



**SIC BROKERAGE LTD**

*Your Preferred Stockbroker*

(Member of the Ghana Stock Exchange)

## ACCOUNT OPENING FORM - INDIVIDUAL/JOINT/ITF (In-trust-for)

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

### CATEGORY OF BUSINESS

Individual  Joint  ITF

Fixed Income Security  Transfer of Equities  Equities  Dematerialize of Shares

CSD No:

### \* PERSONAL INFORMATION 1

\* Title Mr.  Mrs.  Miss  Prof  Dr  Other (Please specify)

\* Surname  \* First Name

Maiden Name  \* Other(s)

\* Marital Status Single  Married  \* Gender: Male  Female

\* Date of Birth (DDMMYYYY):  Place of Birth:

Mother's Maiden Name:

Residential Status: Resident Ghanaian  Non-Resident Ghanaian  Resident Foreigner  Non-Resident Foreigner

Country of Origin:  Country of Residence:

Residential Address

**If country of origin is not Ghana but resides in Ghana, please provide the following:**

Resident Permit Number  Permit Issue Date

Place of Issue  Permit Expiry Date

\* Occupation:  Profession:

\* GRA TIN #:  \* Ghana Card #:

\* Foreign Tax # (Non-Resident Person)

### \* PERSONAL INFORMATION 2

\* Title Mr.  Mrs.  Miss  Prof  Dr  Other (Please specify)

\* Surname  \* First Name

Maiden Name  \* Other(s)

\* Marital Status Single  Married  \* Gender: Male  Female

\* Date of Birth (DDMMYYYY):  Place of Birth:

Mother's Maiden Name:

Residential Status: Resident Ghanaian  Non-Resident Ghanaian  Resident Foreigner  Non-Resident Foreigner

Country of Origin:  Country of Residence:

Residential Address

Resident Permit Number  Permit Issue Date

Place of Issue  Permit Expiry Date

\* Occupation:  Profession:

\* GRA TIN #:  \* Ghana Card #:

\* Foreign Tax # (Non-Resident Person)

**\* CONTACT DETAILS**

\* Name of Person

\* Residential Address:

Nearest Land-  Digital Address

City / Town:

Postal Address:

Email Address:

Mobile Number 1:           Ghana Card #:

Mobile Number 2:

**Contact Details (in case of emergency):**

Contact Name:

Relationship to client:

Contact Number :

**PROOF OF IDENTITY (Must be completed by each applicant)**

**ID Type:** Passport  Voters ID  Drivers License  Ghana Card

ID Number:  \* Issue Date (DDMMYYYY):

Place of Issue:  \* Expiry Date (DDMMYYYY):

**STATEMENT SERVICE**

Mode of Statement Delivery: Email  By Post  SMS  Collection

Statement Frequency: Quarterly  Specify any other additional statement frequency :

**EMPLOYMENT / BUSINESS DETAILS**

**Status:** Employed  Self-employed  Unemployed  Retired  Student

Years of Employment:  Years of Current Employment:  Years of Previous Employment:

Total Monthly Income Range: Below 1,000  Above 1,001 - 5,000   
Above 5,000 - 10,000  Above 10,000

**NB: Income includes salary and other income/cash inflows**

Employer/Business/School Name:

Nearest Landmark:  Digital Address (Ghana Post GPS):

City / Town:  Nature of Business:

Business/School/Office Contact Number 1:           Business/School/Office Email:

Business/School/Office Contact Number 2:

**IN TRUST FOR**

\* Title Mr.  Mrs.  Miss  Prof  Dr  Other (Please specify)

\* Surname  \* First Name

Maiden Name  \* Other(s)

\* Relationship with Account Applicant:

\* Marital Status Single  Married  \* Gender: Male  Female

\* Date of Birth (DDMMYYYY):           Place of Birth:

\* Country of Origin:  \* Country of Residence:

**ID Type:** Passport  Voters ID  Drivers License  Ghana Card  Non-Citizen Ghana Card

ID Number:  \* Issue Date (DDMMYYYY):

Place of Issue:  \* Expiry Date(DDMMYYYY):

**BENEFICIARY**

\* Title Mr.  Mrs.  Miss  Prof  Dr  Other (Please specify)

\* Surname  \* First Name

Maiden Name  \* Other(s)

\* Relationship with Account Applicant:

\* Marital Status Single  Married  \* Gender: Male  Female

\* Date of Birth (DDMMYYYY):  Place of Birth:

