



**CORPORATE ACCOUNT**

OPENING PACK

Innovation | Integrity | Leadership

**PRODUCT TYPE**

<input type="checkbox"/> InvestCorp Treasury Securities Fund	<input type="checkbox"/> InvestCorp Mid-Tier Fund	<input type="checkbox"/> InvestCorp Welfare / Benefits Fund
<input type="checkbox"/> InvestCorp Money Market Fund	<input type="checkbox"/> InvestCorp Active Equity Fund	<input type="checkbox"/> Institutional Fund Management
<input type="checkbox"/> Other (Please Specify)	<input type="text"/>	

**ENTITY TYPE**

<input type="checkbox"/> Private Limited Liability Company	<input type="checkbox"/> Public Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Company Limited by Guarantee	<input type="checkbox"/> Managed Investment fund/Pensions	<input type="checkbox"/> State Owned / Government / Ministry / Agency	
<input type="checkbox"/> Other (Please Specify)	<input type="text"/>		

**CLIENT INVESTMENT PROFILE**

Investment Objective:

Risk Tolerance:  Low  Medium  High      Investment Horizon:  Short Term Up to 1 yr  Medium Term 1-3 yrs  Long Term more than 3 yrs

Investment Knowledge:  Low  Medium  High

**ACCOUNT DETAILS**

Company / Business Name:

Certificate of Incorporation Number:  TIN:

Date of Incorporation/Registration:  License Number:

Jurisdiction of Incorporation:

Parent Company's Country of Incorporation (if any):

Type / Nature of Business:

Sector / Industry:

Principal Place of Business:

Company Postal Address:

Digital Address (GhanaPost GPS):  Email Address:

Website Address (if any):

Contact Number 1:  Contact Number 2:

**SIGNATORY 1**

Title:  Mr.  Mrs.  Ms.  Dr.  Prof.      TIN:

Surname:       First Name & Other Names:

Date of Birth:       Maiden Name:

Place of Birth:       Marital Status:  Single  Married  Divorced  Widowed

Gender:  Male  Female      Name of Spouse if Married:

Mother's Maiden Name:       Contact Number:

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

Country of Origin:       Country of Residence:

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

Residence Permit Number	Place of Issue	Permit Issue Date	Permit Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of ID: <input type="text"/>	ID Number: <input type="text"/>		
Place of Issue: <input type="text"/>	Date of Issue: <input type="text"/>	Date of Expiration: <input type="text"/>	
Job Title: <input type="text"/>			
Email Address: <input type="text"/>			

Residential Address:

Signature: .....

**SIGNATORY 2**

Title:  Mr.  Mrs.  Ms.  Dr.  Prof. TIN:

Surname:  First Name & Other Names:

Date of Birth:  Maiden Name:

Place of Birth:  Marital Status:  Single  Married  Divorced  Widowed

Gender:  Male  Female Name of Spouse if Married:

Mother's Maiden Name:  Contact Number:

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

Country of Origin:  Country of Residence:

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

Residence Permit Number  Place of Issue  Permit Issue Date  Permit Expiry Date

Type of ID:  ID Number:

Place of Issue:  Date of Issue:  Date of Expiration:

Job Title:

Email Address:

Residential Address:

Signature: .....

**SIGNATORY 3**

Title:  Mr.  Mrs.  Ms.  Dr.  Prof. TIN:

Surname:  First Name & Other Names:

Date of Birth:  Maiden Name:

Place of Birth:  Marital Status:  Single  Married  Divorced  Widowed

Gender:  Male  Female Name of Spouse if Married:

Mother's Maiden Name:  Contact Number:

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

Country of Origin:  Country of Residence:

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

Residence Permit Number  Place of Issue  Permit Issue Date  Permit Expiry Date

Type of ID:  ID Number:

Place of Issue:  Date of Issue:  Date of Expiration:

Job Title:

Email Address:

Residential Address:

Signature: .....

**TURNOVER**

Monthly Turnover (GHS):  Below 10,000  10,000-100,000  100,000  Above 10 million

Annual Turnover (GHS):  Below 10,000  10,000-100,000  100,000  Above 10 million



**CHECK AND SIGN APPROPRIATE DISCLOSURE**

**PRODUCT AGREEMENT - INVESTCORP TREASURY SECURITIES FUND:**

A low risk product investing in high quality Treasury securities

- Minimum lump sum investment of GH¢ 1,000.00 or minimum opening balance of GH¢ 100 for direct debits
- Unrestricted entry and exit with five (5) working days' notice required for redemptions
- Competitive management and expense fees

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First Applicant's Signature

D	D	M	M	Y	Y	Y	Y
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*NB: Past performance does not guarantee future returns*

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Second Applicant's Signature

D	D	M	M	Y	Y	Y	Y
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**CHECK AND SIGN APPROPRIATE DISCLOSURE**

**PRODUCT AGREEMENT - INVESTCORP MONEY MARKET FUND:**

A low risk product investing in high quality short-term securities including treasury bills, commercial paper and CDs

- Unrestricted entry and exit, with just a working days' notice required for redemptions
- Competitive management and expense fees
- Minimum lump sum investment of GH¢ 1,000 or minimum opening balance of GH¢100 for direct debit clients

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First Applicant's Signature

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*NB: Past performance does not guarantee future returns*

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Second Applicant's Signature

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**CHECK AND SIGN APPROPRIATE DISCLOSURE**

**PRODUCT AGREEMENT - INVESTCORP MID-TIER FUND:**

A unique high yielding debt and preferred equity fund that combines the features of a traditional asset management product with advisory services

