

ACCOUNT OPENING FORM

INDIVIDUAL ACCOUNT

JOINT ACCOUNT

TRUST ACCOUNT

OTHER, *Specify*

Account Name

Account No.

Date



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

Personal Details (1)

Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Other			
Surname					First Name			
Other Name(s)					Previous Name <i>(if applicable)</i>			
Mother's Maiden Name								
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
Place of Birth								
Nationality					Date of Birth	D D M M Y Y Y Y		
Profession/Occupation					Country of Origin			
Educational Level	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Not literate				
SSNIT Number					TIN			
Mobile No.					Telephone No.			
Email					Country of Residence			
For Foreign Nationals Only								
Resident/Work Permit No.					Permit Issue Date	D D M M Y Y Y Y		
Place of Issue					Permit Expiry Date	D D M M Y Y Y Y		

Proof of Identity

<input type="checkbox"/> Ghana Card	<input type="checkbox"/> Passport (Non-resident individual)	ID Number		
Place of Issue		Issue Date	D D M M Y Y Y Y	
		Expiry Date	D D M M Y Y Y Y	

Contact Details

Postal Address							
Residential/Permanent Address							
Res. Address					Street Name		
Nearest Landmark					Digital Address/Pincode		
City/Town					Metropolitan, Municipal and District Assembly		
Metropolitan, Municipal and District Assembly							
Title to Residence	<input type="checkbox"/> Outright Ownership	<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Rented	<input type="checkbox"/> Family House	<input type="checkbox"/> Lease	<input type="checkbox"/> Others <i>(specify)</i>	
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 <i>(specify)</i>		
Proof of Address Serial No./GEO Code					Issue Date	D D M M Y Y Y Y	
Email Address							
Residential Address Abroad (If Applicable)							
House No.					Street Name		
City/Town					Suburb		
Post Code					Country		

Details of Contact Person *(In case of emergency)*

Name			
Relationship to Contact Person		Occupation	
Residential Address		Mobile No.	

Employment Details

Years Employment/in Business	<input type="text"/>	Monthly Income Range (GH¢)	<input type="checkbox"/> Less than 1,000	<input type="checkbox"/> 1,000 - 5,000
			<input type="checkbox"/> 5,001 - 10,000	<input type="checkbox"/> More than 10,000
Employer/Business/School Name	<input type="text"/>			
If Retired/Unemployed (Indicate your last employer/business name)	<input type="text"/>			
Nature of Business	<input type="text"/>			
Employer/Business/School Address (Ghana Post GPS)	<input type="text"/>			
Nearest Landmark	<input type="text"/>	City/Town	<input type="text"/>	
Business/School Individual's Contact No.	<input type="text"/>	Region	<input type="text"/>	

Personal Details (2)

Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Other	<input type="text"/>		
Surname	<input type="text"/>		First Name	<input type="text"/>				
Other Name(s)	<input type="text"/>		Previous Name (if applicable)	<input type="text"/>				
Mother's Maiden Name	<input type="text"/>							
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
No. of Dependents	<input type="text"/>	Children	<input type="text"/>	Others	<input type="text"/>	Place of Birth	<input type="text"/>	
Nationality	<input type="text"/>			Date of Birth	<input type="text"/>			
Profession/Occupation	<input type="text"/>			Country of Origin	<input type="text"/>			
Educational Level	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Not literate				
SSNIT Number	<input type="text"/>		TIN	<input type="text"/>				
Mobile No.	<input type="text"/>		Telephone No.	<input type="text"/>				
Email	<input type="text"/>		Country of Residence	<input type="text"/>				
For Foreign Nationals Only								
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"/>			

Proof of Identity

<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"/>		Expiry Date	<input type="text"/>	

