



INDIVIDUAL / JOINT / ITF ACCOUNT

OPENING PACK

Innovation | Integrity | Leadership

Photograph

Account Number

Account Number input field

ITF (In Trust For) minors (children under 18 years)

Name(s) input field

CATEGORY OF INVESTMENT

Investment category selection: Individual, Joint, ITF, InvestCorp Treasury, Mid-Tier, Private Wealth, Money Market, Active Equity, Other

CLIENT INVESTMENT PROFILE

Investment Purpose, Risk Tolerance, Investment Horizon, Knowledge input fields

FIRST APPLICANT

Personal details: Title, Surname, Date of Birth, Place of Birth, Gender, Spouse, Mother's Name, Residential Status, Country of Origin/Residence

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

Residence Permit details: Number, Place of Issue, Issue Date, Expiry Date

Occupation, Address, Digital Address, Email, Mobile Numbers, ID, Date of Issue/Expiration

Emergency Contact:

Contact Name, Relationship, Contact Number

Status, Total Years of Employment, Total Monthly Income selection

NB: Income includes salary and other income / cash inflow

Employer / Business/ School Name:

Employer / Business/ School Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City/Town: Nature of Business:

Business/School/ Office Email:

Business/School/ Office Contact No. 1: Business / School/ Office Contact No. 2:

Signature:

SECOND APPLICANT / IN TRUST FOR (ITF)

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:

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

Occupation: Profession: Input Professional Licence Number (If Applicable)

Residential Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City/Town: Email Address:

Postal Address:

Mobile Number 1: Mobile Number 2:

Type of ID: ID Number:

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

Emergency Contact:

Contact Name:

Relationship to client: Contact Number:

Status: Employed Self-employed Unemployed Retired Student

Total Years of Employment: Years of Current Employment: Years of Previous Employment:

Total Monthly Income: Below 1,000 1,001 - 5,000 5,000-10,000 Above 10,000

NB: Income includes salary and other income / cash inflow

Employer / Business/ School Name:

Employer / Business/ School Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City/Town: Nature of Business:

Business/School/ Office Email:

Business/School/ Office Contact No. 1: Business / School/ Office Contact No. 2:

Signature:

CHECK AND SIGN APPROPRIATE DISCLOSURE

PRODUCT AGREEMENT - INVESTCORP TREASURY SECURITIES FUND:

A low risk product investing in high quality treasury and treasury backed securities

- Minimum lump sum investment of GH¢ 1,000.00 or minimum opening balance of GH¢ 100 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

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 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¢ 5,000 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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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 PRIVATE WEALTH SUITE:

Tailored products and investment strategies targeted at High Net-Worth Individuals and their Families, Foundations and Entrepreneurs
Individual mandates specify features for each portfolio.

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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

D	D	M	M	Y	Y	Y	Y
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STATEMENT SERVICES

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

EXPECTED ACCOUNT ACTIVITY

Source of Funds: Salary Proceeds from Business Inheritance/Gifts Personal Savings Others
 If Other, please specify: _____ Initial Investment Amount: _____

Anticipated Investment Activity

Top-ups: Monthly Quarterly Bi-Annually Annually Others _____
 Withdrawals: Monthly Quarterly Bi-Annually Annually Others _____
 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 Four to Sign
 Name of Signatory 1 _____ Name of Signatory 2 _____
 Signature: [D][D][M][M][Y][Y][Y][Y] Signature: [D][D][M][M][Y][Y][Y][Y]
 Name of Signatory 3 _____ Name of Signatory 4 _____
 Signature: [D][D][M][M][Y][Y][Y][Y] Signature: [D][D][M][M][Y][Y][Y][Y]

APPROVALS

Relationship Manager: _____ Signature: Date: [D][D][M][M][Y][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 Authorized / Approved by Executive / CEO

Name: _____ Signature: Date: [D][D][M][M][Y][Y][Y][Y]
 Comments: _____

EMAIL INDEMNITY

We / I, _____
 Of _____

Authorize InvestCorp Asset Management LTD. InvestCorp of #15 Wawa Drive, North Dzorzulu, 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:

MOBILE MONEY

Mobile Money Number:

CUSTOMER RISK ANALYSIS

Determining the time frame for your investment is critical to making an investment decision, the longer your investment horizon, the more aggressive you may want to be.

Your investment time frame

1. In approximately how many years will you require gains from your investment?

- 0 to 1½ year 2 to 3 years 4 years and above

2. Do you have an emergency fund (Accumulated savings)?

- No Yes, but less than six months after-tax income Yes, I have adequate emergency funds

Your prior investment experience can help determine your attitude toward investment risk.

3. Have you ever invested in individual stocks or equity funds?

- No, and I would be uncomfortable with the risk if I did
- No, but I would be comfortable with the risk if I did
- Yes, but I was uncomfortable with the risk
- Yes, and I felt comfortable with the risk

Your comfort level with investment risk influences how aggressively or conservatively you may choose to invest and it should be balanced with your desire to achieve your investment goals.

4. Which one of the following statements best describes your feelings about investment risk?

- I would only select investments that have a low degree of risk associated with them (i.e. it is unlikely I will lose my original investment)
- I prefer to select mixed investments with emphasis on those with a low degree of risk and a small portion in others that have a higher degree of risk that may yield greater returns
- I prefer to select a balanced mix of investments - some that have low degree of risk, others that have a higher degree of risk that may yield greater returns
- I prefer to select an aggressive mix of investments which exhibit a low degree of risk, but with emphasis on others that have a high degree of risk that may yield greater returns
- I would select an investment that has only a high degree of risk and a greater potential for higher returns

5. Volatility

The value of most investments fluctuate over time. How would you feel if an investment you had committed to for three years or more lost some of its value during the first year.

- (a) I would be extremely concerned and would sell my investment
- (b) I would be concerned and may consider selling my investment
- (c) I would be concerned, but I would not consider selling my investment
- (d) I would not be overly concerned given my long-term investment philosophy

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

- | | |
|--|--------------------------|
| 1. Completed Account Opening Pack | <input type="checkbox"/> |
| 2. Valid national identification document of each signatory to the account
(Passport, National ID, Driver Licence, Voter's ID card) | <input type="checkbox"/> |
| 3. Minimum initial investment | <input type="checkbox"/> |
| 4. Completed mandate card | <input type="checkbox"/> |
| 5. One (1) passport photograph | <input type="checkbox"/> |
| 6. Complete verification of account holder's address | <input type="checkbox"/> |

FOR OFFICIAL USE ONLY

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:

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:

Are you a citizen of any foreign country (besides Ghana)? Yes No

Do you hold passport of any foreign country (besides Ghana)? Yes No

Do you hold green card of any foreign country (besides Ghana)? Yes No

Are you resident in any foreign country? Yes No

Have you spent more than 183 days in any foreign country? Yes No

If the responses to any of the above questions is Yes, please provide the following information:

Full Name:

Foreign Residential Address:



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