- Competitive management and expense fees
- Redemptions are paid within five (5) business days
- Minimum lump sum investment of GH¢ 5,000 or minimum opening balance of GH¢ 100 for direct debit clients

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First Applicant's Signature

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*NB: Past performance does not guarantee future returns*

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Second Applicant's Signature

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**CHECK AND SIGN APPROPRIATE DISCLOSURE**

**PRODUCT AGREEMENT - INVESTCORP WELFARE / BENEFITS FUND:**

Managed investment schemes for employees, groups and associations

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First Applicant's Signature

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*NB: Past performance does not guarantee future returns*

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Second Applicant's Signature

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**CHECK AND SIGN APPROPRIATE DISCLOSURE**

**PRODUCT AGREEMENT - INSTITUTIONAL FUND MANAGEMENT:**

An investment portfolio that is managed according to an agreed mandate

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First Applicant's Signature

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*NB: Past performance does not guarantee future returns*

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Second Applicant's Signature

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**CHECK AND SIGN APPROPRIATE DISCLOSURE**

**PRODUCT AGREEMENT - INVESTCORP ACTIVE EQUITY FUND:**

A Fund that tracks the performance of a model portfolio that is constructed based on carefully selected stocks that trade on the Ghana Stock Exchange (GSE)

- Minimum lump sum investment of GH¢ 1,000 or minimum opening balance of GH¢200 for direct debit clients
- Unrestricted entry and exit with five (5) working days notice required for redemptions
- Competitive management and expense fees

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**First Applicant's Signature**

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**Second Applicant's Signature**

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*NB: Past performance does not guarantee future returns*

**STATEMENT SERVICES**

Mode of Statement Delivery:  Email  Collection  
Statement Frequency: Sent Quarterly (default)  On Demand

**EXPECTED ACCOUNT ACTIVITY**

Source of Funds:  Proceeds from business  Other  
If Other, please specify: \_\_\_\_\_ Initial Investment Amount: \_\_\_\_\_  
**Anticipated Investment Activity**  
Top-ups:  Monthly  Quarterly  Bi-Annually  Annually Other Frequency: \_\_\_\_\_  
Withdrawals:  Monthly  Quarterly  Bi-Annually  Annually Other Frequency: \_\_\_\_\_  
Anticipated Investment Amount: \_\_\_\_\_ Regular Top-up Amount (Expected): \_\_\_\_\_ Regular Withdrawal Amount (Expected): \_\_\_\_\_

**MANDATE TO OPERATE ACCOUNT**

Account Holder(s) Authorization/Signature(s):  One to Sign  Two to Sign  Three to Sign  
Name of Signatory 1: \_\_\_\_\_ Name of Signatory 2: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Signatory 3: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVALS**

Relationship Manager:	_____	Signature: .....	Date: _____
Processed by:	_____	Signature: .....	Date: _____
Position:	_____		
Reviewed and Approved by:	_____	Signature: .....	Date: _____
Position:	_____		

**High Risk Account Authorized / Approved by Executive / CEO**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**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)

**EMAIL INDEMNITY**

We / I,

Of

Authorize InvestCorp Asset Management LTD. InvestCorp of #15 Wawa Drive, North Dzorwulu, P.O. Box GP 22493 Accra to deal with our / my investment portfolio at InvestCorp and carry out all investment instructions given by us / me through email via the following e-mail address only:

That we / I shall call you on telephone and confirm our / my instruction to you within thirty (30) minutes of giving investment instruction to you through the above stated e-mail address;

We / I authorize you after receiving our / my confirmation to deal with our / my investment account and execute all instructions given to you by us / me through our / my said email address above;

That in dealing with our / my investment portfolio and carrying out all investment instructions given to you through above stated email address;

WE / I UNDERTAKE to completely indemnify and hold harmless and absolve you InvestCorp, from all forms of loss, liability, claim or damage that might be incurred by you or made against you and / or us / me as a result of authorizing you through email.

We / I shall at our / my own expense defend any action or claim that any third party or person may bring against you in the event that you rely on our / my instruction and there is any loss.

**DECLARATION**

We / I,

hereby declare that all the information submitted by us / me in this form is correct, true and valid, that by our / my request, to open and maintain securities account(s) in our / my name and undertake to notify InvestCorp of any changes to our / my particulars or information as may be necessary.

We / I also declare that we have read thoroughly and understood the contents of this application and have given our / my consent by virtue of our / my signature(s) on this form. We / I consent that investment decisions are our / my prerogative without sole reliance on the investment advice received from InvestCorp. InvestCorp accepts no liability for any direct or consequential loss arising from my/our decision.

We / I also declare that all debits incurred on our / my securities account(s) by virtue of our / my trade orders shall be settled by us / me accordingly.

Name:

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:

**ACCOUNT OPENING CHECKLIST (LIMITED LIABILITY)**

- 1. A copy of the regulations of the company duly certified
- 2. A signed Board resolution that a specific account e.g. investment account, be opened with InvestCorp Asset Management Limited
- 3. A copy of the company's certificate of incorporation duly certified
- 4. A copy of company's certificate to commence business duly certified
- 5. A copy of Form 3 (particulars of the directors) of the company
- 6. An official personal identification number or other unique identifier contained in an unexpired official document (e.g. Passport, National ID, Voter's ID card, Residence Permit, Driver Licence) of signatories
- 7. Completed mandate card of the company's representative/signatory to the account

**SOLE PROPRIETOR**

- 1. Certificate of registration
- 2. Completed signature cards (enclosed)
- 3. One recent passport sized photograph
- 4. Utility bills (Or any other form of document identifying/establishing residential location)
- 5. Power of Attorney

**FOR OFFICIAL USE ONLY**

*Does 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  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:

