## ACCOUNT OPENING FORM CORPORATE



## NOTE: PORTIONS MARKED WITH \* ARE COMPULSORY AND MUST BE COMPLETED CATEGORY OF INVESTMENT CSD NO: (For brokerage services) Fixed Income CIS Brokerage Product 1 Product 2 Product 3 \*CATEGORY OF BUSINESS Limited Liability Company Sole Proprietorship **Partnership** Charities / NGOs Other Associations If Other, Please Specify \*BUSINESS DETAILS Company / Business Name: \* Certificate of Incorporation Number: \* Date of Incorporation / License Number: Registration: \* 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 Addres&GhanaPost GPS): \* Email Address: Website Address (if any): \*TIN: \* Contact Number 1: Contact Number 2: \*TURNOVER Above 100,000 Monthly Turnover(GHS): Below 10,000 Above 10,000-100,000 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: What client intends to achieve from investment
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 Other Frequency
Withdrawals: Monthly Quarterly Bi-Annual Annual Other Frequency
Anticipated Investment Amount:
Regular Top-up Amount (Expected):  Regular Top-up Amount (Expected):

Gender: Male

Non-Resident Ghanaian

Non-Resident Foreigner

Female

Resident Foreigner

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

Resident Ghanaian

D D M M Y Y

\*KEY CONTACT PERSON

Surname:
First Name:
Other Name(s):

Date of Birth:

Residential Status:

	Resident Permit Number	Permit Issue Date
	Place of Issue	Permit Expiry Date
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ID Type: Passport Vote	ers ID Drivers License SSN	NT Biometric Card National ID
Job Title:	Drivers License 3314	Hallond ID
Email Address:		
Contact Number 1:		
Contact Number 2:		
*ACCOUNT SIGNATORY DI	ETAILS 1	
Surname:		
First Name:		
Other Name(s):		
Date of Birth:		Gender: Male Female
Residential Status:	Resident Ghanaian Resident Foreigner	Non-Resident Ghanaian  Non-Resident Foreigner
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Contact Number 2:		
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Other Name(s):		
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Date of Birth:		
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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.  Signature:  Date:  **TERMS OF DECLARATION  To be drafted based on company's operations  OFFICIAL USE ONLY  **CLIENT ADDITIONAL INFORMATION  Does the shareholders, directors, executives, senior management, administrators and trustees fall under the following:  A head of state/government, politician, senior public official, senior military offical, senior public corporation officer, high rank political points in NO  If yes to any above, please specify name and nature of the position:  A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political points in NO  If yes to any above, please specify name	investmendecisions	remy/ouprerog	atiweithoutsol	ereliancenthe investme	ntadvicereceive	from(Compo	inyname).(Comp <b>aay</b> ne	acceptsoliabilityc	pranydirectorcor	sequenti de ss	
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and nature of the position:			ecify name								
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*CUSTOMER RISK PROFILE									
Client Verification / Screening: Indicate platform or media through which client ID and Name was screened									
Level of Ri	isk:	Low	Medium		High				
Nature of	High Risk Ex	posure:	PE	:р		Non-Residen			
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4	Board resolu	ution to open	account a	nd nominat	ion of sign	atories			
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1 <i>7</i>		anagement A							



Address: 8 Otu Kofi Link Kuku Hill Osu Accra, Ghana

Telephone: +233 303 943044 Email: info@frontlineadvisorsgh.com Website: frontlineadvisorsgh.com