\* Country of Origin:  \* Country of Residence:

**ID Type:** Passport  Voters ID  Drivers License  Ghana Card  Non-Citizen Ghana Card

ID Number:  \* Issue Date (DDMMYYYY):

Place of Issue:  \* Expiry Date(DDMMYYYY):

**\*CLIENT INVESTMENT PROFILE**

1. Investment Objective:

2. Risk Tolerance: Low  Medium  High

3. Investment Horizon: Short Term  Medium Term  Long Term

4. Investment Knowledge: Low  Medium  High

5. Mode of Account: Discretionary  Non-Discretionary

6. \* Name of Associated Business(es) if applicable:

7. \* Nature/Address of Associated Business:

**EXPECTED ACCOUNT ACTIVITY**

**Source of Wealth:**

**Source of Funds:** Salary  Proceeds from business  Inheritance/Gifts  Personal savings  Others

**If Other, please specify:**

**Initial Investment Amount:**

**Mode of Deposit:** Cash  Cheque  Bank Transfer  Momo

**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):

**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"/>

**INDEMNITY**

I / We hereby agree to indemnify SBL from all damages and losses in respect of all email, telephone, fax transactions and instructions reasonably and properly exercised by SBL within the powers captured in the power of attorney.

Signature: .....

Date: .....

Signature:.....

Date:.....

**POWER OF ATTORNEY**

This Power of Attorney is given this.....day of .....20.....by .....of (address).....

I/We hereby appoint SIC Brokerage Ltd of No 67 A&B Switchback road, Cantonments PMB CT 314 Cantonments Accra Ghana as my/our true and lawful attorney and in my/our name and on my/our behalf do securities dealing services and investment management services without any risk of loss or liability to the company. I/We further state that this power of attorney shall remain in force until expressly revoked by me/us.

Name: Signature: Date:

Name: Signature: Date

**ACCOUNT MANDATE**

Name of Signatory

Signature Specimen

[Blank box for Name of Signatory]

[Blank box for Signature Specimen]

[Blank box for Name of Signatory]

[Blank box for Signature Specimen]

One to sign  Either to sign  Both to sign

**\* 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 buy and /or sell securities, transfer our securities or dematerialize our securities in my/our name and undertake to notify SBL 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 SBL . SBL 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 investment account(s) by virtue of my/our investment shall be settled by me/us accordingly.

Name: Signature: Date:

**\* DECLARATION**

I agree to abide by the content of this agreement that has been truly and audibly read over and explained to me by an interpreter.

Signature of Customer: .....Name and Address of Interpreter: ..... Language of Interpreter.....

Signature of Interpreter: .....Telephone/ Number: ..... Date: .....

**\* OFFICIAL USE ONLY**

**\* CLIENT ADDITIONAL INFORMATION 1**

**NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)**

**Do you, your spouse, or any other immediate family member, including parents, in-laws, siblings and dependents 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:

[Blank box for name and nature of 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:

[Blank box for name and nature of position]



## APPROVALS

Account opened by :	Account approved/authorized by Head of Department:	Account approved/authorized by Compliance Officer/AMLRO:
Name of Licensed officer:	Name	Name
Position:	Position:	Position:
Signature:	Signature:	Signature:
Date:	Date:	Date:

*\*Accounts of High Risk Nature must be jointly approved by GM / Executive / Senior Manager and Compliance Officer*

### High risk account authorized/approved by Executive / GM

Name:

Signature:  Date (DDMMYYYY):

Comments:

## CHECKLIST

SN.	Document Required	YES	NO
1.	GSE form completed	<input type="checkbox"/>	<input type="checkbox"/>
2.	Passport-size photograph (Account holders/beneficiaries)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Proof of valid identity card obtained	<input type="checkbox"/>	<input type="checkbox"/>
4.	Proof of valid identity of Beneficiary obtained	<input type="checkbox"/>	<input type="checkbox"/>
5.	Proof of resident of address of all signatories	<input type="checkbox"/>	<input type="checkbox"/>
6.	Specimen Signature (s) checked	<input type="checkbox"/>	<input type="checkbox"/>
7.	Proof of foreign address (for non resident client) verified	<input type="checkbox"/>	<input type="checkbox"/>
8.	Resident/work permit (for non-Ghanaians)	<input type="checkbox"/>	<input type="checkbox"/>
9.	Executed Management Agreement (Strictly for high net worth clients)	<input type="checkbox"/>	<input type="checkbox"/>