

AFFIX PASSPORT
PHOTO HERE

AFFIX PASSPORT
PHOTO HERE



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):

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

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:

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

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

Valid Photo ID: Ghana Card **ID Number:** _____ **Issue date:** ____ / ____ / ____
DD MM YYYY

Birth certificate (if under 18 years) **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:**
***Country of Residence:**

Relationship with Account Applicant:
% Allocation:

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

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

Place of Birth:

Phone number: _____ **Email:** _____

Valid Photo ID: Ghana Card Birth certificate (if under 18 years)

ID Number: _____ **Issue date:** ____ / ____ / ____ **Place of issue:** _____ **Expiry date:** ____ / ____ / ____
DD MM YYYY

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

***Surname:**
***First Name:**
***Country of Origin:**
***Country of Residence:**

Relationship with Account Applicant:
% Allocation:

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

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

Place of Birth:

Phone number: _____ **Email:** _____

Valid Photo ID: Ghana Card Birth certificate (if under 18 years)

ID Number: _____ **Issue date:** ____ / ____ / ____ **Place of issue:** _____ **Expiry date:** ____ / ____ / ____
DD MM YYYY

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

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

