ACCOUNT OPENING FORM – CORPORATE

NOTE: PORTIONS MARKED WITH "*" ARE MANDATORY

CATEGORY OF INVESTMENT

☐ Fixed Income ☐ CIS ☐ Brokerage CSD NO:

☐ CAL Advantage Unit Trust ☐ CAL Benefit Unit Trust

*CATEGORY OF BUSINESS

☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company

☐ Associations ☐ Charities/NGOs ☐ Other

*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): ☐ Below 10,000 ☐ 10,000 – 100,000 ☐ Above 100,000 ☐ Above 10 million

Monthly Turnover (GHS): ☐ Below 10,000 ☐ 10,000 – 100,000 ☐ Above 100,000 ☐ 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: ☐ Monthly ☐ Quarterly ☐ Bi- Annually ☐ Other (specify)

Withdrawals: ☐ Monthly ☐ Quarterly ☐ Bi- Annually ☐ Other (specify)

Anticipated Investment Amount:

Regular Top-Up Amount (Expected):

Regular Top-Up Amount (Expected):

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*CLIENT INVESTMENT PROFILE

1. Investment Objective:

- ☐ Capital Growth
- ☐ Aggressive Capital Growth
- ☐ Income Generation
- ☐ Aggressive Capital Growth & Income Generation
- ☐ Capital Growth & Income Generation
- ☐ Other, please specify

2. Risk Tolerance: ☐ Low ☐ Medium ☐ High

3. Investment Knowledge: ☐ Low ☐ Medium ☐ High

4. Investment Horizon: ☐ Short Term ☐ Medium Term ☐ Long term

*KEY CONTACT PERSON

Surname: **Other Name(s):**

First Name:

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

Type of ID: ☐ Passport ☐ National ID

ID Number: **Issue Date:**

Place of Issue: **Expiry Date:**

Contact Number 1: **Email Address:**

Contact Number 2:

*ACCOUNT SIGNATORY DETAILS (1)

Surname: **Other Name(s):**

First Name:

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

Type of ID: ☐ Passport ☐ National ID

ID Number: **Issue Date:**

Place of Issue: **Expiry Date:**

Contact Number 1: **Email Address:**

Contact Number 2:

*ACCOUNT SIGNATORY DETAILS (2)

Surname: **Other Name(s):**

First Name:

NOTE: PORTIONS MARKED WITH "*" ARE MANDATORY

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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

Type of ID: ☐ Passport ☐ National ID

ID Number: **Issue Date:** ☐☐☐☐☐☐☐☐

Place of Issue: **Expiry Date:** ☐☐☐☐☐☐☐☐

Contact Number 1: **Email Address:**

Contact Number 2:

*ACCOUNT SIGNATORY DETAILS (3)

Surname: **Other Name(s):**

First Name:

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

Type of ID: ☐ Passport ☐ National ID

ID Number: **Issue Date:** ☐☐☐☐☐☐☐☐

Place of Issue: **Expiry Date:** ☐☐☐☐☐☐☐☐

Contact Number 1: **Email Address:**

Contact Number 2:

*DIRECTORS / EXECUTIVE / TRUSTEE / ADMIN

Corporate Trustees (If Applicable)

Surname	Other Name(s)	ID Type / No	Status	Contact Number

*BENEFICIAL OWNERSHIP

Beneficial Owner

Surname	Other Name(s)	ID Type / No	PEP Status	Contact Number	Digital Address	Date of Birth	% Ownership

Directors

Surname	Other Name(s)	ID Type / No	PEP Status	Contact Number	Digital Address	Date of Birth	% Ownership

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*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

*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
- ☐ 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

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*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 .....

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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

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*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:	

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*CHECKLIST (MANDATORY):

Required Documents

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