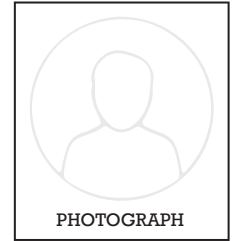




ACCOUNT OPENING FORM



ACCOUNT NUMBER

AMOUNT

 INITIAL AMOUNT TOP UP DIRECT DEBIT

(PLEASE TICK) SINGLE ACCOUNT JOINT ACCOUNT ITF (IN TRUST FOR) ACCOUNT

ELITE MUTUAL FUND GOLD FUND UNIT TRUST SEGREGATED MANDATE
 FINANCIAL INDEPENDENCE MUTUAL FUND UNISECURITIES UNIT TRUST

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"/> 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"/>		
Residential Telephone <input type="text"/>		
Other name(s) <input type="text"/>		
Fax <input type="text"/>		
Postal Address <input type="text"/>		
Nationality <input type="text"/>		
Country of Residence <input type="text"/>		
Residential Address <input type="text"/>		
Date of Birth <input type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Occupation <input type="text"/>		
Email Address <input type="text"/>		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
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"/> 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"/>		
Residential Telephone <input type="text"/>		
Other name(s) <input type="text"/>		
Fax <input type="text"/>		
Postal Address <input type="text"/>		
Nationality <input type="text"/>		
Country of Residence <input type="text"/>		
Residential Address <input type="text"/>		
Date of Birth <input type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Occupation <input type="text"/>		
Email Address <input type="text"/>		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
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 <input style="width: 95%; height: 20px;" type="text"/>	Other Names(s) <input style="width: 95%; height: 20px;" type="text"/>	ITF Date of Birth <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
ITF Address <input style="width: 98%; height: 20px;" type="text"/>		
<input style="width: 98%; height: 20px;" type="text"/>		

BENEFICIARY (IES) INFORMATION

1.	Name <input style="width: 95%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Contact Number <input style="width: 95%; height: 20px;" type="text"/>
	Relationship <input style="width: 95%; height: 20px;" type="text"/>	Address <input style="width: 95%; height: 20px;" type="text"/>	Percentage (%) <input style="width: 95%; height: 20px;" type="text"/>
		Email Address <input style="width: 95%; height: 20px;" type="text"/>	
2.	Name <input style="width: 95%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Contact Number <input style="width: 95%; height: 20px;" type="text"/>
	Relationship <input style="width: 95%; height: 20px;" type="text"/>	Address <input style="width: 95%; height: 20px;" type="text"/>	Percentage (%) <input style="width: 95%; height: 20px;" type="text"/>
		Email Address <input style="width: 95%; height: 20px;" type="text"/>	
3.	Name <input style="width: 95%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Contact Number <input style="width: 95%; height: 20px;" type="text"/>
	Relationship <input style="width: 95%; height: 20px;" type="text"/>	Address <input style="width: 95%; height: 20px;" type="text"/>	Percentage (%) <input style="width: 95%; height: 20px;" type="text"/>
		Email Address <input style="width: 95%; height: 20px;" type="text"/>	
4.	Name <input style="width: 95%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Contact Number <input style="width: 95%; height: 20px;" type="text"/>
	Relationship <input style="width: 95%; height: 20px;" type="text"/>	Address <input style="width: 95%; height: 20px;" type="text"/>	Percentage (%) <input style="width: 95%; height: 20px;" type="text"/>
		Email Address <input style="width: 95%; height: 20px;" type="text"/>	

NEXT OF KIN INFORMATION

Name <input style="width: 95%; height: 20px;" type="text"/>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Contact Number <input style="width: 95%; height: 20px;" type="text"/>
Relationship <input style="width: 95%; height: 20px;" type="text"/>	Address <input style="width: 95%; height: 20px;" type="text"/>	Percentage (%) <input style="width: 95%; height: 20px;" type="text"/>
		Email Address <input style="width: 95%; height: 20px;" 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	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	(please tick)
If employed / Student					
Name of Employer / Educational Institution <input style="width: 95%; height: 20px;" type="text"/>			Postal Address <input style="width: 95%; height: 20px;" type="text"/>		
<input style="width: 95%; height: 20px;" type="text"/>			<input style="width: 95%; height: 20px;" type="text"/>		

FFC PERSONAL ACCOUNT OPENING ACCOUNT ADD-ON

PERSONAL INFORMATION 1

RESIDENTIAL STATUS

Resident Ghanaian. Non - Resident Ghanaian.

Resident Foreigner. Non - Resident Foreigner.

Country of Origin

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Country of Residence

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TIN

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PERSONAL INFORMATION 2

RESIDENTIAL STATUS

Resident Ghanaian. Non - Resident Ghanaian.

Resident Foreigner. Non - Resident Foreigner.

Country of Origin

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Country of Residence

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TIN

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CONTACT DETAILS

Digital Address (Ghana Post GPS)

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IN TRUST FOR

Country of Origin

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Country of Residence

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BENEFICIARY

Country of Origin

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Country of Residence

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EXPECTED ACCOUNT ACTIVITY

SOURCE OF FUNDS

Salary Proceeds from Business Inheritance/Gifts

Personal Savings Others Other (Please specify)

Initial Investment Amount

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ANTICIPATED INVESTMENT ACTIVITY

Top-ups

Monthly Quarterly Bi-annual Annual Other Frequency

Withdrawals

Monthly Quarterly Bi-annual Annual Other Frequency

Regular top-up amount (Expected).

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Regular withdrawal amount (Expected).

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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

Date

FOR OFFICE USE ONLY

Name of Officer Setting-up Account

Signature _____

Date

Name of Supervising Officer

Signature _____

Date

Name of Introducer

Signature _____

Date

CHECKLIST – FOR INTERNAL USE

VERIFIED DOCUMENTS REQUIRED

- Passport size picture
- Proof of Identity
- Proof of Identity of Account Beneficiary
- Proof of Address
- Specimen Signature(s)
- Email Indemnity (for clients with email address)
- Proof of Foreign Address (for Non-Resident clients)
- Resident / Work Permit (for Non-Ghanaians
- Executed Management Agreement (Strictly for High Net Worth Clients)