



ACCOUNT
OPENING FORM

NORMINEE



MONARCH
CAPITAL

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

CATEGORY OF BUSINESS

Fund Brokers Custodian Others
 If Other, Please Specify

***BENEFICIARY OWNER (BO) DETAILS**

Nominee Fund Name:

***STATEMENT SERVICES**

Mode of Statement Delivery: Email By post SMS Collection
 Statement Frequency: Quarterly Specify any other additional statement frequency

***EXPECTED ACCOUNT ACTIVITY**

Source of Funds: Member contributions Proceeds from business Others

If Other, please specify:

Initial Investment Amount:

Anticipated Investment Activity: Top-ups: Monthly Quarterly Bi-Annual Annual Other

Withdrawals: Monthly Quarterly Bi-Annual Annual Other

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

(Expected): 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

Place of Issue Permit Expiry Date

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

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

***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"/>

Directors

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"/>

***BANK ACCOUNT DETAILS**

Bank Name Account Name Account Number Bank Branch

***EMAIL / TELEPHONE / FAX INDEMNITY**

To be drafted based on company's operations

***ACCOUNT MANDATE**

Name of Signatory

Signature Specimen

Name of Signatory

Signature Specimen

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.....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 change 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 (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**

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE THE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)

Does the shareholders, directors, executives, senior management, administrators, trustees and signatories 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 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 outside Ghana. **YES / NO**

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

***CUSTOMER RISK PROFILE**

Client Verification/ Screening: Indicate platform or media through which client ID and Name were 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	<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:	<input type="text"/>									
Signature:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:	<input type="text"/>									

***CHECKLIST**

SN.	Documents Required	Verified
1	Account opening form duly completed	<input type="text"/>
2	Specimen signature card duly completed	<input type="text"/>
3	Proof of mandate letter authorising fund manager/broker to act on 3rd party's behalf	<input type="text"/>
4	Executed Management Agreement	<input type="text"/>

MONARCH
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Address 2: 201A, Yiyiwa Street Abelemkpe, Accra, Ghana
Telephone: +233 [0] 302 766 761/2