



SIC BROKERAGE LTD

Your Preferred Stockbroker

(Member of the Ghana Stock Exchange)

ACCOUNT OPENING FORM - INDIVIDUAL/JOINT/ITF (In-trust-for)

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

CATEGORY OF BUSINESS

Individual Joint ITF

Fixed Income Security Transfer of Equities Equities Dematerialize of Shares

CSD No:

* PERSONAL INFORMATION 1

* Title Mr. Mrs. Miss Prof Dr Other (Please specify)

* Surname * First Name

Maiden Name * Other(s)

* Marital Status Single Married * Gender: Male Female

* Date of Birth (DDMMYYYY): Place of Birth:

Mother's Maiden Name:

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

Country of Origin: Country of Residence:

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

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

* Occupation: Profession:

* TIN: *(Input Professional License number (if applicable))*

* PERSONAL INFORMATION 2

* Title Mr. Mrs. Miss Prof Dr Other (Please specify)

* Surname * First Name

Maiden Name * Other(s)

* Marital Status Single Married * Gender: Male Female

* Date of Birth (DDMMYYYY): Place of Birth:

Mother's Maiden Name:

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

Country of Origin: Country of Residence:

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

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

* Occupation: Profession:

* TIN: *(Input Professional License number (if applicable))*

*** CONTACT DETAILS**

* Residential Address:

Nearest Landmark: Digital Address

City / Town:

Postal Address:

Email Address:

Mobile Number 1:

Mobile Number 2:

Contact Details (in case of emergency):

Contact Name:

Relationship to client:

Contact Number :

PROOF OF IDENTITY (Must be completed by each applicant)

ID Type: Passport Voters ID Drivers License Ghana Card Non-Citizen Ghana Card

ID Number: * Issue Date (DDMMYYYY):

Place of Issue: * Expiry Date(DDMMYYYY):

STATEMENT SERVICE

Mode of Statement Delivery: Email By Post SMS Collection

Statement Frequency: Quarterly Specify any other additional statement frequency :

EMPLOYMENT / BUSINESS DETAILS

Status: Employed Self-employed Unemployed Retired Student

Years of Employment: Years of Current Employment: Years of Previous Employment:

Total Monthly Income Range: Below 1,000 Above 1,001 - 5,000
Above 5,000 - 10,000 Above 10,000

NB: Income includes salary and other income/cash inflows

Employer/Business/School Name:

Nearest Landmark: Digital Address (Ghana Post GPS):

City / Town: Nature of Business:

Business/School/Office Contact Number 1: Business/School/Office Email:

Business/School/Office Contact Number 2:

IN TRUST FOR

* Title Mr. Mrs. Miss Prof Dr Other (Please specify)

* Surname * First Name

Maiden Name * Other(s)

* Relationship with Account Applicant:

* Marital Status Single Married * Gender: Male Female

* Date of Birth (DDMMYYYY): Place of Birth:

* Country of Origin: * Country of Residence:

ID Type: Passport Voters ID Drivers License Ghana Card Non-Citizen Ghana Card

ID Number: * Issue Date (DDMMYYYY):

Place of Issue: * Expiry Date(DDMMYYYY):

BENEFICIARY

* Title Mr. Mrs. Miss Prof Dr Other (Please specify)

* Surname * First Name

Maiden Name * Other(s)

* Relationship with Account Applicant:

* Marital Status Single Married * Gender: Male Female

* Date of Birth (DDMMYYYY): Place of Birth:

* Country of Origin: * Country of Residence:

ID Type: Passport Voters ID Drivers License Ghana Card Non-Citizen Ghana Card

ID Number: * Issue Date (DDMMYYYY):

Place of Issue: * Expiry Date(DDMMYYYY):

***CLIENT INVESTMENT PROFILE**

1. Investment Objective:

2. Risk Tolerance: Low Medium High

3. Investment Horizon: Short Term Medium Term Long Term

4. Investment Knowledge: Low Medium High

5. Mode of Account: Discretionary Non-Discretionary

6. * Name of Associated Business(es) if applicable:

7. * Nature/Address of Associated Business:

EXPECTED ACCOUNT ACTIVITY

Source of Wealth:

Source of Funds: Salary Proceeds from business Inheritance/Gifts Personal savings Others

If Other, please specify:

Initial Investment Amount:

Mode of Deposit: Cash Cheque Bank Transfer Momo

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):

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"/>

INDEMNITY

I / We hereby agree to indemnify SBL from all damages and losses in respect of all email, telephone, fax transactions and instructions reasonably and properly exercised by SBL within the powers captured in the power of attorney.

