



MANAGED INVESTMENT ACCOUNT
APPLICATION FORM
(Individual)

CLIENT NAME:.....

ACCOUNT NUMBER:.....

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

CATEGORY OF INVESTMENT

Individual Joint ITF

Fixed Income CIS Brokerage CSD NO:

Product 1 Product 2 Product 3

***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

*TIN:

PERSONAL INFORMATION 2

* 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

*TIN:

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:

Relationship to client:

* Contact Number:

***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 Email:

Business/School/Office Contact Number 2:

IN TRUST FOR

* Title: Mr. Mrs. Ms Prof. Dr. Other (Please specify)

* Surname: *First Name:

Other Name(s): Maiden Name:

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: *Issue Date:

* Place of Issue: *Expiry Date:

BENEFICIARY

* Title: Mr. Mrs. Ms Prof. Dr. Other (Please specify)

* Surname: *First Name:

Other Name(s): Maiden Name:

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: *Issue Date:

* Place of Issue: *Expiry Date:

***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: Salary Proceeds from Business Inheritance/Gifts
Personal Savings Others

If Other, please specify:

* Initial Investment Amount:

* Anticipated Investment Activity:

Top-ups: Monthly [] Quarterly [] Bi-Annually [] Annually [] Other []

If Other, please specify:

Withdrawals: Monthly [] Quarterly [] Bi-Annually [] Annually [] Other []

If Other, please specify:

* Anticipated Investment Amount:

Regular Top-up Amount (Expected): [] Regular Withdrawal Amount (Expected): []

***BANK ACCOUNT DETAILS**

Bank Name Account Name Account Number Bank Branch

EMAIL / TELEPHONE / FAX INDEMNITY

***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.

***ACCOUNT MANDATE**

Name of Signatory Signature Specimen

One to sign [] Either to sign [] Both to sign []

***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 Linx Capital 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 Linx Capital Limited. Linx Capital Limited accepts no liability for any direct or consequential loss arising from my/our decision.

Name: Signature: Date:

ILLITERATE / BLIND CUSTOMER RATIFICATION

OFFICIAL USE ONLY

***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 dependants 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:

***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

Account approved/authorized by Compliance Officer/AMLRO:

Name of Licensed Officer

Name:

Position:

Position:

Signature:

Signature:

Date:

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	*Passport-sized photographs (Account holders / Beneficiaries)	<input type="text"/>
2	*Proof of Identity	<input type="text"/>
3	*Proof of Identity of Account Beneficiary	<input type="text"/>
4	*Proof of Address	<input type="text"/>
5	*Specimen Signature(s)	<input type="text"/>
6	*Email Indemnity (for clients with email address)	<input type="text"/>
7	*Proof of Foreign Address (for Non-Resident clients)	<input type="text"/>
8	*Resident / Work Permit (for Non-Ghanaians)	<input type="text"/>
9	*Executed Management Agreement (Strictly for High Net Worth Clients)	<input type="text"/>