

ACCOUNT OPENING FORM

Account Name

Account No.

Date

Corporate Account Opening Form *(Complete in block letters and tick where applicable)*

Category of Business

Sole Proprietorship Partnership Limited Liability Company Other

(Please specify)

Business Details

Company Name

Certificate of Incorporation Date of Incorporation

Jurisdiction of Incorporation License Number

Type or Nature of Business

Sector/Industry

Principal Place of Business

Company Postal Address

GhanaPost GPS Address

Email Address TIN

Website Address

Contact Number 1 Contact Number 2

Parent Company (if any)

Parent Company's Country of incorporation **Ghana**

Turnover

Monthly Turnover(GHS) Below 10,000 10,000 - 100,000 100,001 - 1M 1,000,000 - 10M

Annual Turnover(GHS) Below 10,000 10,000 - 100,000 100,001 - 1M 1,000,000 - 10M

Statement Services

Statement Preference Email By Post SMS Collection from Office

Statement Frequency Quarterly Others *(Please specify)*

Client Investment Profile

Investment Objective

Risk Tolernace Low Medium High

Investment Horizon Short term Medium Term Long Term

Investment Knowledge Low Medium High

Expected Account Activity

Source of Funds Proceeds from business 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 (GHS) Regular Withdrawal Amount (GHS)

Key Contact Person

First Name	<input type="text"/>	Surname	<input type="text"/>
Other Name(s)	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text" value="D D M M Y Y Y Y"/>	Mother' Maiden Name	<input type="text"/>
Residential Status	<input type="checkbox"/> Residential Ghanaian <input type="checkbox"/> Residential Foreigner	<input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Non-Resident Foreigner	
<i>If country of origin is not Ghana, please provide the following:</i>			
Resident/Work Permit No.	<input type="text"/>	Permit Issue Date	<input type="text"/>
Place of Issue	<input type="text"/>	Permit Expiry Date	<input type="text"/>
ID Type	<input type="checkbox"/> Ghana Card <input type="checkbox"/> Passport (Non-resident individual)	ID Number	<input type="text"/>
Place of Issue	<input type="text"/>	Issue Date	<input type="text" value="D D M M Y Y Y Y"/>
		Expiry Date	<input type="text" value="D D M M Y Y Y Y"/>
Residential/Permanent Address			
Res. Address	<input type="text"/>	Street Name	<input type="text"/>
City/Region	<input type="text"/>	Digital Address	<input type="text"/>
PEP Status	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Proof of Address	<input type="checkbox"/> Electricity Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Others (specify)		<input type="text"/>
Serial No./GEO Code	<input type="text"/>	Issue Date	<input type="text" value="D D M M Y Y Y Y"/>
Job Title	<input type="text"/>	Email Address	<input type="text"/>
Contact No. 1	<input type="text"/>	Contact No. 2	<input type="text"/>

Account Signatory Details 1

First Name	<input type="text"/>	Surname	<input type="text"/>
Other Name(s)	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text" value="D D M M Y Y Y Y"/>	Mother' Maiden Name	<input type="text"/>
Residential Status	<input type="checkbox"/> Residential Ghanaian <input type="checkbox"/> Residential Foreigner	<input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Non-Resident Foreigner	
<i>If country of origin is not Ghana, please provide the following:</i>			
Resident/Work Permit No.	<input type="text"/>	Permit Issue Date	<input type="text"/>
Place of Issue	<input type="text"/>	Permit Expiry Date	<input type="text"/>
ID Type	<input type="checkbox"/> Ghana Card <input type="checkbox"/> Passport (Non-resident individual)	ID Number	<input type="text"/>
Place of Issue	<input type="text"/>	Issue Date	<input type="text" value="D D M M Y Y Y Y"/>
		Expiry Date	<input type="text" value="D D M M Y Y Y Y"/>
PEP Status	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Residential/Permanent Address			
Res. Address	<input type="text"/>	Street Name	<input type="text"/>
City/Region	<input type="text"/>	Digital Address	<input type="text"/>
Proof of Address	<input type="checkbox"/> Electricity Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Others (specify)		<input type="text"/>
Serial No./GEO Code	<input type="text"/>	Issue Date	<input type="text" value="D D M M Y Y Y Y"/>
Job Title	<input type="text"/>	Email Address	<input type="text"/>
Contact No. 1	<input type="text"/>	Contact No. 2	<input type="text"/>

Directors/Executive/Trustee/Admin

First Name	<input type="text"/>	Surname	<input type="text"/>
Other Name(s)	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text" value="D D M M Y Y Y Y"/>	Designation	<input type="text"/>
		PEP Status	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother' Maiden Name	<input type="text"/>		
Residential Status	<input type="checkbox"/> Residential Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Residential Foreigner <input type="checkbox"/> Non-Resident Foreigner		
ID Type	<input type="checkbox"/> Ghana Card <input type="checkbox"/> Passport (Non-resident individual)	ID Number	<input type="text"/>
Place of Issue	<input type="text"/>	Issue Date	<input type="text" value="D D M M Y Y Y Y"/>
		Expiry Date	<input type="text" value="D D M M Y Y Y Y"/>
Email Address	<input type="text"/>		
Contact No. 1	<input type="text"/>	Contact No. 2	<input type="text"/>

Directors/Executive/Trustee/Admin

First Name	<input type="text"/>	Surname	<input type="text"/>
Other Name(s)	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text" value="D D M M Y Y Y Y"/>	Designation	<input type="text"/>
		PEP Status	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother' Maiden Name	<input type="text"/>	Ownership %	<input type="text"/>
Residential Status	<input type="checkbox"/> Residential Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Residential Foreigner <input type="checkbox"/> Non-Resident Foreigner		
ID Type	<input type="checkbox"/> Ghana Card <input type="checkbox"/> Passport (Non-resident individual)	ID Number	<input type="text"/>
Place of Issue	<input type="text"/>	Issue Date	<input type="text" value="D D M M Y Y Y Y"/>
		Expiry Date	<input type="text" value="D D M M Y Y Y Y"/>
Email Address	<input type="text"/>		
Contact No. 1	<input type="text"/>	Contact No. 2	<input type="text"/>

Beneficiary Ownership (Individual)

Beneficial Owner 1			
First Name	<input type="text"/>	Surname	<input type="text"/>
Other Name(s)	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text" value="D D M M Y Y Y Y"/>	Designation	<input type="text"/>
		PEP Status	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother' Maiden Name	<input type="text"/>	Ownership %	<input type="text"/>
Residential Status	<input type="checkbox"/> Residential Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Residential Foreigner <input type="checkbox"/> Non-Resident Foreigner		
ID Type	<input type="checkbox"/> Ghana Card <input type="checkbox"/> Passport (Non-resident individual)	ID Number	<input type="text"/>
Place of Issue	<input type="text"/>	Issue Date	<input type="text" value="D D M M Y Y Y Y"/>
		Expiry Date	<input type="text" value="D D M M Y Y Y Y"/>
Email Address	<input type="text"/>		
Contact No. 1	<input type="text"/>	Contact No. 2	<input type="text"/>
Home Address	<input type="text"/>		

Beneficial Owner 2

First Name Surname

Other Name(s) Gender Male Female

Date of Birth Designation PEP Status Yes

Mother' Maiden Name Ownership %

Residential Status Residential Ghanaian Non-Resident Ghanaian Residential Foreigner Non-Resident Foreigner

ID Type Ghana Card Passport (Non-resident individual) ID Number

Place of Issue Issue Date Expiry Date

Email Address

Contact No. 1 Contact No. 2

Home Address

Beneficial Owner 3

First Name Surname

Other Name(s) Gender Male Female

Date of Birth Designation PEP Status Yes

Mother' Maiden Name Ownership %

Residential Status Residential Ghanaian Non-Resident Ghanaian Residential Foreigner Non-Resident Foreigner

ID Type Ghana Card Passport (Non-resident individual) ID Number

Place of Issue Issue Date Expiry Date

Email Address

Contact No. 1 Contact No. 2

Home Address

Beneficiary Ownership (Corporate)**Shareholder 1**

First Name Surname

Other Name(s) Gender Male Female

Date of Birth Designation PEP Status Yes No

Mother' Maiden Name Ownership %

Residential Status Residential Ghanaian Non-Resident Ghanaian Residential Foreigner Non-Resident Foreigner

ID Type Ghana Card Passport (Non-resident individual) ID Number

Place of Issue Issue Date Expiry Date

Email Address

Contact No. 1 Contact No. 2

Home Address

Shareholder 2

First Name Surname

Other Name(s) Gender Male Female

Date of Birth Designation PEP Status Yes No

Mother' Maiden Name Ownership %

Residential Status Residential Ghanaian Non-Resident Ghanaian Residential Foreigner Non-Resident Foreigner
ID Type Ghana Card Passport (Non-resident individual) ID Number
 Place of Issue Issue Date Expiry Date
 Email Address
 Contact No. 1 Contact No. 2
 Home Address

Shareholder 3
 First Name Surname
 Other Name(s) Gender Male Female
 Date of Birth Designation PEP Status Yes No
 Mother' Maiden Name Ownership %
Residential Status Residential Ghanaian Non-Resident Ghanaian Residential Foreigner Non-Resident Foreigner
ID Type Ghana Card Passport (Non-resident individual) ID Number
 Place of Issue Issue Date Expiry Date
 Email Address
 Contact No. 1 Contact No. 2
 Home Address

Company Affiliations

If your company is part of a group, kindly state the name and all entities within the group

