

AFFIX PASSPORT  
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**ACCOUNT OPENING FORM**  
**INDIVIDUAL/JOINT/ITF (In-trust-for)**

**BROKERAGE**

Make deposits yourself. Any deposit given to a third party or a Databank staff member on your behalf is done at your own risk. Databank will not be held liable if the money does not reflect in your account. Please ensure you get an official stamped receipt for any deposit you make.

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61 Barnes Road, Accra Private Mail Bag, Ministries Post Office, Accra - Ghana  
**Telephone:** (233) 0302 610610 **Fax:** (233) 0302 681443  
**Email:** [info@databankgroup.com](mailto:info@databankgroup.com)  
**Website:** [www.databankgroup.com](http://www.databankgroup.com)

**\*CATEGORY OF INVESTMENT**Account type: ☐ Individual ☐ Joint ☐ ITF (In trust for) Product type: ☐ Fixed-Income ☐ EquitiesCSD Number: **\*PERSONAL DETAILS (FIRST APPLICANT)**\*Title: ☐ Dr. ☐ Prof. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (Please specify) 

\*Surname:

Other Names:

Previous Name:

\*Date of Birth:  /  / 

\*Mother's Maiden Name:

\*Country of Origin:

If country of origin is not Ghana please provide the following:

Resident Permit Number:

Place of Issue:

Input Professional Licence  
Number (If Applicable) 

\*First Name:

Maiden Name:

\*Place of Birth:

\*Residential Status:

☐ Non-Resident Ghanaian ☐ Resident Ghanaian☐ Non-Resident Foreigner ☐ Resident Foreigner

\*Country of Residence:

Permit Issue Date:

Permit Expiry Date:

\*Profession/Occupation:

\*Marital Status:

☐ Single ☐ Married☐ Divorced ☐ Widowed

\*Gender:

☐ Male ☐ Female

\*Valid Photo ID:

☐ Ghana Card ☐ Passport

\*ID Number:

\*Issue date:

 /  / 

DD MM YYYY

\*Date of expiration:

 /  / 

DD MM YYYY

\*Place of Issue:

Hometown:

TIN:

**CONTACT DETAILS**\*Residential  
Address:Nearest  
Landmark:Digital Address  
(GhanaPost GPS):Postal  
Address:

\*City / Town:

Email  
Address:

\* Mobile Number 1:

Mobile Number 2:

\* Contact Details (In case of emergency):

 Contact name
  Relationship to client
  Mobile number
**\*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 (GHC):

☐ 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:Employer/Business/  
School Address:

Nearest

Landmark:

Digital Address

(GhanaPost GPS):

City/Town

Nature of Business:

Business/School/Office

Contact Number 1:

Business/School/Office

Contact Number 2:

Business/School/  
Office Email:

## \*PERSONAL DETAILS (SECOND APPLICANT)

\*Title: ☐ Dr. ☐ Prof. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (Please specify)

\*Surname:

Other Names:

Previous Name:

\*Date of Birth:  /  /

DD

MM

YYYY

\*Mother's Maiden Name:

\*Country of Origin:

If country of origin is not Ghana please provide the following:

Resident Permit Number:

Place of Issue:

Input Professional Licence  
Number (If Applicable)

\*First Name:

Maiden Name:

\*Place of Birth:

\*Residential Status:

☐ Non-Resident Ghanaian ☐ Resident Ghanaian  
☐ Non-Resident Foreigner ☐ Resident Foreigner

\*Country of Residence:

Permit Issue Date:

Permit Expiry Date:

\*Profession/Occupation:

\*Marital Status:

☐ Single ☐ Married  
☐ Divorced ☐ Widowed

\*Gender:

☐ Male ☐ Female

\*Valid Photo ID:

☐ Ghana Card ☐ Passport

\*ID Number:

\*Issue date:

DD MM YYYY

\*Date of expiration:

DD MM YYYY

\*Place of Issue:

Hometown:

TIN:

## CONTACT DETAILS

\*Residential  
Address:

Nearest  
Landmark:

Digital Address  
(GhanaPost GPS):

Postal  
Address:

\*City / Town:

Email  
Address:

\* Mobile Number 1:

Mobile Number 2:

\* Contact Details (In case of emergency):

Contact name

Relationship to client

Mobile number

## \*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 (GHC):

☐ 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:

Employer/Business/  
School Address:

Nearest

Landmark:

Digital Address

(GhanaPost GPS):

City/Town

Nature of Business:

Business/School/Office

Contact Number 1:

Business/School/Office

Contact Number 2:

Business/School/  
Office Email:



**\*CLIENT INVESTMENT PROFILE****Risk Tolerance:** ☐ High ☐ Medium ☐ Low

1. Investment Objective: \_\_\_\_\_
2. When do you plan to withdraw a significant portion of your money? ☐ Less than 1 year ☐ 1 to 2 years ☐ 3 to 5 years ☐ More than 5 years
3. Do you have an emergency fund (i.e., 6 months of after-tax income)? ☐ Yes ☐ No ☐ Yes, but less than six months
4. What is the level of your investment knowledge? ☐ Limited ☐ Moderate ☐ Extensive
5. How much of a risk taker are you with investing? ☐ Low ☐ Low to Medium ☐ Medium ☐ Medium to High ☐ High
6. How would you react if an investment you had committed to for three or more years lost 10% of its value in the first year?
- ☐ Extremely concerned; sell my investment ☐ Concerned; consider selling my investment
- ☐ Concerned; not consider selling my investment ☐ Not overly concerned; I'm in it for the long term

