



ACCOUNT
OPENING FORM

ADVISORY



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 INVESTMENT

Issuer (Buy side) Holder (Sell Side)

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

*EXPECTED ACCOUNT ACTIVITY

Source of Funds: Proceeds from business Other
If Other, please specify:
Investment Amount:

*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:

*DIRECTORS/KEY EXECUTIVES / SENIOR MANAGEMENT/SIGNATORIES

Directors

Table with 8 columns: Surname, Other names No., ID Type, PEP Status, Contact Number, Home Address, Date of Birth, Ownership %

Executive

Surname	Other names No.	ID Type	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %

***BENEFICIAL OWNERSHIP**

Beneficial Owner

Surname	Other names No.	ID Type	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %

***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

***EMAIL / TELEPHONE / FAX INDEMNITY**

To be drafted based on company's operations

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 (Companyname).(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 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 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	<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:

D	D	M	M	Y	Y
---	---	---	---	---	---

Comments:

*CHECKLIST

SN.	Documents Required	Verified (Comments if any)
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	Audited Financial Statements (At least 3 years)	<input type="text"/>
18	Executed Agreement	<input type="text"/>

MONARCH
CAPITAL

Address 1: P. O. Box TF 50, Trade Fair Site, Accra
Address 2: 201A, Yiyiwa Street Abelemkpe, Accra, Ghana
Telephone: +233 [0] 302 766 761/2