

# ACCOUNT OPENING FORM – CORPORATE

NOTE: PORTIONS MARKED WITH "\*" ARE MANDATORY

## CATEGORY OF INVESTMENT

<input type="checkbox"/> Fixed Income	<input type="checkbox"/> CIS	<input type="checkbox"/> Brokerage	CSD NO: <input style="width: 150px;" type="text"/>
<input type="checkbox"/> CAL Advantage Balanced Unit Trust	<input type="checkbox"/> CAL Benefit Fixed Income Unit Trust		

## \*CATEGORY OF BUSINESS

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Associations	<input type="checkbox"/> Charities/NGOs	<input type="checkbox"/> Other <input style="width: 150px;" type="text"/>

## \*BENEFICIARY OWNER (BO) DETAILS

Company Details / 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 (if any):

TIN / GUIN:

Contact Number 1:

Contact Number 2:

## \*TURNOVER

Monthly Turnover (GHS):	<input type="checkbox"/> Below 10,000	<input type="checkbox"/> 10,000 - 100,000	<input type="checkbox"/> Above 100,000	<input type="checkbox"/> Above 10 million
Monthly Turnover (GHS):	<input type="checkbox"/> Below 10,000	<input type="checkbox"/> 10,000 - 100,000	<input type="checkbox"/> Above 100,000	<input type="checkbox"/> Above 10 million

## \*STATEMENT SERVICES

Mode of Statement Delivery:  Email  By Post  SMS  Collection

Statement Frequency:  Quarterly  Other (specify)

Please note that by law, statements must be provided quarterly at the least.

## \*EXPECTED ACCOUNT ACTIVITY

Source of Funds:  Proceeds from Business  Other (specify)

Initial Investment Amount:

Anticipated Investment Activity:

Top-Ups:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Bi- Annually	<input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/>
Withdrawals:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Bi- Annually	<input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/>

Anticipated Investment Amount:

Regular Top-Up Amount (Expected):

Regular Top-Up Amount (Expected):

**\*CLIENT INVESTMENT PROFILE**

<b>1. Investment Objective:</b>	<input type="checkbox"/> Capital Growth	<input type="checkbox"/> Aggressive Capital Growth	
	<input type="checkbox"/> Income Generation	<input type="checkbox"/> Aggressive Capital Growth & Income Generation	
	<input type="checkbox"/> Capital Growth & Income Generation	<input type="checkbox"/> Other, please specify	
	<input type="text"/>		
<b>2. Risk Tolerance:</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
<b>3. Investment Knowledge:</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
<b>4. Investment Horizon:</b>	<input type="checkbox"/> Short Term	<input type="checkbox"/> Medium Term	<input type="checkbox"/> Long term

**\*KEY CONTACT PERSON**

<b>Surname:</b>	<input type="text"/>	<b>Other Name(s):</b>	<input type="text"/>
<b>First Name:</b>	<input type="text"/>		
<b>Date of Birth:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Residential Status:</b>	<input type="checkbox"/> Resident Ghanaian	<input type="checkbox"/> Non-Resident Ghanaian	
	<input type="checkbox"/> Resident Foreigner	<input type="checkbox"/> Non-Resident Foreigner	

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

Resident Permit Number	<input type="text"/>	Permit Issue Date	<input type="text"/>
Place of Issue	<input type="text"/>	Permit Expiry Date	<input type="text"/>

<b>Type of ID:</b>	<input type="checkbox"/> Passport	<input type="checkbox"/> National ID	
<b>ID Number:</b>	<input type="text"/>		<b>Issue Date:</b>
<b>Place of Issue:</b>	<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"/>
<b>Contact Number 1:</b>	<input type="text"/>		<b>Expiry Date:</b>
<b>Contact Number 2:</b>	<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"/>
	<b>Email Address:</b> <input type="text"/>		

**\*ACCOUNT SIGNATORY DETAILS (1)**

<b>Surname:</b>	<input type="text"/>	<b>Other Name(s):</b>	<input type="text"/>
<b>First Name:</b>	<input type="text"/>		
<b>Date of Birth:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Residential Status:</b>	<input type="checkbox"/> Resident Ghanaian	<input type="checkbox"/> Non-Resident Ghanaian	
	<input type="checkbox"/> Resident Foreigner	<input type="checkbox"/> Non-Resident Foreigner	

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

Resident Permit Number	<input type="text"/>	Permit Issue Date	<input type="text"/>
Place of Issue	<input type="text"/>	Permit Expiry Date	<input type="text"/>

