

CORPORATE ACCOUNT

OPENING PACK

Innovation | Integrity | Leadership

PRODUCT TYPE	
	y Securities Fund InvestCorp Mid-Tier Fund InvestCorp Welfare / Benefits Fund
InvestCorp Money I	Market Fund InvestCorp Active Equity Fund Institutional Fund Management
Other (Please Spec	ify)
ENTITY TYPE	
Private Limited Lia	bility Company Public Limited Liability Company Partnership Sole Proprietor
Company Limited b	by Guarantee Managed Investment fund/Pensions State Owned / Government / Ministry / Agency
Other (Please Spec	ify)
CLIENT INVESTMENT PR	OFILE
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:	
Date of Incorporation/	D D M M Y Y Y License Number: Image: Comparison of the second
Registration: 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:	D M Y Y Y Maiden Name:
Place of Birth:	Marital Status: Single Married Divorced Widowed
Gender: Mother's Maiden	if Married:
Name:	Contact Number: _ _ _ _ _ _ _ _
Residential Status:	Resident Ghanaian Resident Foreigner Non-Resident Ghanaian Non-Resident Foreigner
Country of Origin:	Country of Residence:
Residence Permit Numb	
Type of ID:	ID Number:
Place of Issue:	Date of Issue: D D M M Y Y Y Date of Expiration: D D M M Y Y
Job Title:	
Email Address:	

Residential Address:			
Signature:			
SIGNATORY 2			
Title:	Mr. Mrs. Ms. Dr.	Prof. TIN: First Name &	
Surname:		Other Names:	
Date of Birth:	D D M M Y Y Y Y	Maiden Name:	
Place of Birth:		Marital Status:	Single Married Divorced Widowed
Gender:	Male Female Name of Sif Married		
Mother's Maiden Name:		Contact Number:	
Residential Status:	Resident Ghanaian Resident For	eigner Non-Re	esident Ghanaian Non-Resident Foreigner
Country of Origin:		Country of Residence:	
	is not Ghana, please provide the following:		
Residence Permit N	umber Place of Issue	Permit Issue D	ate Permit Expiry Date
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Type of ID:		ID Number:	
Place of Issue:	Date of Issue	D D M M Y Y Y	Y Date of Expiration: D D M Y Y Y
Job Title:			
Email Address:			
Residential Address:			
Signature:			
SIGNATORY 3			
Title:	Mr. Mrs. Ms. Dr.	Prof. TIN: First Name &	
Surname:		First Name & Other Names:	
Surname: Date of Birth:	Mr. Mrs. Ms. Dr.	First Name & Other Names: Maiden Name:	
Surname:		First Name & Other Names: Maiden Name: Marital Status:	Single Married Divorced Widowed
Surname: Date of Birth: Place of Birth: Gender:		First Name & Other Names: Maiden Name: Marital Status:	Single Married Divorced Widowed
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Surname: Date of Birth: Place of Birth: Gender: Mother's Maiden	D M Y Y Y Male Female Name of 5	First Name & Other Names: Maiden Name: Marital Status:	Single Married Divorced Widowed Widowed
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BANK ACCOUNT DE	TAILS
Bank Name:	
Account Name:	
Account Number:	Bank Branch:
	UTIVE / TRUSTEE / ADMIN
DIRECTORS / EXEC	First Name &
Surname:	Other Names:
Type of ID/ Number:	PEP Status: Contact Number:
	Yes/No
Surname:	First Name &
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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 	
First Applicant's Signature	Second Applicant's Signature
D D M M Y Y Y Y	D D M M Y Y Y Y
NB: Past performance does not guarantee future returns	
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 	
First Applicant's Signature	Second Applicant's Signature
	D D M M Y Y Y Y
NB: Past performance does not guarantee future returns	
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 p	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	
	Second Applicant's Signature
• Minimum lump sum investment of GH¢ 5,000 or minimum opening balance of GH¢ 100 for direct debit clients	Second Applicant's Signature
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CHECK AND SIGN A	PPROPRIATE DISCLOSURE		
PRODUCT AG	REEMENT - INVESTCORP ACTIVE EQUITY FUND:		
A Fund that tracks t Exchange (GSE)	he performance of a model portfolio that is constructed b	ased on carefully selected stocks that	t trade on the Ghana Stock
 Unrestricted entry 	n investment of GH¢ 1,000 or minimum opening balance o and exit with five (5) working days notice required for red gement and expense fees		
First Applicant's			Second Applicant's Signature
D D M M Y	YYYY		D D M M Y Y Y Y
NB: Past performance does	not guarantee future returns		
STATEMENT SERVIC	CES		
Mode of Statement Delivery:	Email Collection		
Statement Frequency:	Sent Quarterly (default) On Demand		
Source of Funds:	Proceeds from business Other		
If Other, please		Initial Investment	
specify: Anticipated Investm	Lent Activity	Amount:	
Top-ups:	Monthly Quarterly Bi-Annually	Annually Other	
		C Cthor	
Withdrawals:	Monthly Quarterly Bi-Annually Regular Top-up	Annually Frequency	
Anticipated Investment Amount:	Amount (Expected):	Amount (Expected):	
MANDATE TO OPER Account Holder(s)			
Authorization/ Signature(s):	One to Sign Two to Sign T	hree to Sign	
Name of Signatory 1		Name of Signatory 2	
Signature:		Signature:	D D M M Y Y Y Y
Name of Signatory 3			
Signature:			
APPROVALS Relationship			
Manager:		Signature:	D D M M Y Y Y
Processed by:		Signature:	Date: D D M M Y Y Y Y
Position:			
Reviewed and Approved by:		Signature:	Date: D D M M Y Y Y Y
Position:			
High Risk Account A	uthorized / Approved by Executive / CEO		
Name:		Signature:	Date: D D M M Y Y Y Y
Comments:			

FOR DEPOSITORY PARTICIPANT USE ONLY				
Have you bought a security such as Tre shares etc before?	asury bill, bond 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,	W	e	/	١,
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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: D D M M Y Y Y Y
CUSTOMER RISK PROFILE		
Client Verification / Screening: Level of Risk: Low Medium High		
Nature of High Risk PEP Non-Resident		
High Risk Business (Refer to guide)	State nature of business:	
High Risk Country	State Country:	
ACCOUNT OPENING CHECKLIST (LIMITED LIABILITY)		
 A copy of the regulations of the company duly certified A signed Board resolution that a specific account e.g. investm 	ent account, be opened	

3. A copy	y of the compa	ny's certificate	of incorporati	on duly certified

with InvestCorp Asset Management Limited

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	cial in Ghana Yes No
If yes to any above, please specify name (if not the applicant) 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 (if not the applicant) and nature of the position:



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