Contact Details

Postal Address	<input type="text"/>						
Residential/Permanent Address							
Res. Address	<input type="text"/>		Street Name	<input type="text"/>			
Nearest Landmark	<input type="text"/>		Digital Address/Pincode	<input type="text"/>			
City/Town	<input type="text"/>		Metropolitan, Municipal and District Assembly	<input type="text"/>			
Metropolitan, Municipal and District Assembly	<input type="text"/>						
Title to Residence	<input type="checkbox"/> Outright Ownership	<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Rented	<input type="checkbox"/> Family House	<input type="checkbox"/> Lease	<input type="checkbox"/> Others (specify)	<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"/>	
Proof of Address Serial No./GEO Code	<input type="text"/>			Issue Date	<input type="text"/>		
Email Address	<input type="text"/>						

Contact Details (cont'd)

Residential Address Abroad (If Applicable)

House No.	<input type="text"/>	Street Name	<input type="text"/>
City/Town	<input type="text"/>	Suburb	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>

Details of Contact Person (In case of emergency)

Name	<input type="text"/>		
Relationship to Contact Person	<input type="text"/>	Occupation	<input type="text"/>
Residential Address	<input type="text"/>	Mobile No.	<input type="text"/>

Employment Details

Years in Employment/ Business	<input type="text"/>	Monthly Income Range (GH¢)	<input type="checkbox"/> Less than 1,000	<input type="checkbox"/> 1,000 - 5,000
			<input type="checkbox"/> 5,001 - 10,000	<input type="checkbox"/> More than 10,000
Employer/Business/ School Name	<input type="text"/>			
If Retired/Unemployed (Indicate your last employer/business name)	<input type="text"/>			
Nature of Business	<input type="text"/>			
Employer/Business/ School Address (Ghana Post GPS)	<input type="text"/>			
Nearest Landmark	<input type="text"/>	City/Town	<input type="text"/>	
Business/School Individual's Contact No.	<input type="text"/>	Region	<input type="text"/>	

Client Investment Profile

Investment Objective	<input type="text"/>				
Risk Tolerance	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	Investment Horizon	<input type="checkbox"/> Short Term <input type="checkbox"/> Medium Term
Investment Knowledge	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High		<input type="checkbox"/> Long Term

Expected Account Activity

Source of Funds	<input type="checkbox"/> Salary	<input type="checkbox"/> Proceeds from Business	<input type="checkbox"/> Inheritance/Gifts	<input type="checkbox"/> Personal Savings
	<input type="checkbox"/> Others (Please specify) <input type="text"/>			
Initial Investment Amount	<input type="text"/>			
Anticipated Investment Activity:				
Top-ups:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Bi-Annually <input type="checkbox"/>	Others (Please specify) <input type="text"/>
Withdrawals:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Bi-Annually <input type="checkbox"/>	Others (Please specify) <input type="text"/>
Anticipated Investment Amount:				
Regular Top-up Amount	<input type="text"/>	Regular Withdrawal Amount	<input type="text"/>	

Statement Services

Mode of Statement Delivery	<input type="checkbox"/> Email	<input type="checkbox"/> By Post	<input type="checkbox"/> SMS	<input type="checkbox"/> Collection from office
Statement Frequency	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Others (specify)	<input type="text"/>	

In Trust For (If applicable)

Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Others (Please specify)	<input type="text"/>
Full Name	<input type="text"/>					
Relationship to Customer	<input type="text"/>					
ID Type	<input type="checkbox"/> Passport (Non-resident Individual)	<input type="checkbox"/> Birth Certificate (Minors)	<input type="checkbox"/> Ghana Card	ID No.	<input type="text"/>	
Place of Issue	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>	
Mobile No.	<input type="text"/>			Date of Birth	<input type="text"/>	
House No.	<input type="text"/>			Street Name	<input type="text"/>	
Landmark	<input type="text"/>			City/Town	<input type="text"/>	
Occupation	<input type="text"/>			Region	<input type="text"/>	

