailing nav price in accordance with the requirements of current legislation, and on the terms and conditions of the relevant deeds.

5.4 Payment will be made within 24 hours of receipt of a valid redemption/withdrawal form.

5.5 There are no entry and exit charges.

5.6 A schedule of charges and maximum charges is available on request from the manager. Commission and incentives may be paid and if so, would be included in the overall costs.

5.7 All portfolios are valued on a daily basis at 17h00. Investments will receive the price of the previous day closing nav. Redemptions/withdrawals will receive the price of the previous day's closing nav. The price, which will apply to an instruction received on a Saturday/Sunday or a public holiday will be that of the following working day.

5.8 A redemption instruction may be sent electronically where client has an electronic indemnity with the manager.

5.9 Investment application forms may be sent electronically but must be confirmed by sending the manager the original of the same.

5.10 The client confirms that neither the manager nor any of its staff provided any advice

and that the client has taken particular care to consider whether the investment is appropriate considering the unique investment objectives, financial situation and particular needs.

5.11 In the case of change of particulars, supporting documentation duly certified must accompany all requests.

5.12 If this form is signed under power of attorney, a certified copy of such power must be attached unless previously recorded.

5.13 In all cases, where the registered owner is a trust, a company or an institution, a copy of the letter of authority, certificate of incorporation, company resolution or similar is required to support the account opening.

5.14 The client hereby agrees to provide all documentation and information required and understands that the manager is prohibited from processing any transactions on the client's behalf until all such documentation and information has been received, unless the submission and declaration has been completed by the client.

5.15 All clients will receive quarterly electronic statements unless other frequency specified.

5.16 Non-residents and emigrants: foreign money must be sent to the manager's relevant bank account and can be transferred in foreign currency or Ghana Cedis. Clients are responsible for Confirming the conversion date or spot rate with the bank handling the transfer within that bank's time lines and rules. The manager is not responsible for confirming the conversion date or spot Rate. The manager is not responsible for the client's investment until funds appears in the manager's relevant bank account.

5.17 All deposits should be made into the designated mutual fund bank account.

5.18 The Custodian: First Atlantic Bank Limited, Atlantic Place, No. 1 Seventh Avenue, Ridge West Accra, P.O. Box CT 162, Cantonments Accra-Ghana Telephone +233 302 680 925-6

5.19 The manager: GLICO Capital Ltd. is licensed by the Securities and Exchange Commission of Ghana.

5.20 This application form and the relevant custody agreement in respect of the GFIF collective investment scheme will form the agreement between the investor and the manager. The investment will be administered in terms of the applicable legislation.

5.21 Contact details: GLICO Fixed Income Fund, No. 3A Digya Lane, Airport Residential Area, Accra P.O.Box 4251, Accra-Ghana. Telephone +233 (0)303 972 870, website www.glicocapital.com

5.22 Business hours: the transactional business hours of the manager are from Monday to Friday, 08h00 to 17h00 (excluding all public holidays).

5.23 The manager does not provide any guarantee either with respect to the capital or the return of a portfolio.

5.24 Redemption rights are subject to suspension.

5.25 Conflicts of Interest disclosure: the Manager shall, wherever possible avoid situations causing a conflict of interest. Where it is not possible to avoid such conflict: the Manager shall advise the Client, of such conflict in writing at the earliest reasonable opportunity and shall mitigate the conflict of interest.

5.26 Complaints: Should the Investor wish to lodge a complaint with GLICO Fixed Income Fund regarding the services being provided, the Investor can send an email to info@glicocapital.com or contact Office number: +233 (0)303 972 870 and via post: Postal address: P.O. Box 4251, Accra.

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 Fixed Income Fund 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 Fixed Income Fund. GLICO Fixed Income Fund 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 Fixed Income Fund 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	

GLICO FIXED INCOME FUND[®]

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 info@glicocapital.com | www.glicocapital.com