



# Republic Securities (Ghana) Limited

## APPLICATION FORM

COMPANY       PARTNERSHIP       SOLE PROPRIETORSHIP

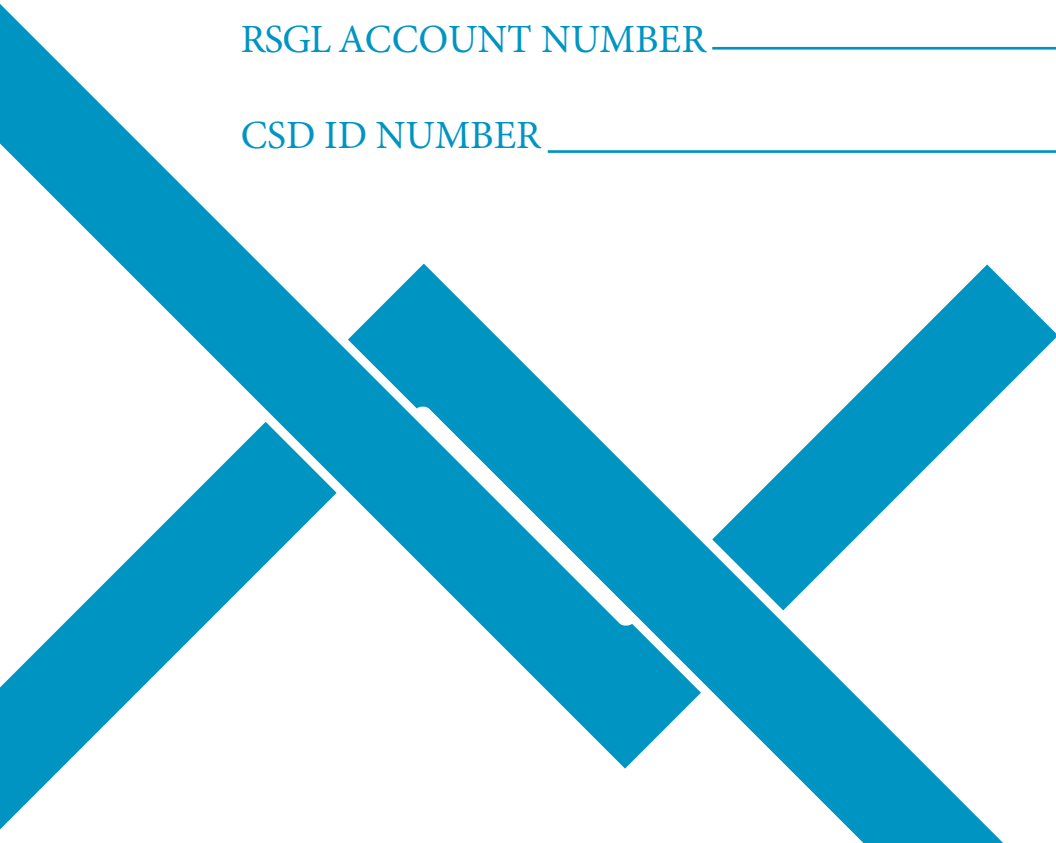
ASSOCIATIONS       CLUBS       OTHERS

EQUITY       FIXED INCOME       OTHERS

ACCOUNT NAME \_\_\_\_\_

RSGL ACCOUNT NUMBER \_\_\_\_\_

CSD ID NUMBER \_\_\_\_\_





## REQUIREMENTS FOR OPENING AN ACCOUNT

PLEASE FILL WITH BLACK INK

Please complete all relevant portions of the application form and return this form along with the originals copies of the following documents for sighting only.

1. COMPLETED ACCOUNT OPENING FORM
- 2A. CERTIFICATE OF COMMENCEMENT OF BUSINESS
- 2.B. COMPANY REGULATIONS
2. C. FORM 3 (PARTICULARS OF DIRECTORS AND SECRETARY)
3. RESOLUTION OF DIRECTORS AUTHORIZING THE COMPANY TO INVEST
4. ONE (1) PASSPORT –SIZE PHOTOGRAPH FOR EACH SIGNATORY
5. PROOF OF IDENTITY i.e PASSPORT, DRIVER’S LICENSE, VOTER’S ID, NATIONAL ID, SSNIT CARD FOR EACH SIGNATORY
6. PROOF OF RESIDENCE FOR EACH SIGNATORY
7. MINIMUM INITIAL DEPOSIT
8. TIN (TAX IDENTIFICATION NUMBER) OF EACH SIGNATORY
9. RESIDENT PERMIT (FOREIGNERS ONLY)

## SECTION 1

TYPE OF ACCOUNT:  COMPANY  PARTNERSHIP  SOLE PROPRIETORSHIP  ASSOCIATIONS  CLUBS  OTHERS

Institution: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Company TIN: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Certificate of Commencement of Business: Date \_\_\_\_\_  
dd/mm/yy

## ADDRESS

Company Location: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Digital Address \_\_\_\_\_

Country of Incorporation: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Tel No: \_\_\_\_\_

