



MUTUAL FUND

Application Form

INDIVIDUAL / JOINT

Investment Account Number:

CSD No:

PHOTO

PHOTO

FIRST ATLANTIC INCOME FUND PLC

1) PLEASE WRITE IN BLOCK LETTERS

ACCOUNT TYPE: Single Account Joint Account ITF Account

ACCOUNT HOLDER

JOINT ACCOUNT HOLDER/ITF

Title: Mr Mrs. Ms. Dr. Prof.

Title: Mr Mrs. Ms. Dr. Prof.

Surname:

Surname:

Other Names:

Other Names:

Maiden Name:

Maiden Name:

Date of Birth:

Date of Birth:

Mother's
Maiden Name:

Mother's
Maiden Name:

Gender: Male Female

Gender: Male Female

Email:

Email:

Telephone Mobile number:

Telephone(Mobile):

Postal Address:

Postal Address:

Residential Address:
Nearest Landmark

Residential Address:
Nearest Landmark

Digital Address(Ghana Post GPS):

Digital Address(Ghana Post GPS):

Nationality:

Nationality:

Country of Residence:

Country of Residence:

Residential status

Resident Ghanaian Non-Resident Ghanaian

Residential status

Resident Ghanaian Non-Resident Ghanaian

Resident Foreigner Non-Resident Foreigner

Resident Foreigner Non-Resident Foreigner

If country of origin is not Ghana, please provide the following

Resident Permit Number

Place of Issue

If country of origin is not Ghana, please provide the following

Resident Permit Number

Place of Issue

Permit issue Date

Permit Expiry Date

Permit issue Date

Permit Expiry Date

TIN/ECOWAS ID NO. _____	TIN/ECOWAS ID NO. _____
Proof of Identity	Proof of Identity
ID type: Passport: <input type="checkbox"/> Voters ID: <input type="checkbox"/>	ID type: Passport: <input type="checkbox"/> Voters ID: <input type="checkbox"/>
Driver's License: <input type="checkbox"/> SSNIT Card: <input type="checkbox"/> National ID: <input type="checkbox"/>	Driver's License: <input type="checkbox"/> SSNIT Card: <input type="checkbox"/> National ID: <input type="checkbox"/>
ID Number: _____	ID Number: _____
Issue Date: _____	Issue Date: _____
Expiry Date: _____	Expiry Date: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

2) FURTHER INFORMATION

Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student	Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student
Occupation/Profession: _____	Occupation/Profession: _____
Name of Employer/Business/School: _____	Name of Employer/Business/School: _____
Address: _____	Address: _____
Digital Address: _____	Digital Address: _____
Nature of Business: _____	Nature of Business: _____
Primary Source of Income: _____	Primary Source of Income: _____
Other Source of Income: _____	Other Source of Income: _____
Investment Objectives <input type="checkbox"/> Retirement Planning <input type="checkbox"/> Education <input type="checkbox"/> Mortgage <input type="checkbox"/> Income <input type="checkbox"/> Others	
Investment Horizon <input type="checkbox"/> Short Term <input type="checkbox"/> Short-Medium Term <input type="checkbox"/> Medium term <input type="checkbox"/> Medium-Long term <input type="checkbox"/> Long Term Below 1year 1-2 years 2-3years 3-5years above 5 years	
Gross Annual Income <input type="checkbox"/> Under GHS10,000.00 <input type="checkbox"/> GHS10,000 TO GHS50,000 <input type="checkbox"/> GHS 50,000 TO GHS 100,000 <input type="checkbox"/> GHS100,000 TO GHS 150,000 <input type="checkbox"/> GHS150,000 TO GHS200,000 <input type="checkbox"/> OVER GHS200,000	
Investment Knowledge <input type="checkbox"/> Sophisticated <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Novice	
Risk Tolerance <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Other Investment Held <input type="checkbox"/> Treasury Bills <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Bonds <input type="checkbox"/> Stocks <input type="checkbox"/> Insurance <input type="checkbox"/> Other	

