



## \*EXPECTED ACCOUNT ACTIVITY

\* Source of Funds: ☐ Proceeds from Business ☐ Others

If Other, please specify:

\*Initial Investment Amount:

\*Anticipated Investment Activity:

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

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

\*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:

Email Address:

Contact Number 1:

Contact Number 2:

## \*ACCOUNT SIGNATORY DETAILS 1

Surname:	<input type="text"/>													
First Name:	<input type="text"/>													
Other Name(s):	<input type="text"/>													
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Residential Status:	Resident Ghanaian						<input type="checkbox"/>	Non-Resident Ghanaian						<input type="checkbox"/>
	Resident Foreigner						<input type="checkbox"/>	Non-Resident Foreigner						<input type="checkbox"/>
	<i>If country of origin is not Ghana, please provide the following:</i>													
	Resident Permit Number						Permit Issue Date							
	<input type="text"/>						<input type="text"/>							
	Place of Issue						Permit Expiry Date							
	<input type="text"/>						<input type="text"/>							
*ID Type:	Passport	<input type="checkbox"/>	Voters ID	<input type="checkbox"/>	Drivers License	<input type="checkbox"/>	SSNIT Biometric Card	<input type="checkbox"/>	National ID	<input type="checkbox"/>				
Job Title:	<input type="text"/>													
Email Address:	<input type="text"/>													
Contact Number 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Contact Number 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

## \*ACCOUNT SIGNATORY DETAILS 2

Surname:	<input type="text"/>													
First Name:	<input type="text"/>													
Other Name(s):	<input type="text"/>													
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Residential Status:	Resident Ghanaian						<input type="checkbox"/>	Non-Resident Ghanaian						<input type="checkbox"/>
	Resident Foreigner						<input type="checkbox"/>	Non-Resident Foreigner						<input type="checkbox"/>
	<i>If country of origin is not Ghana, please provide the following:</i>													
	Resident Permit Number						Permit Issue Date							
	<input type="text"/>						<input type="text"/>							
	Place of Issue						Permit Expiry Date							
	<input type="text"/>						<input type="text"/>							
*ID Type:	Passport	<input type="checkbox"/>	Voters ID	<input type="checkbox"/>	Drivers License	<input type="checkbox"/>	SSNIT Biometric Card	<input type="checkbox"/>	National ID	<input type="checkbox"/>				
Job Title:	<input type="text"/>													
Email Address:	<input type="text"/>													
Contact Number 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Contact Number 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

\*ACCOUNT 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:

\*DIRECTORS / EXECUTIVE / TRUSTEE / ADMIN

Corporate Trustees (If Applicable)

Surname	Other names	ID Type /No.	Status	Contact Number

\*BENEFICIAL OWNERSHIP

Beneficial Owner

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

Directors

Surname	Other names	ID Type /No.	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

**\*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 .....

**\*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:.....

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

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: .....

IN THE PRESENCE OF

Name: .....

Address: .....

Occupation: .....

Signature

Signature

OFFICIAL USE ONLY

\*CLIENT ADDITIONAL INFORMATION (1)

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 officer, 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 officer, 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:

\*CLIENT ADDITIONAL INFORMATION (2)

For Depository Participant Use Only

Kindly find CSD Form attached for your completion

\*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

\*CUSTOMER RISK PROFILE

Client Verification / Screening:

Lexis Nexis

GVIVE

AML

-

-

-

Listed

Valid

Listed

☐

☐

☐

Unlisted

Invalid

Unlisted

☐

☐

☐

Valid

Invalid

☐

☐

Invalid

☐

Level of Risk:

Low

Medium

High

☐

☐

☐

Nature of High Risk Exposure:

PEP

Non-Resident

☐

☐

High Risk Business

High Risk Country

☐

☐

State nature of business:

State Country

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:.....

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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:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>
Comments:	<input type="text"/>		

\*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.	Board resolution to open account and nomination of signatories	<input type="checkbox"/>
6.	TIN	<input type="checkbox"/>
7.	Constitution if unregistered association	<input type="checkbox"/>
8.	Partnership Deed (where applicable)	<input type="checkbox"/>
9.	Act / Gazette for Government Agency (where applicable)	<input type="checkbox"/>
10.	One passport-sized photograph of each signatory	<input type="checkbox"/>
11.	Resident / Work Permit (for Non-Ghanaians)	<input type="checkbox"/>
12.	Evidence of registration with other Government Agencies	<input type="checkbox"/>
13.	Power of Attorney (where applicable)	<input type="checkbox"/>
14.	Letter of Indemnity	<input type="checkbox"/>
15.	Proof of Company Address	<input type="checkbox"/>
16.	Proof of Identity of all signatories and representatives	<input type="checkbox"/>
17.	Executed Management Agreement	<input type="checkbox"/>
18.	Security Account Opening Form (CSD Form 1)	<input type="checkbox"/>