<b>Type of ID:</b>	<input type="checkbox"/> Passport	<input type="checkbox"/> National ID	
<b>ID Number:</b>	<input type="text"/>		<b>Issue Date:</b>
<b>Place of Issue:</b>	<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"/>
<b>Contact Number 1:</b>	<input type="text"/>		<b>Expiry Date:</b>
<b>Contact Number 2:</b>	<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"/>
	<b>Email Address:</b> <input type="text"/>		

**\*ACCOUNT SIGNATORY DETAILS (2)**

<b>Surname:</b>	<input type="text"/>	<b>Other Name(s):</b>	<input type="text"/>
<b>First Name:</b>	<input type="text"/>		



NOTE: PORTIONS MARKED WITH "\*" ARE MANDATORY

**\*AFFILIATIONS**

If a part of a group, kindly state all entities within the same group structure

**\*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"/>

**\*ACCOUNT MANDATE**

CAL Asset Management Company Limited (Fund Manager)

NAME SAMPLE	SAMPLE SIGNATURE 1	SAMPLE SIGNATURE 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"/>

- One Applicant to sign
- Two Applicants to sign
- Three Applicants to sign
- Other

**MEMBER RESIDENCE / LOCATION CONFIRMATION:**

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

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

**\*DECLARATION**

I/We,..... hereby declare that all the information submitted by myself/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.

**\*FAIR PROCESSING NOTICE**

I also understand that CAL Asset Management Company Limited processes my personal information for the purposes of providing investment products and services to me and may also share my information as required by law and/or for other purposes stated in the Privacy Policy. I however reserve rights that can be exercised as set out in the applicable data protection law. (If you wish to exercise these rights in relation to the use of your information, please contact us at calassetmanagement@calbank.net. You may also visit our website at www.calassetmanagement.net for more details on our Privacy Policy.

Full 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 to deal with our/my bank account at CAL Asset Management Company Limited and carry out all banking instructions given by us/me through email via the following address [.....] or fax number [.....].

In the event that we/I send an email or fax message to you, that email 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 confirm our/my instructions to you within Twenty (20) minutes of giving banking instructions to you through email via the following address [.....] or fax number [.....]. We'll 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 email address of fax number.

That in dealing with our/my bank account and carrying out all banking instructions given to you through email or 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 email 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 .....**

**FOR OFFICIAL USE ONLY**

**\*CLIENT ADDITIONAL INFORMATION (1)**

Do the Shareholders, Directors, Executives, Senior Management, Administrators, Trustees and Signatories fall under the following:

- Head of State/ Government  YES  NO
- Politician  YES  NO
- Senior Public Official  YES  NO
- Senior Military Official  YES  NO
- Senior Public Corporation Officer  YES  NO
- High Ranking Political Party IN Ghana  YES  NO

If yes to any of the above, please specify the name (if not applicant) and nature of the position:

- Head of State/ Government  YES  NO
- Politician  YES  NO
- Senior Public Official  YES  NO
- Senior Military Official  YES  NO
- Senior Public Corporation Officer  YES  NO
- High Ranking Political Party OUTSIDE Ghana  YES  NO

If yes to any of the above, please specify the name and nature of the position:

**\*CLIENT ADDITIONAL INFORMATION (2)**

For Depository Participant Use Only

Kindly find CSD Form attached for your completion

**Client Verification / Screening**

- Lexis Nexis  Listed  Unlisted  Valid  Invalid
- AML  Listed  Unlisted

- Level of Risk:**  Low  Medium  High

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

High Risk Business   High Risk Country

NOTE: PORTIONS MARKED WITH "\*" ARE MANDATORY

**\*APPROVALS**

Account Opened By:

Name of Licensed Officer:

Position:

Signature and Date:

**\*Account Approved/ Authorized by Compliance Officer/ AMLRO:**

Name:

Position:

Signature and Date:

**\*Accounts of High Risk Nature must be jointly approved by the CEO/Executive/Senior Manager and Compliance Officer:**

Name:

Signature:

Date:

Comments:

**\*CHECKLIST (MANDATORY):**

**Required Documents**

**Verified?**

Account opening form duly completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specimen signature card duly completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Certificate of Incorporation and Certificate to Commence business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Memorandum and Articles of Association (Forms A, 3, 17)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rules and Regulations if registered company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Board resolution to open account and nomination of signatories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TIN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Constitution if an unregistered association	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Partnership Deed (where applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Act / Gazette for Government Agency (where applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
One Passport sized photograph for each signatory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resident / Work Permit (for Non - Ghanaians)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of registration with other Government Agencies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power of Attorney (where applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Letter of Indemnity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Company Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Identity of all signatories and representatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Executed Management Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security Account Opening Form (CSD Form 1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ultimate Beneficiary Profile	<input type="checkbox"/> Yes	<input type="checkbox"/> No