Signature: Date:

Signature:..... Date:.....

POWER OF ATTORNEY

This Power of Attorney is given this.....day of20.....byof (address).....

I/We hereby appoint SIC Brokerage Ltd of No 67 A&B Switchback road, Cantonments PMB CT 314 Cantonments Accra Ghana as my/our true and lawful attorney and in my/our name and on my/our behalf do securities dealing services and investment management services without any risk of loss or liability to the company. I/We further state that this power of attorney shall remain in force until expressly revoked by me/us.

Name: Signature: Date:

Name: Signature: Date

ACCOUNT MANDATE

Name of Signatory

Signature Specimen

[Blank box for Name of Signatory]

[Blank box for Signature Specimen]

[Blank box for Name of Signatory]

[Blank box for Signature Specimen]

One to sign Either to sign Both to sign

*** 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 buy and /or sell securities, transfer our securities or dematerialize our securities in my/our name and undertake to notify SBL 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 SBL . SBL 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 investment account(s) by virtue of my/our investment shall be settled by me/us accordingly.

Name: Signature: Date:

*** DECLARATION**

I agree to abide by the content of this agreement that has been truly and audibly read over and explained to me by an interpreter.

Signature of Customer:Name and Address of Interpreter: Language of Interpreter.....

Signature of Interpreter:Telephone/ Number: Date:

*** OFFICIAL USE ONLY**

*** CLIENT ADDITIONAL INFORMATION 1**

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

Do you, your spouse, or any other immediate family member, including parents, in-laws, siblings and dependents 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:

[Blank box for name and nature of 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:

[Blank box for name and nature of position]

CLIENT ADDITIONAL INFORMATION 2

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

	YES	NO
Are you a citizen of any foreign country (besides Ghana)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold passport of any foreign country (besides Ghana)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold green card of any foreign country (besides Ghana)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you resident in any foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Have you spent more than 183 days in any foreign country?	<input type="checkbox"/>	<input type="checkbox"/>

If any responses to any of the above question is yes please provide the following information

Full name:

Foreign Residential Address:

Foreign Mailing Address:

Foreign Tax Identification number (TIN)/Social Security Number (SSNIT)/National Identity Number:

I/We.....hereby confirm the information provided above is true, accurate and Complete

Signature:..... Date:

UNDERTAKING TO BE SIGNED ONLY BY THOSE WHO RESPONDED 'YES' TO THE FIRST SET OF QUESTION ABOVE

Subject to the applicable local laws, I hereby give consent to the institution to share my information with the foreign tax authorities where necessary to establish my tax liability. Where required by domestic or foreign tax authorities, I give my consent and agreed that the institution may withhold from my investment such amount as may be required according to the applicable laws of relevant jurisdictions.

Signature:..... Date:.....

*** CUSTOMER RISK PROFILE**

Client Verification / Screening:

Level of Risk: Low High

Nature of High Risk Exposure: Foreigner Non-Resident Ghanaian Non face to face client

High Risk Country PEP State country

Due Diligence work done

Enhance Due Diligence work done

Recommendation

APPROVALS

Account opened by :	Account approved/authorized by Head of Department:	Account approved/authorized by Compliance Officer/AMLRO:
Name of Licensed officer:	Name	Name
Position:	Position:	Position:
Signature:	Signature:	Signature:
Date:	Date:	Date:

**Accounts of High Risk Nature must be jointly approved by GM / Executive / Senior Manager and Compliance Officer*

High risk account authorized/approved by Executive / GM

Name:

Signature: Date (DDMMYYYY):

Comments:

CHECKLIST

SN.	Document Required	YES	NO
1.	GSE form completed	<input type="checkbox"/>	<input type="checkbox"/>
2.	Passport-size photograph (Account holders/beneficiaries)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Proof of valid identity card obtained	<input type="checkbox"/>	<input type="checkbox"/>
4.	Proof of valid identity of Beneficiary obtained	<input type="checkbox"/>	<input type="checkbox"/>
5.	Proof of resident of address of all signatories	<input type="checkbox"/>	<input type="checkbox"/>
6.	Specimen Signature (s) checked	<input type="checkbox"/>	<input type="checkbox"/>
7.	Proof of foreign address (for non resident client) verified	<input type="checkbox"/>	<input type="checkbox"/>
8.	Resident/work permit (for non-Ghanaians)	<input type="checkbox"/>	<input type="checkbox"/>
9.	Executed Management Agreement (Strictly for high net worth clients)	<input type="checkbox"/>	<input type="checkbox"/>