



Republic Securities (Ghana) Limited

APPLICATION FORM

☐ INDIVIDUAL ☐ JOINT ☐ IN-TRUST FOR								
EQUITY	FIXED INCOME	OTHERS						
ACCOUNT NAME								
ACCOUNT NUMBER								
CSD ID								

REQUIREMENTS FOR OPENING AN ACCOUNT FOR INDIVIDUAL/JOINT ACCOUNT

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

INDIVIDUAL / JOINT APPLICANT

- 1. Passport-sized photographs (Account Holders / Beneficiaries)
- 2. Proof of Identity
- 3. Proof of Identity of Account Beneficiary
- 4. Proof of Address
- 5. Specimen Signature (s)
- 6. Email Indemnity (for clients with email address)
- 7. Proof of Foreign Address (for Non-Resident clients)
- 8. Resident / Work Permit (for Non-Ghanaians)
- 9. PIN (Ghana Card)

TRUST ACCOUNT (ITF)

- 1. A Duly Completed Form
- 2. One Passport Picture
- 3. A valid ID
- 4. Proof of Residence
- 5. PIN (Ghana Card)
- 6. Birth Certificate (Minor)

Designated Non-Financial Business and Professions (DNBFPs) are high risk and must be rated as such. They are listed below:

- 1. Real Estate Agents.
- 2. Dealers In Precious Metals
- 3. Dealers In Precious Stones.
- 4. Lawyers, Notaries, Other Independent Legal Professionals And Accountants.
- 5. Trust And Company Service Providers.
- 6. Casinos And Other Gambling Service Providers.

ACCOUNT OPENING FORM - INDIVIDUAL/JOINT/ITF (In-trust-for) NOTE: PORTIONS MARKED WITH * ARE COMPULSORY AND MUST BE COMPLETED CATEGORY OF INVESTMENT Individual ITF Joint **Others** Equity **Fixed Income** *PERSONAL INFORMATION 1 Other (Please specify) *Title: *First Name: *Surname: Other Name(s): *Maiden Name: *Marital Status: Single Married *Gender: Male Female: *Place of Birth: *Date of Birth: *Mother's Maiden Name: **Digital Address:** *Residential Status: Resident Ghanaian: Non - Resident Ghanaian: Nearest Landmark: Resident Foreigner: Non - Resident Foreigner: *Country of Origin: *Country of Residence: If country of origin is not in Ghana, please provide the following: Resident Permit Number Permit Issue Date City/Town Place of Issue Postal Address: **Permit Expiry Date Mobile Number: Email Address: Residential Address:** *Contact Details (In case of emergency) **Contact Name:** Relationship to client: **Contact Number:** *Occupation: Profession *TIN / PIN (GHA) *PERSONAL INFORMATION 2 (FOR JOINT APPLICANT) Other (Please specify) *Title: *Surname: *First Name: *Other Name(s): *Maiden Name: *Marital Status: Single Married *Gender: Male Female: *Place of Birth: *Date of Birth: *Mother's Maiden Name: **Digital Address:** *Residential Status: Resident Ghanaian: Non - Resident Ghanaian: Nearest Landmark: Resident Foreigner: Non - Resident Foreigner: *Country of Origin: *Country of Residence:

If country of origin is not	in Ghana, please provide th	ne following:			
	Resident Permit Numb	er	Permit Issue Date	(City/Town
	Place of Issue		Permit Expiry Date	 I	Postal Address:
Mobile Number:			Email Address:		
Residential Address:					
*Contact Details (In case	of emergency)				
Contact Name:					
Relationship to client:					
Contact Number:					
*Occupation:		Pro	ofession		
*TIN / PIN (GHA)					
*PROOF OF IDENTIT	Υ1				
ID Type:	Г				
Passport	Voters ID	Drivers Lice	ense SSNIT Biometric	c Card	National ID
ID Number:		*Issue Date:	D D M M Y Y	Υ	
Place of Issue:		Expiry Date:	D D M M Y Y	Υ	
*PROOF OF IDENTIT	TY 2 (FOR JOINT APPL	ICANT)			
ID Type:					
Passport	Voters ID	Drivers Lic	ense SSNIT Biometri	c Card	National ID
ID Number:		*Issue Date:	D D M M Y Y	/ Y	
Place of Issue:		Expiry Date:	D D M M Y Y	/ Y	
*STATEMENT SERV	ICES	Expiry Buttor			
Mode of Statement Delivery:	Email:	Collection			
Statement Frequency:	Quarterly	Half Yearly			
*EMPLOYMENT / BU	JSINESS DETAILS 1				
Status:	Employed	Self-employ	yed Unemployed	Retired	Student
Years of Employment	Year	s of Current Employme	ent Years of Prev	ious Employment	
Total Monthly Income Range	Below 1,000	Above 1,001 - 5,00	00 Above 5,001 - 10,000		Above 10,000
NB: Income includes sala	ry and other income / cash	ı inflows			
Name (Employer / Busine / School)	SS				
Address (Employer / Business / School)					
Nearest Landmark			Digital Address		
City / Town		*Nature of Busines	s		
Contact Number 1:			Contact Number 2:		

EMPLOYMENT / BUS	SINESS DETAILS 2	2 (FOR JOINT	APPLICAN []	Γ)						
Status:	Employed	Self-e	mployed	l	Inemployed		Retired		Student	
Years of Employment	Ү	ears of Current I	Employment		Years	of Previous	Employment			
Total Monthly Income Range	Below 1,000	Above 1,	001 - 5,000	A	bove 5,001 -	10,000		Above	e 10,000	
NB: Income includes salary	and other income / c	ash inflows								
Name (Employer / Business / School)										
Address (Employer / Business / School)										
Nearest Landmark				_ Digital Ad	dress					
City / Town		*Noture	of Duoinoso	3						
Contact Number 1:		"Nature	of Business		Contact Nu	mber 2:				
*IN TRUST FOR										
*Title:	Mr. Mr	s. Ms.	Minor.							
*Surname:				*First N	ame:					
Other Name(s):				*Maide	n Name:					
Relationship with Account Applicant:										
*Marital Status:	Single	Marrie	d	*Gende	r: Male		Female:			
*Date of Birth:				*Place of	Birth:					
*Country of Origin:				Country of	Residence:					
ID Type: E	Birth Certificate									
Passport	Voters ID	Driv	ers License		SSNIT Biom	etric Card		National ID		
ID Number:		*lssı	ıe Date:	D M	M Y	Y Y Y	<u>'</u>			
Place of Issue:		Expi	ry Date:	D M	M Y	Y Y Y	′			
CLIENT INVESTMENT	PROFILE 1									
1. Investment Objective:										
2. Risk Tolerance:	Low			Medium		High				
3. Investment Horizon:	Short Te	rm		Medium Te	rm		Long Term			
4. Investment Knowledge:	Low			Medium		High				
CLIENT INVESTMENT PROFILE 2 (FOR JOINT APPLICANT)										
1. Investment Objective:										
2. Risk Tolerance:	Low			Medium		High				
3. Investment Horizon:	Short Te	rm		Medium Te	rm		Long Term			
4. Investment Knowledge:	Low			Medium		High				