## CONTACT PERSON

|                   |  |
|-------------------|--|
| Surname _____     | Postal Address _____   |
| First Name _____  | Email _____  |
| Middle Name _____ | Nationality _____  |
| Maiden Name _____ | ID: <input type="checkbox"/> Voters ID <input type="checkbox"/> Passport <input type="checkbox"/> National ID <input type="checkbox"/> Driver's License <input type="checkbox"/> SSNIT |
| Position _____    | Card _____   |
| Tel. No _____     | ID No _____  |
|                   | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er                                    |

## INITIAL PAYMENT DETAILS

Amount (GHc) \_\_\_\_\_

Mode of Payment  Cash  Transfer  Standing Order  Direct Debit  Mobile Money  Cheque: Bank \_\_\_\_\_ Cheque No. \_\_\_\_\_

Cheques must be made payable to the appropriate Account for which the Investment is being made. Please Note that returns on Investments in equities are not Guaranteed or Insured. Returns could fluctuate depending on prevailing economic circumstances.

How did you hear about Republic Securities?  
 Referral  Advert  Presentation  Other (Specify) \_\_\_\_\_

## SECTION 2

|                  |  |  |
|------------------|--|--|
| Source of Funds  | Investment Returns / proceeds <input type="checkbox"/> | Proceeds from services(s) <input type="checkbox"/> |
|                  | Trust Fund <input type="checkbox"/>                    | Others (Specify): _____                            |
| Mode of Payments | Cash <input type="checkbox"/>                          | Cheque <input type="checkbox"/>                    |
|                  | Standing Order <input type="checkbox"/>                | Transfer <input type="checkbox"/>                  |
|                  | Direct Debit <input type="checkbox"/>                  | Mobile Money <input type="checkbox"/>              |
|                  | Estimated No. of Transaction per Month                 | Amount (GHc)                                       |
| Deposits         |  |  |
| Withdrawals      |  |  |

## SECTION 3: Documentation (Please tick each document submitted)

| COMPANY   | SOLE PROPRIETORSHIP/<br>PARTNERSHIP   | CLUB/ ASSOCIATION/<br>RELIGIOUS ORGANIZATION  |
|---|---|---|
| <input type="checkbox"/> Certificate of Incorporation<br><input type="checkbox"/> Certificate of Commencement of Business<br><input type="checkbox"/> Form 3 (from Registrar General Dept.)<br><input type="checkbox"/> Company Regulations<br><input type="checkbox"/> Letter of Resolutions from Directors<br><input type="checkbox"/> Proof of residence of Signatories<br><input type="checkbox"/> Valid Photo ID of Signatories<br><input type="checkbox"/> One(1) Passport Size Photograph for each Signatory | <input type="checkbox"/> Certification of Incorporation (Limited Liability Partnership)<br><input type="checkbox"/> Certificate of Registration<br><input type="checkbox"/> Form A<br><input type="checkbox"/> Partnership Deed (Partnership)<br><input type="checkbox"/> Valid Photo ID of Signatories<br><input type="checkbox"/> Proof of Residence of Signatories | <input type="checkbox"/> Certificate of Registration<br><input type="checkbox"/> Constitution/ Acts/ Rules<br><input type="checkbox"/> Form 3 (From Registrar General's Dept.)<br><input type="checkbox"/> Letter of Resolution from Executives<br><input type="checkbox"/> Valid Photo ID of Signatories<br><input type="checkbox"/> Proof of Residence of Signatories |

| SECTION 4: INVESTMENT PROFILE      |   |   |  |   |
|------------------------------------|---|---|--|---|
| Investment Horizon                 | Less than a year <input type="checkbox"/> | 1-3 years <input type="checkbox"/>      | 4-10 years <input type="checkbox"/>        | More than 10 years <input type="checkbox"/> |
| Use of money in Investment program | Financial Asset <input type="checkbox"/>  | Transaction <input type="checkbox"/>    | Property Purchase <input type="checkbox"/> | Other (Specify)                             |
| Investment Objective               | Income <input type="checkbox"/>           | Capital Growth <input type="checkbox"/> | Balance <input type="checkbox"/>           | Others (specify)                            |

