

AFFIX PASSPORT
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AFFIX PASSPORT
PHOTO HERE



**ACCOUNT OPENING FORM
CORPORATE**

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.

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

[illegible]

*CATEGORY OF BUSINESS / INSTITUTION	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
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85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Other ☐ If other, please specify _____

*INSTITUTION DETAILS

Contact Number 2:

*TURNOVER / INCOME	
2019	1.00
2018	1.00
2017	1.00
2016	1.00
2015	1.00
2014	1.00
2013	1.00
2012	1.00
2011	1.00
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1880	1.00
1879	1.00
1878	1.00
1877	1.00
1876	1.00
1875	1.00
1874	1.00
1873	1.00
1872	1.00
1871	1.00
1870	1.00
18	

Monthly Turnover (GHS): Below 10,000 ☐ Above 10,000 - 100,000 ☐ Above 100,000 ☐ Above 10 million ☐

Annual Turnover (GHS): Below 10,000 ☐ Above 10,000 - 100,000 ☐ Above 100,000 ☐ Above 10 million ☐

*STATEMENT SERVICES
<p>1. Statement of Assets and Liabilities - This statement provides a snapshot of the company's financial position at a specific point in time. It includes details on cash, accounts receivable, inventory, and other assets, as well as accounts payable, loans, and other liabilities.</p> <p>2. Statement of Income - This statement shows the company's profitability over a specific period. It details revenue, cost of goods sold, operating expenses, and net income.</p> <p>3. Statement of Cash Flows - This statement tracks the company's cash inflows and outflows, categorized into operating, investing, and financing activities. It helps assess the company's ability to generate cash and manage its liquidity.</p> <p>4. Statement of Equity - This statement shows the changes in the company's equity over time, including contributions from owners, retained earnings, and dividends.</p>

Statement Frequency: ☐ Semi-Annual ☐ Annual ☐ Monthly

*CLIENT INVESTMENT PROFILE

4. Investment Knowledge: ☐ Low ☐ Medium ☐ High

*EXPECTED ACCOUNT ACTIVITY

* **Source of Funds:** ☐ Income ☐ 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):

*KEY CONTACT PERSON

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

*Surname:

Other Names:

***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:

Profession:

*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:

*Occupation:

Input Professional Licence Number (If Applicable) _____

TIN:

*Marital Status:

☐ Single ☐ Married

☐ Divorced ☐ Widowed

*Gender:

☐ Male ☐ Female

*Valid Photo ID:

☐ Passport ☐ Voter's ID

☐ National ID ☐ Driver's license

*ID Number:

*Issue date:

____ / ____ / ____
DD MM YYYY

*Date of expiration:

____ / ____ / ____
DD MM YYYY

*Place of Issue:

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

*ACCOUNT SIGNATORY DETAILS 1

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

*Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other Names:

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*Date of Birth: ____/____/____
DD MM YYYY

*Mother's Maiden Name:

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*Country of Origin:

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

Resident Permit Number:

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Place of Issue:

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Profession:

Input Professional Licence
Number (If Applicable)

*First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Maiden Name:

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*Place of Birth:

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*Residential Status:

☐ Non-Resident Ghanaian ☐ Resident Ghanaian

☐ Non-Resident Foreigner ☐ Resident Foreigner

*Country of Residence:

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Permit Issue Date:

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Permit Expiry Date:

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*Occupation:

*Marital Status:

☐ Single ☐ Married

☐ Divorced ☐ Widowed

*Gender:

☐ Male ☐ Female

*Valid Photo ID:

☐ Passport ☐ Voter's ID

☐ National ID ☐ Driver's license

*ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Issue date:

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*Date of expiration:

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*Place of Issue:

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Input Professional Licence
Number (If Applicable)

TIN:

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CONTACT DETAILS

*Residential
Address:

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Nearest
Landmark:

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Digital Address
(GhanaPost GPS):

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Postal
Address:

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*City / Town:

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Email
Address:

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* Mobile Number 1:

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Mobile Number 2:

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* Contact Details (In case of emergency):

Contact name

Relationship to client

Mobile number

*ACCOUNT SIGNATORY DETAILS 2

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

*Surname:

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Other Names:

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*Date of Birth: ____/____/____
DD MM YYYY

*Mother's Maiden Name:

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*Country of Origin:

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

Resident Permit Number:

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Place of Issue:

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*First Name:

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Maiden Name:

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*Place of Birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Residential Status:

☐ Non-Resident Ghanaian ☐ Resident Ghanaian

☐ Non-Resident Foreigner ☐ Resident Foreigner

*Country of Residence:

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Permit Issue Date:

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Permit Expiry Date:

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*Marital Status:

☐ Single ☐ Married

☐ Divorced ☐ Widowed

*Gender:

☐ Male ☐ Female

*Valid Photo ID:

☐ Passport ☐ Voter's ID

☐ National ID ☐ Driver's license

*ID Number:

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*Issue date:

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*Date of expiration:

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*Place of Issue:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Profession:

*Occupation:

Input Professional Licence
Number (If Applicable)

TIN:

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CONTACT DETAILS

*Residential Address:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Nearest Landmark:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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* Contact Details (In case of emergency):																																											

Contact name

Relationship to client

Mobile number

*ACCOUNT SIGNATORY DETAILS 3

*Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (Please specify)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					*Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed																							
*Surname:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					*First Name:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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*Date of Birth: ____ / ____ / ____ DD MM YYYY		*Place of Birth:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					*ID Number:	_____																				
*Mother's Maiden Name:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					*Residential Status: <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Ghanaian <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/> Resident Foreigner	*Issue date:	____ / ____ / ____ DD MM YYYY																					
*Country of Origin:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					*Country of Residence:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					*Date of expiration:	____ / ____ / ____ DD MM YYYY
If country of origin is not Ghana please provide the following:				Permit Issue Date:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					*Place of Issue:	_____																		
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Profession:		*Occupation:																																											

Input Professional Licence
Number (If Applicable)

TIN:

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CONTACT DETAILS

*Residential Address:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Nearest Landmark:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Digital Address (GhanaPost GPS):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Postal Address:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
*City / Town:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Email Address:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
* Mobile Number 1:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Mobile Number 2:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
* Contact Details (In case of emergency):																																											

Contact name

Relationship to client

Mobile number

***DIRECTORS / EXECUTIVE / TRUSTEE / ADMIN**

Surname	Other Names	Previous Names	ID Type / ID Number	Status	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BENEFICIAL OWNERSHIP*Beneficial Owner**

Surname	Other Names	ID Type / ID No.	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DIRECTORS

Surname	Other Names	ID Type / ID No.	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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***AFFILIATIONS**

If part of a group, kindly state all entities within the group structure

***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

Bank

Branch name

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

***ACCOUNT MANDATE**

Name of Signatory

Signature Specimen

One to sign ☐ Either to sign ☐ All to sign ☐ Other ☐

If other, please specify _____

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 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: _____

Signature: _____

Date: _____

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

*CLIENT ADDITIONAL INFORMATION

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:

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 Exposure:

☐ PEP

☐ High Risk Business (Refer to guide)

☐ High Risk Country

☐ Non-Resident

State nature of business: _____

State Country: _____

APPROVALS

Account opened by: _____

Name of Licensed Officer: _____

Position: _____

Signature:

Date: ____ / ____ / ____
DD MM YYYY

Account approved/authorized by Compliance Officer/AMLRO:

Name: _____

Position: _____

Signature:

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) | _____ |