





ACCOUNT OPENING FORM

 PHOTOGRAPH	 PHOTOGRAPH
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ACCOUNT NUMBER

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AMOUNT

☐ INITIAL AMOUNT ☐ TOP UP ☐ DIRECT DEBIT

(PLEASE TICK)

☐

SINGLE ACCOUNT

☐

JOINT ACCOUNT

☐

ITF (IN TRUST FOR) ACCOUNT

☐

ELITE MUTUAL FUND

☐

FINANCIAL INDEPENDENCE
MUTUAL FUND

Purpose for investing:

Term/How long:

Source of Income:

PERSONAL DETAILS: TO BE COMPLETED BY ALL APPLICANTS

FIRST APPLICANT

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Other (please specify) <input type="text"/>		Identification Details <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> NHIS ID <input type="checkbox"/> National ID <input type="checkbox"/> Voters ID <input type="checkbox"/> Other (Please specify) <input type="text"/> ID Number <input type="text"/> <input type="text"/> Issue Date <input type="text"/> Expiry Date <input type="text"/> Mother's maiden name <input type="text"/>	
Surname <input type="text"/>			Mobile Number <input type="text"/>
First name(s) <input type="text"/>			
Other name(s) <input type="text"/>			Residential Telephone <input type="text"/>
Postal Address <input type="text"/>			
Residential Address <input type="text"/>			Fax <input type="text"/>
Occupation <input type="text"/>			
Email Address <input type="text"/>			Nationality <input type="text"/>
Date of Birth <input type="text"/>			Country of Residence <input type="text"/>
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Date of Birth <input type="text"/>	
Level of Education <input type="checkbox"/> JHS <input type="checkbox"/> SHS <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Advanced Degree <input type="checkbox"/> Others <input type="text"/>			

SECOND APPLICANT

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Other (please specify) <input type="text"/>		Identification Details <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> NHIS ID <input type="checkbox"/> National ID <input type="checkbox"/> Voters ID <input type="checkbox"/> Other (Please specify) <input type="text"/> ID Number <input type="text"/> <input type="text"/> Issue Date <input type="text"/> Expiry Date <input type="text"/> Mother's maiden name <input type="text"/>	
Surname <input type="text"/>			Mobile Number <input type="text"/>
First name(s) <input type="text"/>			
Other name(s) <input type="text"/>			Residential Telephone <input type="text"/>
Postal Address <input type="text"/>			
Residential Address <input type="text"/>			Fax <input type="text"/>
Occupation <input type="text"/>			
Email Address <input type="text"/>			Nationality <input type="text"/>
Date of Birth <input type="text"/>			Country of Residence <input type="text"/>
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Date of Birth <input type="text"/>	
Level of Education <input type="checkbox"/> JHS <input type="checkbox"/> SHS <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Advanced Degree <input type="checkbox"/> Others <input type="text"/>			

IN TRUST FOR (ITF) ACCOUNT

Surname	Other Names(s)	ITF Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
ITF Address		
<input type="text"/>		
<input type="text"/>		

BENEFICIARY (IES) INFORMATION

1. Name	Date of Birth	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Percentage (%)	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Name	Date of Birth	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Percentage (%)	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Name	Date of Birth	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Percentage (%)	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Name	Date of Birth	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Percentage (%)	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

NEXT OF KIN INFORMATION

1. Name	Date of Birth	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Percentage (%)	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTIFICATION

Do you want to receive Contact Notes, Statements or Correspondent on investment by e-mail?

☐ Yes ☐ No

Do you want to subscribe to First Finance Notification Alerts (SMS)?

☐ Yes ☐ No

(Terms and Conditions apply)

DATA PROVIDED IN THIS SECTION IS MANLY FOR STATISTICAL PURPOSES

APPLICANT EMPLOYMENT DETAILS

EMPLOYMENT STATUS

☐ Unemployed ☐ Employed ☐ Student ☐ Retired (please tick)

If employed / Student

Name of Employer / Educational Institution

<input type="text"/>
<input type="text"/>

Postal Address

<input type="text"/>
<input type="text"/>

KNOW YOUR CLIENT (KYC)

INVESTOR RISK ANALYSIS & ASSESMENT

Have you ever invested in Mutual Funds or Stocks?

☐ Yes ☐ No

Do you have an emergency funds (Savings of 3-6 months after tax-income?)

☐ Yes ☐ No

When approximately would you need the money you are investing?

How would you feel if an investment you had committed to for five years or more lost 10% of its value during the first year?

- ☐ I would be extremely concerned and would sell my investment
☐ I would be concerned and may consider selling my investment
☐ I would be concerned, but I would not consider selling my investment
☐ I would not be overly concerned given my long-term investment philosophy

Investment Objectives	Investment Horizon	Personal Risk Tolerance	Investment Knowledge	Monthly Income (GHC)
<input type="checkbox"/> Safety	<input type="checkbox"/> Below 3 Months	<input type="checkbox"/> Very Low	<input type="checkbox"/> None	<input type="checkbox"/> Below 1,000
<input type="checkbox"/> Income	<input type="checkbox"/> 3 Months – 1 Year	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> 1,000 – 5,000
<input type="checkbox"/> Balance	<input type="checkbox"/> 1 – 2 Year(s)	<input type="checkbox"/> Medium	<input type="checkbox"/> Good	<input type="checkbox"/> 6,001 – 10,000
<input type="checkbox"/> Growth	<input type="checkbox"/> 3 – 5 Year(s)	<input type="checkbox"/> High	<input type="checkbox"/> Excellent	<input type="checkbox"/> 10,001 – 20,000
<input type="checkbox"/> Speculation	<input type="checkbox"/> 5 – 10 Year(s)	<input type="checkbox"/> Very High	<input type="checkbox"/> Professional	<input type="checkbox"/> Above 20,000

- ☐ **Conservative:-** unwilling to risk losing any of the income ie. willing to invest in instruments with low degree of risk/return.
☐ **Moderately Conservative:-** willing to invest more in instruments with low degree of risk/return.
☐ **Balanced:-** willing to select a balanced mix of investments across the risk/return.
☐ **Moderately Aggressive:-** willing to invest less in instruments with low degree of risk/return.
☐ **Aggressive:-** willing to take higher degree of risk with greater potentials for higher returns/loss.

Account Holder'(s) Authorization/Signature(s):

☐ One to Sign

☐ Two to Sign

Declaration

By signing this form, I/We declare that I/We have read and understood the Product Document in Question and that I/We declare that all the information provided is true, accurate and correct as at the date given below. I/We instruct FFC to act based on this information, unless otherwise notified in writing by me/us. I/We authorize FFC to act on instructions relating to my/our account(s) received from the Authorized Signatory(ies).

Name of Signatory

Name of Signatory

Signature of 1st Applicant

Signature of 1st Applicant

Date

		/			/		
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Date

		/			/		
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FOR OFFICE USE ONLY

Name of Officer Setting-up Account

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Signature _____

Date

		/			/		
--	--	---	--	--	---	--	--

Name of Supervising Officer

--

Signature _____

Date

		/			/		
--	--	---	--	--	---	--	--

Name of Introducer

--

Signature _____

Date

		/			/		
--	--	---	--	--	---	--	--