



Application Form

CORPORATE

Investment Account Number:

CSD No:

PHOTO

PHOTO

INSTITUTIONAL WEALTH MANAGEMENT

MANDATE:
 Discretionary Non-Discretionary

Category of Business: Sole Properties Partnership Limited Liability Company Association Charities/NGOs
 Others (Please Specify) _____

1 - COMPANY DETAILS

Company/Business Name	
Date of Incorporation	Jurisdiction of Incorporation:
Certificate of Incorporation/ Registration Number:	
Date Business Commenced:	Tax Identification Number:
Type of Business:	Sector/Industry:
Source of Funds	
Operating Business Address (Physical address)	
Postal Address	
Digital address (Ghana Post GPS)	
Email Address	
Website (if any)	
Phone Numbers	

2 - ANNUAL TURNOVER ('000')

GHS 0-20,000 GHS 20,001-40,000 GHS 40,001-60,000 GHS 60,000 & Above

Is your Company Quoted Listed on any Stock Exchange? Yes No Reference No. _____ Name of Stock Exchange _____

3 - STATEMENT SERVICES

Mode of Statement Delivery: Email By Post SMS Collection

Statement Frequency: Monthly Quarterly Bi-Annual Annual Other Frequency

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

4 - CLIENT INVESTMENT PROFILE

1	Investment Objective:	Retirement Planning <input type="checkbox"/>	Education <input type="checkbox"/>	Mortgage <input type="checkbox"/>	Income <input type="checkbox"/>	Others <input type="checkbox"/>
2	Risk Tolerance:	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	Long Term <input type="checkbox"/>		
3	Investment Horizon:	Short Term <input type="checkbox"/>	Medium Term <input type="checkbox"/>	Long Term <input type="checkbox"/>		
4	Investment Knowledge:	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>		

5 - EXPECTED ACCOUNT ACTIVITY

Source of Funds: Proceeds from Business Other

If other, please specify _____

Initial Investment Amount: _____

Anticipated Investment Activity:

Top-ups:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Bi-Annual <input type="checkbox"/>	Annual <input type="checkbox"/>	Other Frequency <input type="checkbox"/>
Withdrawals:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Bi-Annual <input type="checkbox"/>	Annual <input type="checkbox"/>	Other Frequency <input type="checkbox"/>

Anticipated Investment Amount:

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

6 - INVESTMENT OPTIONS

TREASURY INVESTMENTS		OTHERS
Bills	<input type="checkbox"/> 91-Day Govt. Of Ghana T-Bill <input type="checkbox"/> 182-Day Govt. Of Ghana T-bills	
Notes	<input type="checkbox"/> 1 Year Government of Ghana Note <input type="checkbox"/> 2 Years Government of Ghana Note	<input type="checkbox"/> Institutional Wealth Management <input type="checkbox"/> Other
Bonds	<input type="checkbox"/> 3-Year Government of Ghana Bond <input type="checkbox"/> 5-Year Government of Ghana Bond <input type="checkbox"/> 7-Year Government of Ghana Bond <input type="checkbox"/> 10-Year Government of Ghana Bond	

Please indicate how you wish to receive your investment advice(s). VIA
 Email Collection at FAAM Office RM to deliver

7 - 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):	

8 - ACCOUNT SIGNATORY DETAIL 1

Surname:

First Name:

Other names(s):

Date of Birth: D D M M Y Y Y Y

Residential Status: Resident Ghana Non-Resident Ghana
 Resident Forigner Non-Resident Forigner

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

Resident Permit Number: Permit Issue Date:

Place of Issue: Permit Expiry Date:

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

ID Number: ID Issue Date: Expiry Date:

Job Title:

Email Address:

Contact Number 1: 0

Contact Number 2: 0

9 - ACCOUNT SIGNATORY DETAIL 2

Surname:

First Name:

Other names(s):

Date of Birth: D D M M Y Y Y Y

Residential Status

Resident Ghana

Non-Resident Ghana

Resident Forigner

Non-Resident Forigner

If countryof origin is not Ghana,please provide the following

Resident Permit Number

Permit Issue Date

Place of Issue

Permit Expiry Date

ID Type:

Passport

Voters ID

Drivers License

SSNIT Biometric Card

National ID

ID Number

ID Issue Date

Expiry Date

Job Title

Email Address

Contact Number 1:

0

Contact Number 2:

0

10 - ACCOUNT SIGNATORY DETAIL 3

Surname:

First Name:

Other names(s)

Date of Birth

D D M M Y Y Y Y

Residential Status

Resident Ghana

Non-Resident Ghana

Resident Forigner

Non-Resident Forigner

If countryof origin is not Ghana,please provide the following

Resident Permit Number

Permit Issue Date

Place of Issue

Permit Expiry Date

ID Type:

Passport

Voters ID

Drivers License

SSNIT Biometric Card

National ID

ID Number

ID Issue Date

Expiry Date

Job Title

Email Address

Contact Number 1:

0

Contact Number 2:

0

11 - AFFILIATION

If a part of a group, kindly state all entities within the group structure _____

12 - ACCOUNT MANDATE

Name of Signatory

Signature Specimen

1 _____

1 _____

2 _____

2 _____

One to Sign

Either to Sign

All to Sign

Others

If other, please specify: _____

13 - 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: _____

Class	A.	B.	C
Name(s)			
Date			

14 - CLIENT ADDITIONAL INFORMATION (1)

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)

Does the shareholders, directors, executive, 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: _____

15 - BANK INFORMATION OF THE INVESTOR FOR DIVIDENDS, INTEREST AND MATURITY DISPOSAL IF DIFFERENT FROM ABOVE BANK DETAILS (FOR EQUITY OR SHARES.) THE BANK INFORMATION IS OPTIONAL

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER	BANK BRANCH

16 - CUSTOMER RISK PROFILE

Client Verification / Screening: *Indicate platform/media through which client ID and Name was screened*

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 _____

17 - APPROVALS

Account opened by _____ Account approved/authorized by Compliance Officer/AMLRO _____

Name of Licensed Officer _____ Name of Licensed Officer _____

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: DDMMYY _____

Comments _____

APPLICATION REQUIREMENT

1. Board Resolution/Business Registration Document
2. Passport/Drivers License/Voters ID card/Birth Certificate/SSNIT ID Card etc. for signatories
3. Completed Application and KYC Forms.
4. One (1) passport-sized photograph fully endorsed by each signatory.
5. Water/Electricity Bills for residential address confirmation.
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
030220116 / 0501419088

P.O. Box CT 1620 Cantonments
info@faam.com.gh