Bank Account Details

Name of Bank & Branch	Account Name	Account Number

Where Applicant is not Literate OR is Visually Impaired and the Form is Completed by a Third Party

I/We (In case of a joint applicant) agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and/or explained to me by a reader/interpreter. The language of interpretation is

Customer Name: <input type="text"/> Signature/Thumbprint	Interpreter Name: <input type="text"/> Signature
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Address of Reader/ Interpreter

Mobile No. Date

Email/Telephone/Fax Indemnity

This is to state that transactions on the company's account would ordinarily be authorized by signatories in person or in writing with their original signature and ID. We however reserve the right to issue instructions for transactions on the company's account by email or telephone call at the discretion of GCB Capital Ltd. We further wish to state that we are aware that email and telephone authorizations are insecure and can be tampered with. By signing this form, we agree to indemnify or absolve GCB Capital Ltd and its affiliates from any losses and all other liabilities that may result from this authorized transaction. We also undertake to notify GCB Capital Ltd. of any changes to my/our particulars or information as may be necessary.

Signature/
Date

Signature/
Date

Account Mandate

Mandate

One to sign

Either to sign

Both to sign

If Other, Please Specify

NAME	SIGNATURE	RECENT PASSPORT-SIZED PHOTOGRAPH

Terms and Conditions *(Applicable to Partnership Accounts Only)*

Survivorship Clause: Any money for the time being, standing to the credit of our joint account shall be held to the order of the survivor(s).

Joint and Several Liability Clause: Any liability incurred by joint account holders to GCB Capital Ltd., whether in the form of borrowing or otherwise shall be joint and several.

Name

Signature/Date

Name

Signature/Date

Name

Signature/Date

Name

Signature/Date

Declaration

I/We hereby request to open an account with GCB Capital Ltd. I/We understand that the information given herein, and the documents supplied are the basis for opening such account and I therefore warrant that such information is correct. I have read, understood and agree to be bound by the terms and conditions governing the operation of the account. I further undertake to indemnify GCB Capital Ltd. of any loss suffered as a result of any false information provided.

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

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 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.

If yes to any above, please specify name and nature of the position: Yes No

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official **outside** Ghana.

If yes to any above, please specify name and nature of the position: Yes No

Client Additional Information 2 (For Depository Participant Use Only)

Have you bought a security such as Treasury bill, bond shares etc before? Yes No

Existing CSD Client ID
(If Applicable)

13 Digits

2 Digits

2 Digits

Bank Information of The Investor

Name of Bank & Branch	Account Name	Account Number
<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"/>

Specimen Signatory

NAME			
SIGNATURE			

For Official Use Only

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

Country

Approvals

Account Opened by <input type="text"/>	Account approved/authorized by Compliance Officer/AMLRO:
Position <input type="text"/>	Name <input type="text"/>
Name of Licensed Officer <input type="text"/>	Position <input type="text"/>
Signature/Date <input type="text"/>	Signature/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

Signature/Date

Comment

Checklist

Documents Required <i>(Original IDs/Documents must be seen)</i>	CHECKED	DEFERRED	WAIVED	N/A
1. Duly Completed account opening form				
2. Specimen Signature Card duly Completed				
3. Recent Passport - sized photograph of each signatory				
4. Company registration document and beneficial owners form.				
5. Board resolution to open account and nomination of signatories				
6. Copy of memorandum and Articles of Association (Forms A, 3, 17)				
7. TIN				
8. Letter of Indemnity				
9. Partnership Deed (where applicable)				
10. Constitution if unregistered association				
11. Act / Gazette for Government Agency (where applicable)				
12. Resident / Work Permit (for Non-Ghanaians)				
13. Evidence of registration with other Government Agencies				
14. Power of Attorney (where applicable)				
15. Proof of Company Address				
16. Proof of Identity of all signatories and representatives				

Kindly submit the completed form together with the following documents to our email address: gclcustomerexperience@gcb.com.gh

1. Front and back copies of your Ghana Card
2. Passport – size photograph
3. Utility bill (not more than 3 months old)
4. Proof of identity of beneficiary (Ghana Card, passport, birth certificate)

Instructions for Submitting Your Account Opening Form

Please ensure that all required documents listed on the checklist above are attached.

For your initial investment, you may make a cash deposit or bank transfer using the following details:

Account Name: **Golden Eagle Unit Trust Collections Account**

Bank: **GCB Bank PLC**

Account Number: **1681200000248**

Account Name: **Golden Eagle Unit Trust – Collections Account**

Bank: **Fidelity Bank**

Account Number : **1330034849414**

Please use the following details as narration for your payment for easy identification:

1. Your **full name** as stated on your Ghana Card
2. Your **telephone number**.

Note: Kindly attach your deposit slip or bank transfer confirmation as proof of payment when submitting your completed form to the email address stated above.



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