**AML CUSTOMER RISK RATING FOR OFFICIAL USE ONLY**

|  | Score column | Yes/ No | Extended Score |   | Score column | Yes/ No | Extended Score |
|--|--------------|---------|----------------|---|--------------|---------|----------------|
| 1. The customer meets the PEP qualifying criteria and currently holds the position in public office or has been out of office for less than 5 years  | 5            |         |                | 11. The customer is categorized as an "accountable institution" who does not meet the requirements under PART C Section 4.5 of the SEC AML/ CFT Guidelines.                         | 5            |         |                |
| 2. The PEP has been out of Public Office for 5 years or more and less than 10 years and still actively involved in politics.   | 5            |         |                | 12. The business is categorized as a Club/ Association/ NPO/ NGO  | 5            |         |                |
| 3. The PEP has been out of public office for more than 10 years or more and still actively involved in politics.   | 5            |         |                | 13. The customer is represented by another person via Power of Attorney   | 4            |         |                |
| 4. The PEP has not been out of office for 5 years or more but less than 10 years and not public or otherwise known to be influential or still active in the political arena.                                 | 3            |         |                | 14. The customer is a non resident in Ghana   | 5            |         |                |
| 5. The PEP has been out of office for 10 years or more and is not publicly or otherwise known to be influential or still active in the political arena   | 1            |         |                | 15. The beneficial owner(s) and/ or ownership structures are difficult to identify and/ or verify   | 4            |         |                |
| 6. The customer is a relative or close associate of the PEP as identified in question 1,2 and 3. (eg. spouse , partner, child , parent, joint account holder and associate).                                 | 5            |         |                | 16. The beneficial owner(s) of the account is/are National(s) of a listed high- risk country  | 5            |         |                |
| 7. The customer is a relative or close associate of a PEP who has been out of office for 5 years or more but less than 10 years. (eg. spouse , partner, child , parent, joint account holder and associate). | 3            |         |                | 17. The customer is conducting a business with a high risk country and utilizes one or more of the following products or services: wire transfer, foreign drafts, letters of credit | 5            |         |                |
| 8. The customer is a relative or close associate of a PEP who has been put out of office for 10 years or more. (eg. spouse , partner, child , parent, joint account holder and associate).                   | 1            |         |                | 18. The customer/ Business entity is registered in a foreign country with no local operations.  | 5            |         |                |
| 9. The customer is an Attorney/ Accountant who performs the specific functions which would qualify them as an accountable institution.   | 5            |         |                | 19. The source of funding or declared income for the accounts CANNOT be determined.   | 5            |         |                |
| 10. The customer is a High Net Worth and/ or other wealth management customer with cumulative balances of over GH¢ 2,500,000.00 monthly.   | 5            |         |                | 20. The customer is engaged in Large and / or frequent wire in/ wire out of inland online transfer.   | 5            |         |                |
| SUB TOTAL  |              |         |                | 21. The account held by the Club/ Association/ NPO/ NGO is Dormant  | 2            |         |                |
|  |              |         |                | SUB TOTAL   |              |         |                |
|  |              |         |                | TOTAL   |              |         |                |

NOTE: a) for each "Yes" response, the value in the scores column is to be used  
 b) for each "No" response, a value of zero (0) is to be used

| SCORE LEGEND |            |
|--------------|------------|
| Risk Rating  | Score      |
| High Risk    | ≥ 5        |
| Medium Risk  | 3 and 4    |
| Low Risk     | 0, 1 and 2 |

Officer's comments

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Attended to by:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Account set up by:

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

Supervised by:

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

Compliance Review:

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**DETAILS OF DIRECTOR**

 Title Mr.  Mrs.  Ms.  Dr.  Prof.  Hon.  Rev.  Others (specify) \_\_\_\_\_

 Gender M  F 

Date of Birth (dd/mm/yy) \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_ Other Name(s) \_\_\_\_\_

Previous Name (if applicable) \_\_\_\_\_

TIN \_\_\_\_\_

Residential Address \_\_\_\_\_

Digital Address \_\_\_\_\_

Nationality \_\_\_\_\_

Country of Residence \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

 Marital Status Single  Married  Divorced  Widow/er 

Identification

 Voters ID  Driver's License  Passport  National ID  SSNIT Card

ID No. \_\_\_\_\_

FOREIGNERS ONLY

Resident Permit No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**DETAILS OF DIRECTOR**

 Title Mr.  Mrs.  Ms.  Dr.  Prof.  Hon.  Rev.  Others (specify) \_\_\_\_\_

 Gender M  F 

Date of Birth (dd/mm/yy) \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_ Other Name(s) \_\_\_\_\_

Previous Name (if applicable) \_\_\_\_\_

TIN \_\_\_\_\_

Residential Address \_\_\_\_\_

Digital Address \_\_\_\_\_

Nationality \_\_\_\_\_

Country of Residence \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

 Marital Status Single  Married  Divorced  Widow/er 

Identification

 Voters ID  Driver's License  Passport  National ID  SSNIT Card

ID No. \_\_\_\_\_

FOREIGNERS ONLY

Resident Permit No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**SECTION 1: SIGNATORY 1**

Mr.  Mrs.  Ms.  Hon.  Dr.  Prof.  Rev.  Others (specify) \_\_\_\_\_

TIN \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Name/Address/ Tel No. of Employer: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow/er  
 Country of Residence: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Digital Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_

Nationality: \_\_\_\_\_  
 ID:  Voters ID  Passport  National ID  Driver's License  SSNIT Card  
 ID No. \_\_\_\_\_

CONTACT PERSON (IN CASE OF EMERGENCY)/AUTHORISED REPRESENTATIVE  
 Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Tel.: \_\_\_\_\_

**FOREIGNERS ONLY**  
 Resident Permit No. \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

**SECTION 2: INVESTMENT PROFILE**

|                           |                                      |   |  |                                       |
|---------------------------|--------------------------------------|---|--|---------------------------------------|
| Annual Gross Income (GH¢) | Below 2,000 <input type="checkbox"/> | 2,001- 10, 000 <input type="checkbox"/> | 10,001-50,000 <input type="checkbox"/> | Above 50,001 <input type="checkbox"/> |
| Knowledge of Investment   | Low <input type="checkbox"/>         | Medium <input type="checkbox"/>         | High <input type="checkbox"/>          |                                       |

