

ACCOUNT
OPENING FORM

TRUSTEES



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

CATEGORY OF BUSINESS

Pension Scheme (Registered Scheme) Provident Scheme (Unregistered Scheme) Other

If Other, Please Specify:

***BENEFICIARY OWNER (BO) DETAILS**

Company / Business Name:

Certificate of Incorporation Number:

Date of Incorporation / 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 Address (GhanaPost GPS):

Email Address:

Website Address (if any):

* TIN:

***STATEMENT SERVICES**

Mode of Statement Delivery: Email By post SMS Collection

Statement Frequency: Quarterly Specify any additional statement frequency

***EXPECTED ACCOUNT ACTIVITY**

* Source of Funds: Member contributions Company Contributions (Proceeds from business) Other

If Other, please specify:

* Initial Investment Amount:

* Anticipated Investment Activity:
Top-ups: Monthly Quarterly Bi-Annually Annually
Withdrawals: Quarterly Bi-Annually Annually

* 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
Place of Issue Permit Expiry Date

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

Job Title:

Permanent Address:

Email Address:

Contact Number 1:

Contact Number 2:

***TRUSTEE REPRESENTATIVE 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
Place of Issue Permit Expiry Date

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

Job Title:

Permanent Address:

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

***TRUSTEE REPRESENTATIVE 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
Place of Issue Permit Expiry Date

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

Job Title:

Permanent Address:

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

***TRUSTEE REPRESENTATIVE 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
Place of Issue Permit Expiry Date

ID Type:

Passport

Voters ID

Drivers License

SSNIT Biometric Card

National ID

Job Title:

Permanent Address:

Contact Number 1:

Contact Number 2:

***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"/> |

To be drafted based on company's operations

***ACCOUNT MANDATE**

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

| | |
|----------------------|----------------------|
| Name of Signatory | Signature Specimen |
| <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.....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 (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 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 (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**

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE THE 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 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 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
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: Date:
Comments:

***CHECKLIST**

| SN. | Documents Required | Verified |
|-----|---|--------------------------|
| 1 | Account opening form duly completed | <input type="checkbox"/> |
| 2 | Specimen signature card duly completed | <input type="checkbox"/> |
| 3 | Copy of Certificate of Incorporation and Certificate to Commence Business | <input type="checkbox"/> |
| 4 | Copy of Memorandum and Articles of Association (Forms A, 3, 17) | <input type="checkbox"/> |
| 5 | Proof of Company Address | <input type="checkbox"/> |
| 5 | Board resolution to open account and nomination of signatories | <input type="checkbox"/> |
| 7 | TIN | <input type="checkbox"/> |
| 8 | Trust Deed | <input type="checkbox"/> |
| 9 | Proof of Identity of all signatories and representatives | <input type="checkbox"/> |
| 10 | Performance Management Agreement (Signed) | <input type="checkbox"/> |
| 11 | One passport-sized photograph of each signatory and trustee | <input type="checkbox"/> |
| 12 | Resident / Work Permit for Non-Ghanaians | <input type="checkbox"/> |
| 13 | Letter of Indemnity (For discretionary investments) | <input type="checkbox"/> |
| 14 | Proof of Company Address | <input type="checkbox"/> |
| 15 | Executed Management Agreement | <input type="checkbox"/> |

Frontline



EQUITY

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