

ACCOUNT OPENING FORM - INDIVIDUAL/JOINT/ITF (In-trust-for)
NOTE: PORTIONS MARKED WITH * ARE COMPULSORY SECTIONS AND MUST BE COMPLETED

CATEGORY OF INVESTMENT

Individual ☐ Joint ☐ ITF ☐

HNI ☐ CIS ☐ Fixed Income ☐

Others: Product name 1 Product name 2 Product name 3

***PERSONAL INFORMATION 1**

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

*Surname: *First Name:

Other Name(s): Maiden Name:

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

*Date of Birth: 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:

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

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

Input Professional Licence Number (if Applicable)

*Occupation: Profession

*TIN:

PERSONAL INFORMATION 2

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

*Surname: *First Name:

Other Name(s): Maiden Name:

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

*Date of Birth: 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:

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

Resident Permit Number	Permit Issue Date
Place of Issue	Permit Expiry Date
*Occupation:	Profession
	Input Professional Licence Number (if Applicable)
*TIN:	

CONTACT DETAILS

*Residential Address:	
Nearest Landmark:	Digital Address (Ghana Post GPS):
City / Town:	
Postal Address:	
Email Address:	
*Mobile Number 1:	
Mobile Number 2:	
*Contact Details (In case of emergency):	
Contact Name:	
Relationship to client:	
*Contact Number 1:	

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

ID Type:							
Passport	Voters ID	Driver's License	SSNIT Biometric Card	National ID			
ID Number:		*Issue Date:					
Place of Issue:		*Expiry Date:					

*STATEMENT SERVICES

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:					
Employer/Business/School Address:					
Nearest Landmark:		Digital Address (Ghana Post GPS):			

City / Town: *Nature of Business:

Business/School/Office Email

Business/School/Office Contact Number 1:

Business/School/Office Contact Number 2:

IN TRUST FOR

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

*Surname: *First Name:

Other Name(s): Maiden Name:

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 Driver's License SSNIT Biometric Card National ID

*ID Number: *Issue Date: DDMMYYYY

*Place of Issue: *Expiry Date: DDMMYYYY

BENEFICIARY

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

*Surname: *First Name:

Other Name(s): Maiden Name:

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 Driver's License SSNIT Biometric Card National ID

*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

*EXPECTED ACCOUNT ACTIVITY

*Source of Funds: Salary Proceeds from Business Inheritance/Gifts

Personal Savings Others

If Other, please specify:

*Initial Investment Amount:

*Anticipated Investment Activity:

Top-ups: Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Other ☐

If Other, please specify:

Withdrawals: Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Other ☐

If Other, please specify:

*Anticipated Investment Activity:

Regular Top-up Amount (Expected): Regular Withdrawal Amount (Expected):

***BANK ACCOUNT DETAILS**

Bank Name	Account Name	Account Number	Bank Branch

EMAIL / TELEPHONE / FAX INDEMNITY

This is to State that transactions on the account would ordinarily be authorized by me in person or in writing with my original signature and ID.
I however reserve the right to issue instructions for transactions on the account by fax, email or telephone call at the discretion of CIDAN Investments Limited.
I further wish to state that I am aware that fax, email and telephone authorizations are insecure and can be tampered with.
By my signing this form, I agree to indemnify or absolve CIDAN Investments Limited from any losses and other liabilities that may result from this authorized transaction.
I further agree that this indemnity is binding and is in respect to this transaction.

SIGNATURE: _____ DATE: _____

***ACCOUNT MANDATE**

Name of Signatory	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 open and maintain securities account(s) in my /our name and undertake to notify CIDAN Investments Limited 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 CIDAN Investments Limited. 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.

Name: _____ Signature: _____ Date: _____

ILLITERATE /BLIND CUSTOMER RATIFICATION

I declare that the contents of this form as well as terms and conditions governing this relationship have been fully read and explained to the Customer and the Customer seemed perfectly to understand and approve same before making his mark. The contents herein were explained to the Customer in the language by:

Name: _____ Signature: _____ Date: _____

OFFICIAL USE ONLY

*CLIENT ADDITIONAL INFORMATION (1)

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER 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:

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:

Name:

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

Name:

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)

Are you a citizen of any foreign country (besides Ghana)?	YES	☐	NO	☐
Do you hold passport of any foreign country (besides Ghana)?	YES	☐	NO	☐
Do you hold green card of any foreign country (besides Ghana)?	YES	☐	NO	☐
Are you resident in any foreign country?	YES	☐	NO	☐
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:

Date:

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:

Date:

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 ☐ Non-Resident ☐

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:		Date:	

**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:	D D M M Y Y Y Y
Comments:			

CHECKLIST

1	Passport Pictures (Applicant(s), ITF, Beneficiary)	
2	Proof of Identity	
3	Proof of Address	
4	Specimen Signature	
5	Proof of Foreign Address (Non Residents)	
6	Resident / Work Permit (Non Residents)	
7	Executed Management Agreement (Strictly for High-Net-Worth Clients)	