

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.

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

***CATEGORY OF INVESTMENT**

Account type: Individual Joint ITF (In trust for) Product type: Fixed-Income Equities

CSD Number:

***PERSONAL DETAILS (FIRST APPLICANT)**

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

*Marital Status:
 Single Married
 Divorced Widowed

*Surname:

*First Name:

*Gender:
 Male Female

Other Names:

Maiden Name:

*Valid Photo ID:
 Ghana Card Passport

Previous Name:

*Place of Birth:

*ID Number:

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

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

*Issue date:
 ___ / ___ / ___
DD MM YYYY

*Mother's Maiden Name:

*Country of Residence:

*Date of expiration:
 ___ / ___ / ___
DD MM YYYY

*Country of Origin:

Permit Issue Date:

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

Permit Expiry Date:

Place of Issue:

*Profession/Occupation:

*Place of Issue:

Hometown:

Input Professional Licence Number (If Applicable) 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
 Total Monthly Income Range (GHC):
 Below 1,000 Above 1,001 - 5,000
 Above 5,000-10,000 Above 10,000

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

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:**

***First Name:**

***Marital Status:**
 Single Married
 Divorced Widowed

Other Names:

Maiden Name:

***Gender:**
 Male Female

Previous Name:

***Place of Birth:**

***Valid Photo ID:**
 Ghana Card Passport

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

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

***ID Number:**

***Mother's Maiden Name:**

***Country of Residence:**

***Issue date:** / /
DD MM YYYY

***Country of Origin:**

Permit Issue Date:

***Date of expiration:** / /
DD MM YYYY

*If country of origin is not Ghana please provide the following:
Resident Permit Number:*

Permit Expiry Date:

***Place of Issue:**

Place of Issue:

***Profession/Occupation:**

Hometown:

Input Professional Licence Number (If Applicable)

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

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

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

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:

IN TRUST FOR

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

*Surname:

*First Name:

Other Names:

Relationship with Account Applicant:

Marital Status:

Single Married

*Gender:

Male Female

*Date of Birth:

 / /
DD MM YYYY

Place of Birth:

*Country of Origin:

*Country of Residence:

Valid Photo ID:

Ghana Card

Birth certificate (if under 18 years)

ID Number:

Issue date:

 / /
DD MM YYYY

Place of issue:

Expiry date:

 / /
DD MM YYYY

If above 18 years old, kindly provide the following details:

i. Reason for ITF account: _____

ii. Mobile number: _____ iii. Email address: _____

BENEFICIARIES

1 *Title: Dr. Prof. Mr. Mrs. Ms.

Other (Please specify): _____

*Surname:

*First Name:

*Country of Origin:

Relationship with Account Applicant:

% Allocation

Marital Status:

Single Married

Gender:

Male Female

Date of Birth:

 / /
DD MM YYYY

Place of Birth:

*Country of Residence:

Phone number:

Email:

Valid Photo ID:

Ghana Card

Birth certificate (if under 18 years)

ID Number:

Issue date:

 / /
DD MM YYYY

Place of issue:

Expiry date:

 / /

2 *Title: Dr. Prof. Mr. Mrs. Ms.

Other (Please specify): _____

*Surname:

*First Name:

*Country of Origin:

Relationship with Account Applicant:

% Allocation

Marital Status:

Single Married

Gender:

Male Female

Date of Birth:

 / /
DD MM YYYY

Place of Birth:

*Country of Residence:

Phone number:

Email:

Valid Photo ID:

Ghana Card

Birth certificate (if under 18 years)

ID Number:

Issue date:

 / /
DD MM YYYY

Place of issue:

Expiry date:

 / /

Note: Percentage allocated to beneficiaries must add up to 100%. By law, the contents of a will and the authority of the Letter of Administration (LA) always supersedes the beneficiaries listed as part of your mutual fund application, so it is important to ensure that your wishes regarding your investments are clearly stated in a will.

Next of Kin:

Name

Email

Phone Page | 3

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

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:

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*

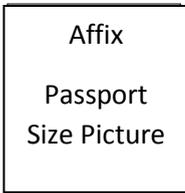
High risk account authorized / approved by Executive / CEO

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)	_____



SECURITY ACCOUNT OPENING FORM (CSD FORM 1)

NAME OF DEPOSITOR PARTICIPANT:

DEPOSITORY PARTICIPANT NO.

Grid for Depository Participant No.

Applicant

Title: Mr / Mrs / Miss / Master / Dr /

Surname / Company Name:

Other Names:

Address:

Residential address:

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

Tel. No.: (Home) Office: Fax. No.: Email:

Date of Birth / Incorporation of Business: (DD/MM/YY)

Occupation:

Nationality:

ID (Tick one) National ID Passport Birth certificate NHIS Voter's Card certificate of Incorporation Birth Certificate Driver's License SSNIT Other Specify

ID No. Place of Issue: Expiry Date:

Have you bought a security such as Treasury bill, bond, shares etc. before? Yes No

Existing CSD Client ID (if applicable)

Bank Information of the Investor for Dividend, Interest and maturity Disposal Instructions (for equity or shares the Bank information is optional)

Bank Name, Branch Name, Account No. fields

DECLARATION

I hereby: (i) request to open and maintain a Security Account in my/our name (ii) affirm that all information in the form are correct (iii) undertake to notify this Depository Participant of any change of particulars or information provided by me in this form

Name: Signature/Thumbprint:

(Security Account Holder / Authorised Signatory / Guardian) Date:

For Depository Participant Use Only

Tick where applicable Local Individual (LI) Local Company (LC) Pension Fund (FU) Foreign Individual (FI) Foreign Company (FC) Foreign Junior (FJ) Resident Foreigner (FR) Local Junior (LJ)

Verified by: (Name of Depository Participant Officer) (Signature)

Date: Stamp:

Client CSD Securities Account Number