



MANAGED INVESTMENT ACCOUNT
APPLICATION FORM
(Corporate)

CLIENT NAME:.....

ACCOUNT NUMBER:.....

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

CATEGORY OF INVESTMENT

Fixed Income CIS Brokerage CSD NO:

Product 1 Product 2 Product 3

***CATEGORY OF BUSINESS**

Sole Proprietorship Partnership Limited Liability Company

Associations Charities / NGOs Other

If Other, Please Specify

***BUSINESS DETAILS**

* Company / Business Name:

* Certificate of Incorporation Number:

* Date of Incorporation / Registration: D D M M Y Y Y Y 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 Address (if any):

* TIN:

* Contact Number 1:

Contact Number 2:

***TURNOVER**

Monthly Turnover(GHS): Below 10,000 Above 10,000-100,000 Above 100,000 Above 10 million

Annual Turnover(GHS): Below 10,000 Above 10,000-100,000 Above 100,000 Above 10 million

***STATEMENT SERVICES**

Mode of Statement Delivery: Email By post SMS Collection

Statement Frequency: Quarterly Specify any other additional statement frequency

NB: Please note that statements must be provided at least quarterly according to law

***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

***EXPECTED ACCOUNT ACTIVITY**

Source of Funds: Proceeds from business Other

If Other, please specify:

Initial Investment Amount:

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):

***KEY CONTACT PERSON**

Surname:

First Name:

Other Name(s):

Date of Birth: D D M M Y Y Y Y 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
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

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

Job Title:

Email Address:

Contact Number 1: 0

Contact Number 2: 0

***ACCOUNT SIGNATORY DETAILS 1**

Surname:

First Name:

Other Name(s):

Date of Birth: D D M M Y Y Y Y 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
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

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

Job Title:

Email Address:

Contact Number 1: 0

Contact Number 2: 0

***ACCOUNT SIGNATORY DETAILS 2**

Surname:

First Name:

Other Name(s):

Date of Birth: D D M M Y Y Y Y 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
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

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

Job Title:

Email Address:

Contact Number 1: 0

Contact Number 2: 0

ACCOUNT SIGNATORY DETAILS 3

Surname:

First Name:

Other Name(s):

Date of Birth: D D M M Y Y Y Y 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
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

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

Job Title:

Email Address:

Contact Number 1: 0

Contact Number 2: 0

***DIRECTORS / EXECUTIVE / TRUSTEE / ADMIN**

Surname	Other names	ID Type / ID Number	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

***EMAIL / TELEPHONE / FAX INDEMNITY**

***ACCOUNT MANDATE**

Name of Signatory	Signature Specimen
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

One to sign Either to sign All to sign Others

If other, please specify:

***TERMS AND CONDITIONS**

- Linx Capital will manage the funds within the agreed mandate after we have established your investment objectives and risk profile and as such will make specific investment decisions without discussing these with you at a fee.
- Redemption of funds at maturity do not attract any charge, however a partial or full redemption before maturity will attract a discounting charge that is dependent on the rediscount rate.
- Liquidation notice must be signed and issued at least fourteen (14) working days before funds are paid to the investor.

***DECLARATION**

I/We have read, understood and agreed to the terms and conditions set out in this document. In witness whereof I/We have placed my/our signature below pursuant to the provisions of Section 80 of the Securities Industry Law 1993, P.N.D.C.L 333.

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICIAL USE ONLY

***CLIENT ADDITIONAL INFORMATION**

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 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:

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:

***CUSTOMER RISK PROFILE**

Client Verification / Screening:

Level of Risk: Low Medium High

Nature of High Risk Exposure: PEP Non-Resident

High Risk Business (Refer to guide) State nature of business:

High Risk Country

State Country

***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	Verified
1	Account opening form duly completed	<input type="text"/>
2	Specimen signature card duly completed	<input type="text"/>
3	Copy of Certificate of Incorporation and Certificate to Commence Business	<input type="text"/>
4	Board resolution to open account and nomination of signatories	<input type="text"/>
5	Copy of Memorandum and Articles of Association (Forms A, 3, 17)	<input type="text"/>
6	TIN	<input type="text"/>
7	Partnership Deed (where applicable)	<input type="text"/>
8	Constitution if unregistered association	<input type="text"/>
9	Act / Gazette for Government Agency (where applicable)	<input type="text"/>
10	One passport-sized photograph of each signatory	<input type="text"/>
11	Resident / Work Permit (<i>for Non-Ghanaians</i>)	<input type="text"/>
12	Evidence of registration with other Government Agencies	<input type="text"/>
13	Power of Attorney (where applicable)	<input type="text"/>
14	Letter of Indemnity	<input type="text"/>
15	Proof of Company Address	<input type="text"/>
16	Proof of Identity of all signatories and representatives	<input type="text"/>
17	Executed Management Agreement	<input type="text"/>