**SECTION 3: RISK PROFILE**

|  |  |
|--|--|
| Conservative<br><input type="checkbox"/> | I am more concerned with preserving the value of my account than maximizing capital growth and can tolerate some decline in value through a market cycle.  |
| Moderate<br><input type="checkbox"/>     | I am more concerned with fluctuations in my portfolio, and the possibility of large declines in value in order to grow my portfolio over time.   |
| Aggressive<br><input type="checkbox"/>   | I am more concerned taking on high levels of risk and the possibility of large fluctuations and substantial decline in the value of my portfolio, in pursuit of higher level of appreciations in my portfolio over time. |

## AML CUSTOMER RISK RATING FOR OFFICIAL USE ONLY

|  | Score column | Yes/ No | Extended Score |   | Score column | Yes/ No | Extended Score |
|--|--------------|---------|----------------|---|--------------|---------|----------------|
| 1. The customer meets the PEP qualifying criteria and currently holds the position in public office or has been out of office for less than 5 years  | 5            |         |                | 11. The customer is categorized as an "accountable institution" who does not meet the requirements under PART C Section 4.5 of the SEC AML/ CFT Guidelines.                         | 5            |         |                |
| 2. The PEP has been out of Public Office for 5 years or more and less than 10 years and still actively involved in politics.   | 5            |         |                | 12. The business is categorized as a Club/ Association/ NPO/ NGO  | 5            |         |                |
| 3. The PEP has been out of public office for more than 10 years or more and still actively involved in politics..  | 5            |         |                | 13. The customer is represented by another person via Power of Attorney   | 4            |         |                |
| 4. The PEP has not been out of office for 5 years or more but less than 10 years and not public or otherwise known to be influential or still active in the political arena.                                 | 3            |         |                | 14. The customer is a non resident in Ghana   | 5            |         |                |
| 5. The PEP has been out of office for 10 years or more and is not publicly or otherwise known to be influential or still active in the political arena   | 1            |         |                | 15. The beneficial owner(s) and/ or ownership structures are difficult to identify and/ or verify   | 4            |         |                |
| 6. The customer is a relative or close associate of the PEP as identified in question 1,2 and 3. (eg. spouse , partner, child , parent, joint account holder and associate).                                 | 5            |         |                | 16. The beneficial owner(s) of the account is/are National(s) of a listed high- risk country  | 5            |         |                |
| 7. The customer is a relative or close associate of a PEP who has been out of office for 5 years or more but less than 10 years. (eg. spouse , partner, child , parent, joint account holder and associate). | 3            |         |                | 17. The customer is conducting a business with a high risk country and utilizes one or more of the following products or services: wire transfer, foreign drafts, letters of credit | 5            |         |                |
| 8. The customer is a relative or close associate of a PEP who has been put out of office for 10 years or more. (eg. spouse , partner, child , parent, joint account holder and associate).                   | 1            |         |                | 18. The customer/ Business entity is registered in a foreign country with no local operations.  | 5            |         |                |
| 9. The customer is an Attorney/ Accountant who performs the specific functions which would qualify them as an accountable institution.   | 5            |         |                | 19. The source of funding or declared income for the accounts CANNOT be determined.   | 5            |         |                |
| 10. The customer is a High Net Worth and/ or other wealth management customer with cumulative balances of over GH¢ 2,500,000.00 monthly.   | 5            |         |                | 20. The customer is engaged in Large and / or frequent wire in/ wire out of inland online transfer.   | 5            |         |                |
| SUB TOTAL  |              |         |                | 21. The account held by the Club/ Association/ NPO/ NGO is Dormant  | 2            |         |                |
|  |              |         |                | SUB TOTAL   |              |         |                |
|  |              |         |                | TOTAL   |              |         |                |

NOTE: a) for each "Yes" response, the value in the scores column is to used  
 b) for each "No" response, a value of zero (0) is to be used

| SCORE LEGEND |            |
|--------------|------------|
| Risk Rating  | Score      |
| High Risk    | ≥ 5        |
| Medium Risk  | 3 and 4    |
| Low Risk     | 0, 1 and 2 |

## SECTION 1: SIGNATORY 2

Mr.  Mrs.  Ms.  Hon.  Dr.  Prof.  Rev.  Others (specify) \_\_\_\_\_

TIN \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Name/Address/ Tel No. of Employer: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow/er  
 Country of Residence: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Digital Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_

Nationality: \_\_\_\_\_  
 ID:  Voters ID  Passport  National ID  Driver's License  SSNIT Card  
 ID No. \_\_\_\_\_  
 FOREIGNERS ONLY  
 Resident Permit No. \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

CONTACT PERSON (IN CASE OF EMERGENCY)/AUTHORISED REPRESENTATIVE  
 Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Tel.: \_\_\_\_\_

## SECTION 2: INVESTMENT PROFILE

|                           |                                      |   |  |                                       |
|---------------------------|--------------------------------------|---|--|---------------------------------------|
| Annual Gross Income (GH₵) | Below 2,000 <input type="checkbox"/> | 2,001- 10, 000 <input type="checkbox"/> | 10,001-50,000 <input type="checkbox"/> | Above 50,001 <input type="checkbox"/> |
| Knowledge of Investment   | Low <input type="checkbox"/>         | Medium <input type="checkbox"/>         | High <input type="checkbox"/>          |                                       |