**\*EXPECTED ACCOUNT ACTIVITY**

**\* Source of Funds:** ☐ Salary ☐ Proceeds from Business ☐ Inheritance / Gifts ☐ Personal Savings ☐ Other \_\_\_\_\_  
Please specify

**\* Anticipated Investment Activity:**

**Top-ups:** ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Other \_\_\_\_\_  
Please specify

**Withdrawals:** ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Other \_\_\_\_\_  
Please specify

**\* Initial Investment Amount:****\* Anticipated Investment Amount:**

Regular Top-up Amount (Expected):

Regular Withdrawal Amount (Expected):

**\*PAYMENT OPTION** (please select **only one** payment option)

☐ **BANK TRANSFER (Account must be in your name. No third-party transfers allowed.)**

Name on account

Account number

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Bank

Branch name

☐ Transfer to other Databank Fund (Indicate Fund and account number) \_\_\_\_\_

**STATEMENT SERVICES**

**Mode of Statement Delivery:** ☐ Email ☐ Online ☐ Collection at branch

**Statement Frequency:** ☐ Semi-Annual ☐ Annual ☐ Monthly

**SIGNATURES**

**Please indicate:** ☐ One to sign ☐ Either to sign ☐ Both to sign

**Illiterate/Blind Customer Ratification**

I, \_\_\_\_\_ hereby declare that, I read and explained the contents  
(name of Declarant)  
of this document to \_\_\_\_\_ in a language of his/her understanding  
(name of Client)  
which is \_\_\_\_\_ and \_\_\_\_\_ understood and approved of the contents  
(Indicate language) (name of Client)  
before appending his/her thumbprint/signature below and executing the form.

Signature of first applicant

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of second applicant

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Thumbprint/ Signature (Client)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (Declarant)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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 understand that upon the death of an account holder, all funds remaining in a joint account shall automatically pass to / become the sole property of the surviving owner.

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 Databank. Databank 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. Any deposit given to a third party or a Databank staff member on my behalf is done at my own risk. Databank will not be held liable if the money does not reflect in your account.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please ensure you get an official stamped receipt for any deposit you make.

### \*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 dependants fall under the following:**

- ① 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  
(if not the applicant) and nature of the position:

- ② 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  
(if not the applicant) and nature of the position:

### \*CLIENT ADDITIONAL INFORMATION (2)

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON REPORTING STANDARDS AS WELL AS FATCA (Foreign Account Tax Compliance Act)

- ① Are you a citizen of any foreign country (besides Ghana)? ☐ Yes ☐ No
- ② Do you hold passport of any foreign country (besides Ghana)? ☐ Yes ☐ No
- ③ Do you hold green card of any foreign country (besides Ghana)? ☐ Yes ☐ No
- ④ Are you resident in any foreign country? ☐ Yes ☐ No
- ⑤ Have you spent more than 183 days in any foreign country? ☐ Yes ☐ No

**If the responses to any of the above questions is Yes, please provide the following information:**

Full Name:

Foreign Residential Address:

Foreign Mailing Address:

Foreign Telephone Number:

Foreign Tax Identification Number (TIN)/Social Security Number (SSN)/National Identity Number:

I/We, \_\_\_\_\_ hereby confirm the information provided above is true, accurate and complete.

Signature:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

### UNDERTAKING TO BE SIGNED ONLY BY THOSE WHO RESPONDED 'YES' TO THE FIRST SET OF QUESTIONS ABOVE

Subject to the applicable local laws, I hereby give consent to the Institution to share my information with foreign tax authorities where necessary to establish my tax liability. Where required by domestic or foreign tax authorities, I give my consent and agree that the Institution may withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

Signature:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

**OFFICIAL USE ONLY****\*CUSTOMER RISK PROFILE****Client Verification / Screening:***Indicate platform or media through which client ID and Name was screened***Level of Risk:** ☐ Low ☐ Medium ☐ High**Nature of High Risk** ☐ PEP☐ Non-Resident**Exposure:**☐ High Risk Business (Refer to guide)

State nature of business: \_\_\_\_\_

☐ High Risk Country

State Country: \_\_\_\_\_

**APPROVALS****Account opened by:** \_\_\_\_\_**Account approved/authorized by Compliance Officer/AMLRO:****Name of Licensed Officer:** \_\_\_\_\_**Name:** \_\_\_\_\_**Position:** \_\_\_\_\_**Position:** \_\_\_\_\_**Signature:****Signature:****Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY*\*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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY**Comments:** \_\_\_\_\_**\*CHECKLIST****Documents Required****Verified**

1. Passport-sized photographs (Account holders / Beneficiaries)

\_\_\_\_\_

2. Proof of Identity

\_\_\_\_\_

3. Proof of Identity of Account Beneficiary

\_\_\_\_\_

4. Proof of Address

\_\_\_\_\_

5. Specimen Signature(s)

\_\_\_\_\_

6. Email Indemnity (for clients with email address)

\_\_\_\_\_

7. Proof of Foreign Address (for Non-Resident clients )

\_\_\_\_\_

8. Resident / Work Permit (for Non-Ghanaians )

\_\_\_\_\_

9. Executed Management Agreement (Strictly for High Net Worth Clients)

\_\_\_\_\_