

ACCOUNT OPENING FORM

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

DECLARATION FORM

Please read the following carefully before completing the application form. Do sign it and return it to the CAL Asset Management representative once you are sure you fully understand the provisions. If you have any further enquiries, please do not hesitate to contact a CAL Asset Management representative.

1. Purchase of an Investment

Every day, all investments will be purchased. Cheque investments, on the other hand, will be made using the share price on the day the check clears.

2. Policy on Disclosure

In all its dealings with customers, CAMCOL aims for transparency. As a result, we'll take the time to go over all the risks, constraints, opportunities, and facts associated with the investment you're about to make. If you have any questions, please ask a CAMCOL representative for any explanations or information you need to make an informed decision.

3. Assurances of Performance

The value of the entire CAMCOL unit trust may fluctuate. Past results are no guarantee of future results. Gains/losses are only realized when the investment is sold. Before investing, please read the Scheme Particulars of the Appropriate Trust(s). All scheme details can be found at www.calassetmanagement.net.

PLEASE SIGN AND DATE BELOW YOUR PREFERRED UNIT TRUST(S):

☐ CAL ADVANTAGE UNIT TRUST

The CAL Advantage Unit Trust aims to increase income and capital growth in order to generate medium-to long-term value while maintaining high security and safety of invested funds for investors. The unit trust is dedicated to assist you save for retirement by investing in both equities and fixed income instruments. Returns are not guaranteed.

Fund Details:

CAL Advantage Unit Trust:	Fixed Income and Equity
Minimum starting amount:	GHC 100
Minimum monthly top-up:	GHC 100
Minimum balance:	GHC 100

Exit load: Year 2 (1% of the withdrawal amount exceeding a quarter of the investment value). Year 1 (2% of the withdrawal amount exceeding a quarter of the investment)

Signature:_____ Date:_____

☐ CAL BENEFIT UNIT TRUST

The Fund invests in high-quality Fixed Income Instruments that will help you reach your short to medium term goals, preserving the capital of individuals and institutions. The unit trust is committed to assisting you preparing for any unexpected occurrences while adding value to your investment on an ongoing basis.

Fund Details:

CAL Benefits Unit Trust:	Fixed Income Fund
Minimum starting amount:	GHC 100
Minimum monthly top-up:	GHC 100
Minimum balance:	GHC 100

Initial Charges: No charges

Signature:_____ Date:_____

DECLARATION

I acknowledge that I have read and understood the terms and conditions of the product I have chosen to invest in, and that CAL Asset Management's Unit Trusts do not guarantee returns.

Signature:_____ Date:_____

CATEGORY OF INVESTMENT

Individual ☐ Joint ☐ ITF ☐
 HNI ☐ CIS ☐ Fixed Income ☐ Brokerage ☐
 Cal Advantage Unit Trust
 Cal Benefit Unit Trust

CSD NO:

*PERSONAL INFORMATION 1

*Title: Mr. ☐ Mrs. ☐ Ms. ☐ Prof. ☐ Dr. ☐
 Other (Please specify)
 *Surname: *First Name:
 Other Name(s): Maiden Name:
 *Marital Status: Single ☐ Married ☐ *Gender: Male ☐ Female ☐
 *Date of Birth: *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 Input Professional License Number (If Applicable)

*TIN/GUIN

*Level of Education: Basic ☐ JHS ☐ Senior High ☐ University ☐

*Educational Qualification: BECE ☐ SSCE Certificate ☐ HND ☐
 Degree ☐ Post Graduate ☐

*CONTACT DETAILS

*Residential Address:
 Nearest Landmark:
 Digital Address (GhanaPost GPS):
 City / Town:
 Postal Address:
 Email Address:
 *Mobile Number 1:
 Mobile Number 2:
 *Contact Details (In case of emergency):
 Contact Name:
 *Contact Number:
 Relationship to client:

***PROOF OF IDENTITY (Must be completed by each applicant)**

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

ID Number: *Issue Date:

Place of Issue: *Expiry Date:

***PERSONAL INFORMATION 2 (JOINT)**

*Title: Mr. ☐ Mrs. ☐ Ms. ☐ Prof. ☐ Dr. ☐

Other (Please specify)

*Surname: *First Name:

Other Name(s): Maiden Name:

*Marital Status: Single ☐ Married ☐ *Gender: Male ☐ Female ☐

*Date of Birth: *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 Input Professional License Number (If Applicable)