## SECTION 3: RISK PROFILE

|  |  |
|--|--|
| Conservative<br><input type="checkbox"/> | I am more concerned with preserving the value of my account than maximizing capital growth and can tolerate some decline in value through a market cycle.  |
| Moderate<br><input type="checkbox"/>     | I am more concerned with fluctuations in my portfolio, and the possibility of large declines in value in order to grow my portfolio over time.   |
| Aggressive<br><input type="checkbox"/>   | I am more concerned taking on high levels of risk and the possibility of large fluctuations and substantial decline in the value of my portfolio, in pursuit of higher level of appreciations in my portfolio over time. |

### AML CUSTOMER RISK RATING FOR OFFICIAL USE ONLY

|  | Score column | Yes/ No | Extended Score |   | Score column | Yes/ No | Extended Score |
|--|--------------|---------|----------------|---|--------------|---------|----------------|
| 1. The customer meets the PEP qualifying criteria and currently holds the position in public office or has been out of office for less than 5 years  | 5            |         |                | 11. The customer is categorized as an "accountable institution" who does not meet the requirements under PART C Section 4.5 of the SEC AML/ CFT Guidelines.                         | 5            |         |                |
| 2. The PEP has been out of Public Office for 5 years or more and less than 10 years and still actively involved in politics.   | 5            |         |                | 12. The business is categorized as a Club/ Association/ NPO/ NGO  | 5            |         |                |
| 3. The PEP has been out of public office for more than 10 years or more and still actively involved in politics..  | 5            |         |                | 13. The customer is represented by another person via Power of Attorney   | 4            |         |                |
| 4. The PEP has not been out of office for 5 years or more but less than 10 years and not public or otherwise known to be influential or still active in the political arena.                                 | 3            |         |                | 14. The customer is a non resident in Ghana   | 5            |         |                |
| 5. The PEP has been out of office for 10 years or more and is not publicly or otherwise known to be influential or still active in the political arena   | 1            |         |                | 15. The beneficial owner(s) and/ or ownership structures are difficult to identify and/ or verify   | 4            |         |                |
| 6. The customer is a relative or close associate of the PEP as identified in question 1,2 and 3. (eg. spouse , partner, child , parent, joint account holder and associate).                                 | 5            |         |                | 16. The beneficial owner(s) of the account is/are National(s) of a listed high- risk country  | 5            |         |                |
| 7. The customer is a relative or close associate of a PEP who has been out of office for 5 years or more but less than 10 years. (eg. spouse , partner, child , parent, joint account holder and associate). | 3            |         |                | 17. The customer is conducting a business with a high risk country and utilizes one or more of the following products or services: wire transfer, foreign drafts, letters of credit | 5            |         |                |
| 8. The customer is a relative or close associate of a PEP who has been put out of office for 10 years or more. (eg. spouse , partner, child , parent, joint account holder and associate).                   | 1            |         |                | 18. The customer/ Business entity is registered in a foreign country with no local operations.  | 5            |         |                |
| 9. The customer is an Attorney/ Accountant who performs the specific functions which would qualify them as an accountable institution.   | 5            |         |                | 19. The source of funding or declared income for the accounts CANNOT be determined.   | 5            |         |                |
| 10. The customer is a High Net Worth and/ or other wealth management customer with cumulative balances of over GH₵ 2,500,000.00 monthly.   | 5            |         |                | 20. The customer is engaged in Large and / or frequent wire in/ wire out of inland online transfer.   | 5            |         |                |
| SUB TOTAL  |              |         |                | 21. The account held by the Club/ Association/ NPO/ NGO is Dormant  | 2            |         |                |
|  |              |         |                | SUB TOTAL   |              |         |                |
|  |              |         |                | TOTAL   |              |         |                |

NOTE: a) for each "Yes" response, the value in the scores column is to be used  
b) for each "No" response, a value of zero (0) is to be used

| SCORE LEGEND |            |
|--------------|------------|
| Risk Rating  | Score      |
| High Risk    | ≥ 5        |
| Medium Risk  | 3 and 4    |
| Low Risk     | 0, 1 and 2 |



**SECTION 1: SIGNATORY 3**
 Mr.  Mrs.  Ms.  Hon.  Dr.  Prof.  Rev.  Others (specify) \_\_\_\_\_

TIN \_\_\_\_\_  
Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Name/Address/ Tel No. of Employer: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow/er  
Country of Residence: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Digital Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_

Nationality: \_\_\_\_\_  
ID:  Voters ID  Passport  National ID  Driver's License  SSNIT Card  
ID No. \_\_\_\_\_

**CONTACT PERSON (IN CASE OF EMERGENCY)/AUTHORISED REPRESENTATIVE**  
Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Tel.: \_\_\_\_\_

