

# *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: <input type="text"/>

**Contact Details (In case of emergency):**

*Contact Name:		
Relationship to client:		*Contact Number: <input type="text"/>

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

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

*ID Number:	<input type="text"/>	*Place of Issue:	<input type="text"/>
*Issue Date:	<input type="text" value="DD/MM/YYYY"/>	*Expiry Date:	<input type="text" value="DD/MM/YYYY"/>

**\* 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:	<input type="text"/>		
Employer / Business / School Address:	<input type="text"/>		
Nearest Landmark:	<input type="text"/>	Digital Address (GhanaPost GPS):	<input type="text"/>
City/Town:	<input type="text"/>	Nature of Business:	<input type="text"/>
Business/School/Office Contact Number 1:	<input type="text"/>	Business/School/Office Contact Number 2:	<input type="text"/>
Business/School/Office Email:	<input type="text"/>		

**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:	<input type="text" value="DD/MM/YYYY"/>	*Place of Birth:	<input type="text"/>
*Country of Origin:	<input type="text"/>	*Country of Residence:	<input type="text"/>

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

*ID Number:	<input type="text"/>	*Place of Issue:	<input type="text"/>
*Issue Date:	<input type="text" value="DD/MM/YYYY"/>	*Expiry Date:	<input type="text" value="DD/MM/YYYY"/>

**\* 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 Fixed Income Fund.

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 Fixed Income Fund from any losses and all other liabilities that may result from this authorized transaction.

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

**\*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](mailto:info@glicocapital.com) or contact Office number: +233 (0)303 972 870 and via post: Postal address: P.O. Box 4251, Accra.

**\*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 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:.....

**ILLITERATE / BLIND CUSTOMER RATIFICATION**

The above declaration has been read and interpreted by me in the .....language 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 Fixed Income Fund 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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 digitsStamp: 

## CUSTOMER RISK PROFILE

Client Verification / Screening:  Indicate platform or media through which client ID and Name was screenedLevel 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)	<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(s)	<input type="text"/>
6.	*Email Indemnity (for clients with email address)	<input type="text"/>
7.	*Proof of Foreign Address (for Non-Resident clients)	<input type="text"/>
8.	*Resident / Work Permit (for Non-Ghanaians)	<input type="text"/>
9.	*Executed Management Agreement (Strictly for High Net Worth Clients)	<input type="text"/>

# **GLICO** FIXED INCOME FUND<sup>®</sup>

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