*TIN/GUIN

*Level of Education: Basic ☐ JHS ☐ Senior High ☐ University ☐

*Educational Qualification: BECE ☐ SSCE Certificate ☐ HND ☐

Degree ☐ Post Graduate ☐

***CONTACT DETAILS**

*Residential Address:

Nearest Landmark:

Digital Address (GhanaPost GPS):

City / Town:

Postal Address:

Email Address:

*Mobile Number 1:

Mobile Number 2:

*Contact Details (In case of emergency):

Contact Name:

*Contact Number:

Relationship to client:

***PROOF OF IDENTITY (Must be completed by each applicant)**

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

ID Number: *Issue Date:

Place of Issue: *Expiry Date:

***STATEMENT SERVICES**

*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:

Employer / Business /School Address:

Nearest Landmark:

Digital Address (GhanaPost GPS):

City / Town:

*Nature of Business:

Business/School/Office Contact Number 1:

Business/School/Office Contact Number 2:

Business/School/ Office Email Address:

IN TRUST FOR (DETAILS OF TRUSTEE)

*Title: Mr. ☐ Mrs. ☐ Ms. ☐ Prof. ☐ Dr. ☐

Other (Please specify)

*Surname:

*First Name:

Maiden Name:

Other Name(s):

Relationship with Account Applicant:

*Marital Status: Single ☐ Married ☐ *Gender: Male ☐ Female ☐

*Date of Birth:

*Place of Birth:

*Country of Origin:

*Country of Residence:

*ID Type: Passport ☐ Voters ID ☐ Drivers License ☐

SSNIT Biometric Card ☐ National ID ☐

ID Number:

Place of Issue:

*Issue Date:

*Expiry Date:

BENEFICIARY (DETAILS OF ULTIMATE BENEFICIARY OWNER)

*Title: Mr. ☐ Mrs. ☐ Ms. ☐ Prof. ☐ Dr. ☐

Other (Please specify)

1. *Surname:

2. Other Name(s):

3. *First Name:

4. *Maiden Name:

5. Relationship with Account Applicant

*Marital Status: Single ☐ Married ☐ *Gender: Male ☐ Female ☐

*Date of Birth:

*Place of Birth:

*Country of Origin:

*Country of Residence:

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

ID Number:

Place of Issue:

*Issue Date:

*Expiry Date:

*CLIENT INVESTMENT PROFILE

1 *Investment Objective:

Capital Growth ☐

Aggressive capital growth ☐

Income Generation ☐

Aggressive capital growth and Income generation ☐

Capital growth and Income generation ☐

Other, please specify: ☐

2 *Risk Tolerance: ☐ Low ☐ Medium ☐ High

3 *Investment Horizon: ☐ Short Term ☐ Medium Term ☐ Long Term

4 *Investment Knowledge: ☐ Low ☐ Medium ☐ High

*EXPECTED ACCOUNT ACTIVITY

* Source of Funds: ☐ Salary ☐ Proceeds from Business

☐ Personal Savings ☐ Inheritance/Gifts

☐ Others

If Other, please specify:

*Initial Investment Amount:

*Anticipated Investment Activity:

Top-ups: ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually

Others If Other, please specify:

Withdrawals: ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually

Others If Other, please specify:

*Anticipated Investment Amount:

Regular Top-up Amount (Expected):

Regular Withdrawal Amount (Expected):

*BANK ACCOUNT DETAILS

Bank Name Account Name

Bank Branch Account Number

*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 (CAL Asset Management Company Limited) 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 (CAL Asset Management Company Limited). (CAL Asset Management Company Limited) 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:_____

EMAIL AND FAX INDEMNITY FORM

We/I

[.....], of
[.....] instruct and
mandate CAL Asset Management Company Limited of 23
Independence Avenue P.O. Box 14596 Accra to deal with
our/my bank account at CAL Asset Management Company
Limited and carry out all banking instructions given by us/me
through e-mail via the following address
[.....]
or fax number
[.....].

In the event that we/I send an email or fax message to you that
e-mail or fax message shall bear the signature and name of the
signatory(s) of our/my bank account namely;
[.....]

That we/I shall call you on telephone and conform our/my
instructions to you within Twenty (20) minutes of giving banking
instructions to you through e-mail via the following address
[.....] or fax number
[.....]. We/I instruct and mandate you after receiving
our/my confirmation to deal with our/my bank account and carry
out all banking instructions given you by us/me through our/my
said e-mail address or fax number.