**FOREIGNERS ONLY**

Resident Permit No. \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**SECTION 2: INVESTMENT PROFILE**

|                           |                                      |   |  |                                       |
|---------------------------|--------------------------------------|---|--|---------------------------------------|
| Annual Gross Income (GH¢) | Below 2,000 <input type="checkbox"/> | 2,001- 10, 000 <input type="checkbox"/> | 10,001-50,000 <input type="checkbox"/> | Above 50,001 <input type="checkbox"/> |
| Knowledge of Investment   | Low <input type="checkbox"/>         | Medium <input type="checkbox"/>         | High <input type="checkbox"/>          |                                       |

**SECTION 3: RISK PROFILE**

|  |  |
|--|--|
| Conservative<br><input type="checkbox"/> | I am more concerned with preserving the value of my account than maximizing capital growth and can tolerate some decline in value through a market cycle.  |
| Moderate<br><input type="checkbox"/>     | I am more concerned with fluctuations in my portfolio, and the possibility of large declines in value in order to grow my portfolio over time.   |
| Aggressive<br><input type="checkbox"/>   | I am more concerned taking on high levels of risk and the possibility of large fluctuations and substantial decline in the value of my portfolio, in pursuit of higher level of appreciations in my portfolio over time. |

**AML CUSTOMER RISK RATING FOR OFFICIAL USE ONLY**

|  | Score column | Yes/ No | Extended Score |   | Score column | Yes/ No | Extended Score |
|--|--------------|---------|----------------|---|--------------|---------|----------------|
| 1. The customer meets the PEP qualifying criteria and currently holds the position in public office or has been out of office for less than 5 years  | 5            |         |                | 11. The customer is categorized as an "accountable institution" who does not meet the requirements under PART C Section 4.5 of the SEC AML/ CFT Guidelines.                         | 5            |         |                |
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| 3. The PEP has been out of public office for more than 10 years or more and still actively involved in politics..  | 5            |         |                | 13. The customer is represented by another person via Power of Attorney   | 4            |         |                |
| 4. The PEP has not been out of office for 5 years or more but less than 10 years and not public or otherwise known to be influential or still active in the political arena.                                 | 3            |         |                | 14. The customer is a non resident in Ghana   | 5            |         |                |
| 5. The PEP has been out of office for 10 years or more and is not publicly or otherwise known to be influential or still active in the political arena   | 1            |         |                | 15. The beneficial owner(s) and/ or ownership structures are difficult to identify and/ or verify   | 4            |         |                |
| 6. The customer is a relative or close associate of the PEP as identified in question 1,2 and 3. (eg. spouse , partner, child , parent, joint account holder and associate).                                 | 5            |         |                | 16. The beneficial owner(s) of the account is/are National(s) of a listed high- risk country  | 5            |         |                |
| 7. The customer is a relative or close associate of a PEP who has been out of office for 5 years or more but less than 10 years. (eg. spouse , partner, child , parent, joint account holder and associate). | 3            |         |                | 17. The customer is conducting a business with a high risk country and utilizes one or more of the following products or services: wire transfer, foreign drafts, letters of credit | 5            |         |                |
| 8. The customer is a relative or close associate of a PEP who has been put out of office for 10 years or more. (eg. spouse , partner, child , parent, joint account holder and associate).                   | 1            |         |                | 18. The customer/ Business entity is registered in a foreign country with no local operations.  | 5            |         |                |
| 9. The customer is an Attorney/ Accountant who performs the specific functions which would qualify them as an accountable institution.   | 5            |         |                | 19. The source of funding or declared income for the accounts CANNOT be determined.   | 5            |         |                |
| 10. The customer is a High Net Worth and/ or other wealth management customer with cumulative balances of over GH¢ 2,500,000.00 monthly.   | 5            |         |                | 20. The customer is engaged in Large and / or frequent wire in/ wire out of inland online transfer.   | 5            |         |                |
| SUB TOTAL  |              |         |                | 21. The account held by the Club/ Association/ NPO/ NGO is Dormant  | 2            |         |                |
|  |              |         |                | SUB TOTAL   |              |         |                |
|  |              |         |                | TOTAL   |              |         |                |

NOTE: a) for each "Yes" response, the value in the scores column is to used  
b) for each "No" response, a value of zero (0) is to be used

| SCORE LEGEND |            |
|--------------|------------|
| Risk Rating  | Score      |
| High Risk    | ≥ 5        |
| Medium Risk  | 3 and 4    |
| Low Risk     | 0, 1 and 2 |

## SECTION 1: SIGNATORY 2

Mr.  Mrs.  Ms.  Hon.  Dr.  Prof.  Rev.  Others (specify) \_\_\_\_\_

TIN: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Name/Address/ Tel No. of Employer: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow/er  
 Country of Residence: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Digital Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_

Nationality: \_\_\_\_\_  
 ID:  Voters ID  Passport  National ID  Driver's License  SSNIT Card  
 ID No. \_\_\_\_\_  
 FOREIGNERS ONLY  
 Resident Permit No. \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

CONTACT PERSON (IN CASE OF EMERGENCY)/AUTHORISED REPRESENTATIVE  
 Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Tel.: \_\_\_\_\_

