



ACCOUNT  
**OPENING FORM**

AGENCY / INTERMEDIARY



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



**\*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   
 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:**

**\*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   
 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:**

**\*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 <input type="text"/>	Signature Specimen <input type="text"/>
Name of Signatory <input type="text"/>	Signature Specimen <input type="text"/>
One to sign <input type="checkbox"/> Either to sign <input type="checkbox"/> All to sign <input type="checkbox"/> Others <input type="checkbox"/>	
If other, please specify <input type="text"/>	

**\*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**

<b>Account opened by</b>	_____	<b>Account approved/authorized by Compliance Officer/AMLRO:</b>	
<b>Name of Licensed Officer</b>	_____	<b>Name:</b>	_____
<b>Position:</b>	_____	<b>Position:</b>	_____
<b>Signature:</b>	_____	<b>Signature:</b>	_____
<b>Date:</b>	_____	<b>Date:</b>	_____

*\*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**

<b>SN.</b>	<b>Documents Required</b>	<b>Verified</b>
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"/>
6	Board resolution to open account and nomination of signatories	<input type="checkbox"/>
7	Proof of Identity of all signatories and representatives	<input type="checkbox"/>
8	One passport-sized photograph of each signatory	<input type="checkbox"/>
9	Resident / Work Permit for Non-Ghanaians	<input type="checkbox"/>
10	Proof of Company Address	<input type="checkbox"/>
11	Executed Management Agreement	<input type="checkbox"/>

MONARCH  
CAPITAL

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