



ACCOUNT  
**OPENING FORM**

TRUSTEES



M O N A R C H  
C A P I T A L

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

**CATEGORY OF BUSINESS**

Pension Scheme (Registered Scheme)  Provident Scheme (Unregistered Scheme)  Other

If Other, Please Specify:

**\*BENEFICIARY OWNER (BO) DETAILS**

Company / Business Name:

Certificate of Incorporation Number:

Date of Incorporation / Registration:

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:

**\*STATEMENT SERVICES**

Mode of Statement Delivery: Email  By post  SMS  Collection

Statement Frequency: Quarterly  Specify any additional statement frequency

**\*EXPECTED ACCOUNT ACTIVITY**

\* Source of Funds: Member contributions  Company Contributions (Proceeds from business)  Other

If Other, please specify:

\* Initial Investment Amount:

\* Anticipated Investment Activity: Top-ups: Monthly  Quarterly  Bi-Annually  Annually

Withdrawals: Quarterly  Bi-Annually  Annually

\* 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   
Place of Issue  Permit Expiry Date

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

Job Title:

Permanent Address:

Email Address:

Contact Number 1:

Contact Number 2:

**\*TRUSTEE REPRESENTATIVE 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   
Place of Issue  Permit Expiry Date

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

Job Title:

Permanent Address:

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

**\*TRUSTEE REPRESENTATIVE 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   
Place of Issue  Permit Expiry Date

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

Job Title:

Permanent Address:

Job Title:

Email Address:

Contact Number 1:

Contact Number 2:

**\*TRUSTEE REPRESENTATIVE 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   
Place of Issue  Permit Expiry Date

ID Type:

Passport

Voters ID

Drivers License

SSNIT Biometric Card

National ID

Job Title:

Permanent Address:

Contact Number 1:

Contact Number 2:

**\*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"/>

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 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 (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:

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**\*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:**

**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**   
**Name of Licensed Officer**   
**Position:**   
**Signature:**   
**Date:**

**Account approved/authorized by Compliance Officer/AMLRO:**  
**Name:**   
**Position:**   
**Signature:**   
**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:          
Comments:

**\*CHECKLIST**

SN.	Documents Required	Verified
1	Account opening form duly completed	<input type="checkbox"/>
2	Specimen signature card duly completed	<input type="checkbox"/>
3	Copy of Certificate of Incorporation and Certificate to Commence Business	<input type="checkbox"/>
4	Copy of Memorandum and Articles of Association (Forms A, 3, 17)	<input type="checkbox"/>
5	Proof of Company Address	<input type="checkbox"/>
5	Board resolution to open account and nomination of signatories	<input type="checkbox"/>
7	TIN	<input type="checkbox"/>
8	Trust Deed	<input type="checkbox"/>
9	Proof of Identity of all signatories and representatives	<input type="checkbox"/>
10	Performance Management Agreement (Signed)	<input type="checkbox"/>
11	One passport-sized photograph of each signatory and trustee	<input type="checkbox"/>
12	Resident / Work Permit for Non-Ghanaians	<input type="checkbox"/>
13	Letter of Indemnity (For discretionary investments)	<input type="checkbox"/>
14	Proof of Company Address	<input type="checkbox"/>
15	Executed Management Agreement	<input type="checkbox"/>

MONARCH  
CAPITAL

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