## SECTION 2: INVESTMENT PROFILE

|                           |                                      |   |  |                                       |
|---------------------------|--------------------------------------|---|--|---------------------------------------|
| Annual Gross Income (GH¢) | Below 2,000 <input type="checkbox"/> | 2,001- 10, 000 <input type="checkbox"/> | 10,001-50,000 <input type="checkbox"/> | Above 50,001 <input type="checkbox"/> |
| Knowledge of Investment   | Low <input type="checkbox"/>         | Medium <input type="checkbox"/>         | High <input type="checkbox"/>          |                                       |

## SECTION 3: RISK PROFILE

|  |  |
|--|--|
| Conservative<br><input type="checkbox"/> | I am more concerned with preserving the value of my account than maximizing capital growth and can tolerate some decline in value through a market cycle.  |
| Moderate<br><input type="checkbox"/>     | I am more concerned with fluctuations in my portfolio, and the possibility of large declines in value in order to grow my portfolio over time.   |
| Aggressive<br><input type="checkbox"/>   | I am more concerned taking on high levels of risk and the possibility of large fluctuations and substantial decline in the value of my portfolio, in pursuit of higher level of appreciations in my portfolio over time. |

### AML CUSTOMER RISK RATING FOR OFFICIAL USE ONLY

|  | Score column | Yes/ No | Extended Score |   | Score column | Yes/ No | Extended Score |
|--|--------------|---------|----------------|---|--------------|---------|----------------|
| 1. The customer meets the PEP qualifying criteria and currently holds the position in public office or has been out of office for less than 5 years  | 5            |         |                | 11. The customer is categorized as an "accountable institution" who does not meet the requirements under PART C Section 4.5 of the SEC AML/ CFT Guidelines.                         | 5            |         |                |
| 2. The PEP has been out of Public Office for 5 years or more and less than 10 years and still actively involved in politics.   | 5            |         |                | 12. The business is categorized as a Club/ Association/ NPO/ NGO  | 5            |         |                |
| 3. The PEP has been out of public office for more than 10 years or more and still actively involved in politics..  | 5            |         |                | 13. The customer is represented by another person via Power of Attorney   | 4            |         |                |
| 4. The PEP has not been out of office for 5 years or more but less than 10 years and not public or otherwise known to be influential or still active in the political arena.                                 | 3            |         |                | 14. The customer is a non resident in Ghana   | 5            |         |                |
| 5. The PEP has been out of office for 10 years or more and is not publicly or otherwise known to be influential or still active in the political arena   | 1            |         |                | 15. The beneficial owner(s) and/ or ownership structures are difficult to identify and/ or verify   | 4            |         |                |
| 6. The customer is a relative or close associate of the PEP as identified in question 1,2 and 3. (eg. spouse , partner, child , parent, joint account holder and associate).                                 | 5            |         |                | 16. The beneficial owner(s) of the account is/are National(s) of a listed high- risk country  | 5            |         |                |
| 7. The customer is a relative or close associate of a PEP who has been out of office for 5 years or more but less than 10 years. (eg. spouse , partner, child , parent, joint account holder and associate). | 3            |         |                | 17. The customer is conducting a business with a high risk country and utilizes one or more of the following products or services: wire transfer, foreign drafts, letters of credit | 5            |         |                |
| 8. The customer is a relative or close associate of a PEP who has been put out of office for 10 years or more. (eg. spouse , partner, child , parent, joint account holder and associate).                   | 1            |         |                | 18. The customer/ Business entity is registered in a foreign country with no local operations.  | 5            |         |                |
| 9. The customer is an Attorney/ Accountant who performs the specific functions which would qualify them as an accountable institution.   | 5            |         |                | 19. The source of funding or declared income for the accounts CANNOT be determined.   | 5            |         |                |
| 10. The customer is a High Net Worth and/ or other wealth management customer with cumulative balances of over GH¢ 2,500,000.00 monthly.   | 5            |         |                | 20. The customer is engaged in Large and / or frequent wire in/ wire out of inland online transfer.   | 5            |         |                |
| SUB TOTAL  |              |         |                | 21. The account held by the Club/ Association/ NPO/ NGO is Dormant  | 2            |         |                |
|  |              |         |                | SUB TOTAL   |              |         |                |
|  |              |         |                | TOTAL   |              |         |                |

NOTE: a) for each "Yes" response, the value in the scores column is to be used  
b) for each "No" response, a value of zero (0) is to be used

| SCORE LEGEND |            |
|--------------|------------|
| Risk Rating  | Score      |
| High Risk    | ≥ 5        |
| Medium Risk  | 3 and 4    |
| Low Risk     | 0, 1 and 2 |

## CONSENT STATEMENT

### PLEASE READ CAREFULLY

Below are important information about your Republic Securities Account. By signing this form, you indicate your consent to the following:

#### Anti-Money Laundering

Republic Securities' secrecy and confidentiality laws shall not in any way, inhibit the implementation of the requirements of the Banking and Financial Laws of Ghana, Anti-Money Laundering Regulations 2011 and its related guidelines, giving the relevant authorities the power to access information to properly perform their functions in combating money laundering and financing of terrorism. This includes the sharing of information between relevant authorities, either domestically or internationally; and the sharing of information between Capital Market Operators, where this is required or necessary.

