

ACCOUNT  
**OPENING FORM**

CORPORATE



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

**CATEGORY OF INVESTMENT**

Fixed Income  CIS  Brokerage  CSD NO:  (For brokerage services)  
Product 1  Product 2  Product 3

**\*CATEGORY OF BUSINESS**

Sole Proprietorship  Partnership  Limited Liability Company   
Associations  Charities / NGOs  Other   
If Other, 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  Above 10,000-100,000  Above 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  Annual  Other Frequency   
Withdrawals: Monthly  Quarterly  Bi-Annual  Annual  Other Frequency   
Anticipated Investment Amount:   
Regular Top-up Amount (Expected):  Regular Withdrawal Amount (Expected):

**\*KEY CONTACT PERSON**

Surname:   
First Name:   
Other Name(s):   
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
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

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:

First Name:

Other Name(s):

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
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

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:

First Name:

Other Name(s):

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
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

\* 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:

First Name:

Other Name(s):

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
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

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

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

**\* 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	No.	ID Type	PEP Status	Contact Number	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"/>	<input type="text"/>	<input type="text"/>
Surname	Other names	No.	ID Type	PEP Status	Contact Number	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"/>	<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**

To be drafted based on company's operations

**\* ACCOUNT MANDATE**

Name of Signatory	Signature Specimen
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

One to sign  Either to sign  All to sign  Others

If other, please specify:

**\* TERMS AND CONDITIONS**

To be drafted based on company's operations

**\* DECLARATION**

I/we ..... declare that all the information submitted by me/us in this form is correct, true and valid that by my/our request, open and maintain securities account(s) in my/our name and undertake to notify (company name) 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 my/our signature(s) in this form. I/We consent that investment decisions are my/our prerogative without sole reliance on the investment advice received from (Company name). (Company name) 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:

**\* 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 official, senior public corporation officer, high rank political party official YES / 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 party official YES / NO

If yes to any above, please specify name and nature of the position:

**\*CUSTOMER RISK PROFILE**

Client Verification / Screening:

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	<input type="text"/>	Account approved/authorized by Compliance Officer/AMLRO:	
Name of Licensed Officer	<input type="text"/>	Name:	<input type="text"/>
Position:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

\*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:  Date:

Comments:

**\*CHECKLIST**

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

# Frontline



## EQUITY

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

Telephone: +233 303 943044

Email: [info@frontlineadvisorsgh.com](mailto:info@frontlineadvisorsgh.com)

Website: [frontlineadvisorsgh.com](http://frontlineadvisorsgh.com)