Beneficiary 1

Title	Dr.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss.	<input type="checkbox"/>	Others	<input type="text"/>	
Full Name	<input type="text"/>										
Relationship to Customer	<input type="text"/>										
ID Type	<input type="checkbox"/> Passport (Non-resident Individual)	<input type="checkbox"/> Birth Certificate (Minors)	<input type="checkbox"/> Ghana Card	ID No.	<input type="text"/>						
Place of Issue	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>						
Mobile No.	<input type="text"/>				Date of Birth	<input type="text"/>					
House No.	<input type="text"/>				Street Name	<input type="text"/>					
Landmark	<input type="text"/>				City/Town	<input type="text"/>					
Occupation	<input type="text"/>				Region	<input type="text"/>					

Beneficiary 2

Title	Dr.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss.	<input type="checkbox"/>	Others	<input type="text"/>	
Full Name	<input type="text"/>										
Relationship to Customer	<input type="text"/>										
ID Type	<input type="checkbox"/> Passport (Non-resident Individual)	<input type="checkbox"/> Birth Certificate (Minors)	<input type="checkbox"/> Ghana Card	ID No.	<input type="text"/>						
Place of Issue	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>						
Mobile No.	<input type="text"/>				Date of Birth	<input type="text"/>					
House No.	<input type="text"/>				Street Name	<input type="text"/>					
Landmark	<input type="text"/>				City/Town	<input type="text"/>					
Occupation	<input type="text"/>				Region	<input type="text"/>					

Client Additional Information 1

The following questions are designed to capture information for Common Reporting Standards as well as Foreign Account Tax Compliance (FATCA).

- | | | |
|--|------------------------------|-----------------------------|
| Are you a citizen of any foreign country (besides Ghana)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you hold passport of any foreign country (besides Ghana)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you hold green card of any foreign country (besides Ghana)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you resident in any foreign country? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you spent more than 183 days in any foreign country? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Client Additional Information 1 (cont'd)

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 (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/We 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/We 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.

Client Additional Information 2

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

Existing CSD Client ID (If Applicable)

Client Additional Information 3

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 dependents 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:

Bank Information of The Investor for Dividends, Interest and other payment instructions (Preferably GCB 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/us by a reader/interpreter. The language of interpretation is

Customer

Name:

Signature/Thumbprint

Interpreter

Name:

Signature

Address of Reader/ Interpreter

Mobile No.

Date

Email/Telephone/Fax Indemnity

This is to state that transactions on my/our account would ordinarily be authorized by me/us in person or in writing with my/our original signature(s) and ID(s). I/We however reserve the right to issue instructions for transactions on my/our account by email or telephone call at the discretion of GCB Capital Ltd. I/We further wish to state that I/We am/are aware that email and telephone authorizations are insecure and can be tampered with. By signing this form, I/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.

Signature

Date

Mandate (Specify Signing Instructions)

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 Joint Account Holders 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

Declaration

I/We hereby apply 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/we therefore warrant that such information is correct. I/We have read, understood and agree to be bound by the terms and conditions governing the operation of the account. I/We further undertake to indemnify GCB Capital Ltd. of any loss suffered as a result of any false information provided.

Name

Signature/Date

Name

Signature/Date

For Official Use Only

Customer Risk Profile

Client Verification / Screening

Level of Risk Low Medium High

Nature of High Risk Exposure Non-Resident

State Nature of Business PEP High Risk Business (Refer to guide)

High Risk Country State Country

Approvals

Account opened by licenced officer

Name 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

Comment

Checklist

Documents Required (Original IDs/Documents must be seen)	CHECKED	DEFERRED	WAIVED	N/A
1. Duly Completed account opening form				
2. Specimen Signature Card duly Completed				
3. Passport-sized photographs (Account Holders/Beneficiaries)				
4. Proof of Identity				
5. Resident/Work Permit & Republic of Ghana Non-Citizen ID				
6. Proof of Address				
7. Proof of Identity of Account Beneficiary				
8. Email Indemnity (for clients with email address)				
9. Proof of Foreign Address (for Non-Resident clients)				

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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