3) DETAILS OF INVESTMENTS

Amount Deposited(in Figures): _____

Amount in words _____

Mode of Deposit: Bankers Draft Transfer Cash Cheque

Cheque Details

Name of Bank: _____ Cheque No. _____ Branch: _____

Please indicate how you wish to receive your investment advice(s) VIA:

Email Collection at FAAM premises RM to deliver

4) BANK DETAILS

Bank Name		Branch
Account Number		Account Name
a. Issue a transfer/cheque for the maturity proceeds to me/us. Or in favour of:		
b. Mobile Money Transfer		
c. Hold on with proceeds and wait for disposal instructions from me/us.		
d. Any other(Please state in space provided):		

5) NEXT OF KIN

NAME	%	RELATIONSHIP	ADDRESS	TELEPHONE	EMAIL

6) FIRST ATLANTIC INCOME FUND

- The First Atlantic Income Fund is a collective investment scheme that seeks to provide maximum current income that is consistent with maintaining liquidity and preserving capital by investing in a diversified portfolio of money market and fixed income instruments. It is advisable to keep investment for a period of three(3) months. The past performance of FAIF is only an indication (not a guarantee) of potential future returns.

Please indicate how you wish to receive your investment advice(s). VIA

- Email Collection at FAAM Office RM to deliver

7) PEP STATUS

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:

8) CLIENT ADDITIONAL INFORMATION

NB: The data below is designed to capture information for Common Reporting Standards (CRS) as well as FATCA (Foreign Account Tax Compliance Act)

- Are you a citizen of any foreign country (beside Ghana)? YES NO
- Do you hold passport of any foreign country? YES NO
- Are you a resident in any foreign country? YES NO
- Do you hold green card of any foreign country (beside Ghana)? YES NO
- Have you spent more than 183 days in any foreign country? YES NO

If your responses to any of the above questions in yes, Please provide the following:

Full Name: _____

Foreign residential address _____

Foreign mailing address _____

Foreign Telephone Number _____

Foreign Tax Identification Number (TIN)/Social Security Number/National Identification Number _____

9) (TO BE COMPLETED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THIS FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter

Mark of Customer _____

Signature / Thumbprint _____

Date: DD M MYYYY _____

Name & Address _____

of Interpreter _____

Mark of Interpreter _____

Signature/Thumbprint _____

Date: DD M MYYYY _____

Language of Interpretation _____

10) DECLARATION

I/We _____ hereby certify that all information provided herein above are true and correct as of the signature date. I/We undertake to notify First Atlantic Asset Management Ltd of any changes to the information provided. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.

Signature _____

Date: _____

Signature _____

Date: _____

11) MANDATE

Sole signatory

Both to sign

Either to Sign

Name of signatory _____

Name of signatory _____

Signature: _____

Signature: _____

12) CUSTOMER RISK PROFILE

Client verification / Screening _____ INDICATE TOOL FOR VERIFICATION AND 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 _____

13) APPROVALS

Name of Licensed Officer _____ Account Opened by: _____

Sign/Date: _____

Sign/Date: _____

Account Approved by Compliance Officer/AMLRO _____

Comments _____

Sign/Date _____

*Accounts of High Risk Nature must be jointly approved by CEO/Executive/Senior Manager and AMLRO.

High risk account authorized/approved by Executive Director/CEO

Name _____

Comments _____

Signature: _____

Date: _____

APPLICATION REQUIREMENT

1. Passport/Drivers License/Voters ID card/Birth Certificate/SSNIT ID Card etc. _____

2. Completed Application and KYC Forms.. _____

3. One (1) passport-sized photograph fully endorsed by each signatory. _____

4. Water/Electricity Bills for residential address confirmation. _____

5. Birth certificate for minors and ITFs are required. _____

6. Directional Map to the client's location is important as well _____

COMPLAINTS

All complaints should be forwarded to your relationship manager.
If your complaint is unresolved. Kindly write or call:

THE GENERAL MANAGER
No.3 Dr.Isert Road,Accra
P.O. Box CT 1620 Cantonments
030220116 / 0501419088
info@faam.com.gh