



ACCOUNT
OPENING FORM

CORPORATE



MONARCH
CAPITAL

NOTE: PORTIONS MARKED WITH * ARE COMPULSORY AND MUST BE COMPLETED

CATEGORY OF INVESTMENT

Fixed Income CIS Brokerage CSD NO: (For brokerage services)
Product 1 Product 2 Product 3

***CATEGORY OF BUSINESS**

Sole Proprietorship Partnership Limited Liability Company
Associations Charities / NGOs Other
If Other, Please Specify

***BUSINESS DETAILS**

* Company / Business Name:
* Certificate of Incorporation Number:
* Date of Incorporation / Registration: License Number:
* Jurisdiction of Incorporation / Registration:
* Parent Company's Country of Incorporation (if any):
* Type / Nature of Business:
Sector / Industry:
Principal Place of Business:
* Company Postal Address:
* Digital Address(GhanaPost GPS):
* Email Address:
Website Address (if any):
* TIN:
* Contact Number 1:
Contact Number 2:

***TURNOVER**

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**

Mode of Statement Delivery: Email By post SMS Collection
Statement Frequency: Quarterly Specify any other additional statement frequency
NB: Please note that statements must be provided at least quarterly according to law

***CLIENT INVESTMENT PROFILE**

1 Investment Objective: *What client intends to achieve from investment*
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: Proceeds from business Other
If Other, please specify:
Initial Investment Amount:
Anticipated Investment Activity:
Top-ups: Monthly Quarterly Bi-Annual Annual Other Frequency
Withdrawals: Monthly Quarterly Bi-Annual Annual Other Frequency
Anticipated Investment Amount:
Regular Top-up Amount (Expected): Regular Withdrawal Amount (Expected):

***KEY CONTACT PERSON**

Surname:
First Name:
Other Name(s):
Date of Birth: Gender: Male Female
Residential Status: Resident Ghanaian Non-Resident Ghanaian
Resident Foreigner Non-Resident Foreigner
If country of origin is not Ghana, please provide the following:

Resident Permit Number	Permit Issue Date
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

ID Type:
Passport Voters ID Drivers License SSNIT Biometric Card National ID

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

***ACCOUNT SIGNATORY DETAILS 1**

Surname:

First Name:

Other Name(s):

Date of Birth: Gender: Male Female

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

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

Resident Permit Number	Permit Issue Date
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

ID Type:
Passport Voters ID Drivers License SSNIT Biometric Card National ID

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

***ACCOUNT SIGNATORY DETAILS 2**

Surname:

First Name:

Other Name(s):

Date of Birth: Gender: Male Female

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

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

Resident Permit Number	Permit Issue Date
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

* ID Type:
Passport Voters ID Drivers License SSNIT Biometric Card National ID

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

ACCOUNT SIGNATORY DETAILS 3

Surname:

First Name:

Other Name(s):

Date of Birth: Gender: Male Female

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

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

Resident Permit Number	Permit Issue Date
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

* ID Type:
Passport Voters ID Drivers License SSNIT Biometric Card National ID

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

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

Surname	Other 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"/>

***BENEFICIAL OWNERSHIP**

Beneficial Owner

Surname	Other names	No.	ID Type	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"/>	<input type="text"/>	<input type="text"/>
Surname	Other names	No.	ID Type	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"/>	<input type="text"/>	<input type="text"/>

***AFFILIATIONS**

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

***BANK ACCOUNT DETAILS**

Bank Name	Account Name	Account Number	Bank Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***EMAIL / TELEPHONE / FAX INDEMNITY**

To be drafted based on company's operations

***ACCOUNT MANDATE**

Name of Signatory	Signature Specimen
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

One to sign Either to sign All to sign Others

If other, please specify:

***TERMS AND CONDITIONS**

To be drafted based on company's operations

***DECLARATION**

I/we.....declared 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) in this form. I/We consent that investment decisions are my/our prerogative without sole reliance on the investment advice received from (Company name). (Company name) 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:

***TERMS OF DECLARATION**

To be drafted based on company's operations

OFFICIAL USE ONLY

***CLIENT ADDITIONAL INFORMATION**

Does the shareholders, directors, executives, senior management, administrators and trustees 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 YES / NO

If yes to any above, please specify name and nature of the position:

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official YES / NO

If yes to any above, please specify name and nature of the position:

***CUSTOMER RISK PROFILE**

Client Verification / Screening:

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	<input type="text"/>	Account approved/authorized by Compliance Officer/AMLRO:	
Name of Licensed Officer	<input type="text"/>	Name:	<input type="text"/>
Position:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

*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:

Comments:

***CHECKLIST**

SN.	Documents Required	Verified
1	Account opening form duly completed	<input type="text"/>
2	Specimen signature card duly completed	<input type="text"/>
3	Copy of Certificate of Incorporation and Certificate to Commence Business	<input type="text"/>
4	Board resolution to open account and nomination of signatories	<input type="text"/>
5	Copy of Memorandum and Articles of Association (Forms A, 3, 17)	<input type="text"/>
6	TIN	<input type="text"/>
7	Partnership Deed (where applicable)	<input type="text"/>
8	Constitution if unregistered association	<input type="text"/>
9	Act / Gazette for Government Agency (where applicable)	<input type="text"/>
10	One passport-sized photograph of each signatory	<input type="text"/>
11	Resident / Work Permit (for Non-Ghanaians)	<input type="text"/>
12	Evidence of registration with other Government Agencies	<input type="text"/>
13	Power of Attorney (where applicable)	<input type="text"/>
14	Letter of Indemnity	<input type="text"/>
15	Proof of Company Address	<input type="text"/>
16	Proof of Identity of all signatories and representatives	<input type="text"/>
17	Executed Management Agreement	<input type="text"/>

MONARCH
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