#### Disclosure of Information

Customer hereby authorizes the disclosure of any information regarding their account (s) to any third party in order for Republic Securities to execute its instructions. Customer also hereby authorize the disclosure of information regarding him/herself or account (s) to any entity within Republic Securities and its mother or sister companies to enable the cross selling or servicing of Republic Securities or Republic Bank's products and services.

#### Statement of Accounts

Republic Securities shall submit clients' statement of account as and when requested by the client through electronic means, via telephone or any manner so deemed fit by Republic Securities.

#### Indemnification

Customers agree to protect and fully compensate Republic Securities and its affiliates and service providers from any/ and all third party claims, liability, damages, expenses and costs (including, but not limited to, legal fees) caused by or arising from clients' use of our service (s), violation of terms or infringement, by any other user of clients' account (s), or any intellectual property or other right of anyone.

#### Declaration:

I/We confirm that all details provided on the form are correct. I/We agree to be bound by the terms and conditions governing the operations of the account (s).

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Signatory 1

\_\_\_\_\_  
Signatory 2

\_\_\_\_\_  
Signatory 3

\_\_\_\_\_  
Signatory 4

**FAX AND EMAIL (facsimile transmission and electronic mail) INDEMNITY**

To: Republic Securities (Ghana) Limited (Republic Securities)

I / We \_\_\_\_\_ request you to act in accordance with any instructions, information or other communications furnished to you, or which reasonably appear to have been furnished to you, by me/us or on my/our behalf, by means of fax (telephone facsimile transmission) or by an electronic email (electronic mail). This applies whether they are transmitted directly to a fax machine or to a computer owned by you or otherwise. This applies at any time in relation to any business or transactions, which I/We have with Republic Securities, or in which Republic Securities may be acting on my/our behalf or in accordance with my/our instructions.

I/We acknowledge that you have given the following disclaimer-

Republic Securities cannot detect from inspection of fax documents or emails

- Whether the original document from which the fax was created or the text or the content of any email (or any document or other file attached to an email) was forged. Unauthorized, wrongfully altered, or otherwise misused;

Or

- Whether any of the transmission details imprinted automatically on a fax, such as the name of sender, sending telephone number or the date or time of transmission are false.

- Whether any of the transmission details included in a received email, such as the sender's name, the sender's email address, the date or the time of sending, server details or the route through which the email travelled are false.

Because of this, I/We realize that Republic Securities cannot accept any liability for loss to me/us resulting from failure to detect such matters in any fax document or email furnished or appearing to have been furnished by me/us.

Republic Securities require the following indemnity before agreeing to my/our above request.

I/We acknowledge the contents of these disclaimers, and ask you to act on the above request. If you do this, I/We, WILL INDEMNIFY YOU against any action, damage cost, claim, demand or loss arising from me/us or on my/our behalf. This indemnity applies even if any such fax or email was produced by or contains or has attached any forgery, lack of authority, wrongful alteration or other misuse of a document, text or file, or if any transmission details or information appearing on it are not genuine. This indemnity applies even if any such fax or email was not in fact issued by me/us or with my/our authority.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Name/ Signature

\_\_\_\_\_  
Name/ Signature

Republic Securities is committed to customer confidentiality. As a business, we can communicate with you via unencrypted e-mail/ fax. Unless otherwise advised by you in writing, we shall assume, and it is hereby agreed between us, that (i) you are satisfied for us to communicate with you by way of unencrypted e-mail/ fax and (ii) we are not liable for (a) any loss or damage of any nature, whether direct or indirect, that may arise as a result of our sending unencrypted email that contains any information of any nature regarding you or your officers, staff or employees, and (b) any damages arising as a result of any virus being passed on or with, or arising from any alteration of, any email message that we may send. We agree to the above and for you to communicate with us via unencrypted email.

**SIGNATURE MANDATE**

ACCOUNT NUMBER \_\_\_\_\_

CSD ID \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

**SIGNING INSTRUCTION**

**SPECIMEN SIGNATURE (S) TO BE SIGNED IN BLACK INK**

|   |                    |   |
|---|--------------------|---|
| A | PHOTO<br>PLACEMENT | A |
|---|--------------------|---|

Print Name \_\_\_\_\_ Designation \_\_\_\_\_

|   |                    |   |
|---|--------------------|---|
| B | PHOTO<br>PLACEMENT | B |
|---|--------------------|---|

Print Name \_\_\_\_\_ Designation \_\_\_\_\_

|   |                    |   |
|---|--------------------|---|
| C | PHOTO<br>PLACEMENT | C |
|---|--------------------|---|

Print Name \_\_\_\_\_ Designation \_\_\_\_\_

|   |                    |   |
|---|--------------------|---|
| D | PHOTO<br>PLACEMENT | D |
|---|--------------------|---|

Print Name \_\_\_\_\_ Designation \_\_\_\_\_

**PROOF OF LOCATION**





**Republic Securities (Ghana) Limited**

P. O. Box CT 4603, Cantonments, Accra  
No. 48 A, Sixth Avenue,  
North Ridge, Accra.

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**Website: [www.republicinvestmentsgh.com](http://www.republicinvestmentsgh.com)**

**Email: [securities@republicghana.com](mailto:securities@republicghana.com)**