That in dealing with our/my bank account and carrying out all
banking instructions given to you through fax WE/I UNDERTAKE
to completely indemnify and hold harmless and absolve you CAL
Asset Management Company Limited from all forms of loss,
liability, claim or damage that might be incurred by or made against
you and/or us/me as a result of instructing you through my/our
e-mail or fax.

We/I shall at our/my own expense defend any action or claim that
any third party or person may bring against you in the event that
you rely on our instructions and there is any loss.

DATED THIS..... DAY OF

SIGNED AND DELIVERED BY

Name:

Address:

Occupation:

Signature.....

IN THE PRESENCE OF

Name:

Address:

Occupation:

Signature.....

*ACCOUNT MANDATE

CAL Asset Management Company Limited (Fund Manager)

NAME SAMPLE	SAMPLE SIGNATURE 1	SAMPLE SIGNATURE 2

One Applicant to sign

☐

Two Applicants to sign

☐

All to sign

☐

Other

JURAT (For Non-literate And Blind Customers Only)

I (name of client)

Hereby confirm that the contents herein have been read and
explained to me in the

Language by (name of bank staff)

and I perfectly understand and approve of and in testimony of
which I hereby set my mark below;

(Thumbprint/signature/mark Of Client)

Name of Client:

Thumbprint/ Signature/mark Of Interpreter)

Name of Interpreter:

***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 (if not the applicant) 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 (if not the applicant) and nature of the position:

***CLIENT ADDITIONAL INFORMATION (2)**

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON REPORTING STANDARDS AS WELL AS FATCA (Foreign Account Tax Compliance Act)

Are you a citizen of any foreign country (besides Ghana)? YES ☐ NO ☐

Do you hold passport of any foreign country (besides Ghana)? YES ☐ NO ☐

Do you hold green card of any foreign country (besides Ghana)? YES ☐ NO ☐

Are you resident in any foreign country? YES ☐ NO ☐

Have you spent more than 183 days in any foreign country? YES ☐ NO ☐

If the responses to any of the above questions is Yes, please provide the following information:

Full Name:

Foreign Residential Address:

Foreign Mailing Address:

Foreign Telephone Number:

Foreign Tax Identification Number (TIN)/Social Security Number (SSN)/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 QUESTIONS ABOVE

"Subject to the applicable local laws, I hereby give consent to the Institution to share my information with foreign tax authorities where necessary to establish my tax liability.

Where required by domestic or foreign tax authorities, I give my consent and agree that the Institution may withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions."

Signature:

Date:

***CLIENT ADDITIONAL INFORMATION (3)**

For Depository Participant Use Only

Kindly find CSD Form attached for your completion

***CUSTOMER RISK PROFILE**

Client Verification / Screening:

Lexis Nexis	-	Listed	<input type="checkbox"/>	Unlisted	<input type="checkbox"/>	Valid	<input type="checkbox"/>
GVIVE	-	Valid	<input type="checkbox"/>	Invalid	<input type="checkbox"/>	Invalid	<input type="checkbox"/>
AML	-	Listed	<input type="checkbox"/>	Unlisted	<input type="checkbox"/>		

Level of Risk: Low ☐ Medium ☐ High ☐

Nature of High Risk Exposure: PEP ☐ Non-Resident ☐

High Risk Business ☐ State nature of business:

High Risk Country ☐ State Country

How would you react in case you lose part or all your investment?

Acceptable ☐ Slightly Unacceptable ☐ Not Acceptable ☐

Member Residence/Location Confirmation Form

Member's Residential/Location Address (as stated in the account opening form)

Brief Description of Member's Residential Location Address with important landmarks

Member Name

.....

Member Signature.....

OFFICIAL USE

Name of Receiving Officer

(CAMCOL).....

Signature:.....

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

1. *Passport-sized photographs (Account holders / Beneficiaries) ☐

2. *Proof of Identity ☐

3. *Proof of Identity of Account Beneficiary ☐

4. *Proof of Address ☐

5. *Specimen Signature(s) ☐

6. *Email Indemnity (for clients with email address) ☐

7. *Proof of Foreign Address (for Non-Resident clients) ☐

8. *Resident / Work Permit (for Non-Ghanaians) ☐

9. *Executed Management Agreement (Strictly for High Net Worth Clients) ☐

10. *Security Account Opening Form (CSD Form 1) ☐