*EXPECTED ACCOUNT ACTIVITY						
*Source of Funds: If Other, Please Specify:	Salary Proceeds from business	Inheritance/Gifts	Personal Savings Others			
*Initial Investment Amount (GHS):						
*Anticipated Investment Activity:						
Top-ups:	Monthly Quarterly	Bi-Annual	Annual Other Frequency			
If Other, Please Specify:						
Withdrawals:	Monthly Quarterly	Bi-Annual	Annual Other Frequency			
If Other, Please Specify:						
*Anticipated Investment Amount (GHS)	:					
Regular Top-up Amount (Expected):	Re	gular Withdrawal Amount (Exp	ected):			
*BANK ACCOUNT DETAILS						
Bank Name	Account Name	Account Number	Bank Branch			
OFFICIAL USE ONLY						
*CLIENT ADDITIONAL INFORMATION (1)						
	tives, senior management, administrators		NT IS A POLITICALLY EXPOSED PERSON (PEP)			
in Ghana YES / NO	rt, politician, senior public official, senior respectify name and nature of the position:	military official, senior public co	prporation officer, high rank political party official			
,,						
A head of state/governmen outside Ghana YES / NO	t, politician, senior public official, senior ı	military official, senior public co	prporation officer, high rank political party official			
If yes to any above, please	specify name and nature of the position:					
*CLIENT ADDITIONAL INFORMATION 2 (FOR JOINT APPLICANT					
	· ·	ETERMINE WHETHER THE CLIE	NT IS A POLITICALLY EXPOSED PERSON (PEP)			
Do the shareholders, directors, execut	tives, senior management, administrators	, trustees and signatories fall u	nder 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						
	specify name and nature of the position:					

FAX AND EMAIL (facsimile transmission and electronic mail) INDEMNITY

To: Repu	blic Securities (Ghana) Limited	
information us or on no applies what any time in may be according to the control of the control	n or other communications furnished to you, or which my/our behalf, by means of fax (telephone facsimile to nether they are transmitted directly to a fax machine in relation to any business or transactions, which I/We ting on my/our behalf or in accordance with my/our in the content of the	
	owledge that you have given the following disclaimen	
•Whether other file a •Whether number or •Whether address, t	attached to an email) was forged. Unauthorized, wrong any of the transmission details imprinted automatically the date or time of transmission are false. any of the transmission details included in a receive date or the time of sending, server details or the received.	and or the text or the content of any email (or any document or agfully altered, or otherwise misused; Or ally on a fax, such as the name of sender, sending telephone were email, such as the sender's name, the sender's email toute through which the email travelled are false.
Republic S	Securities require the following indemnity before agre	eeing to my/our above request.
INDEMNIF indemnity wrongful a	Y YOU against any action, damage cost, claim, den applies even if any such fax or email was produced alteration or other misuse of a document, text or file, or	you to act on the above request. If you do this, I/We, WILL nand or loss arising from me/us or on my/our behalf. This by or contains or has attached any forgery, lack of authority, if any transmission details or information appearing on it are all was not in fact issued by me/us or with my/our authority.
Dated the	day of	
	Name	Signature (Single)

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 (Joint)

Name

*CUSTOMER RISK PROFILE - SIGNATORY 1												
Client Verification / S	Screening:											
Level of Risk:	L	ow		Medium		High	1					
Nature of High Risk	Exposure: P	EP					No	n-Resident				
	Н	ligh Risk E	Business	(Refer to g	guide)		Sta	ate nature of I	busine	ess		
	High Risk Country State Country											
AML CUSTOME	R RISK RATIN	NG								L		
For Use By RIGL												
Branch / Unit & Location Date												
Branon / Sint a Losado										D	D M M	Y Y Y Y
Customer Name										Accou		
										Score Column	Yes/No	Extended Score
The customer mee for less than 5 yea		ing criteria	and curre	ntly holds th	ne position	in public off	fice or ha	s been out of o	office	5		
2. The PEP has been	out public office fo	or 5 years o	or more an	d is either s	still actively	y or less acti	<i>ively</i> invo	lved in politics.		5		
	3. The customer is a relative or close associate of a PEP as identified in questions 1, 2 (e.g. spouse, partner, child, parent, joint account holder etc.)											
	4. The customer is a Private Banking and/or other wealth management customer, individual or business customer with cumulative balances of over GHC1,500,000.00 monthly.											
	5. The customer is categorised as a Designated Non-Financial Business and Professions example casinos, real estates, accountants, lawyers etc.											
6. The customer/busi as high risk, e.g. ye dues) / Association	outh groups in chu									5		
7. The customer is re	presented by anot	ther person	via Powe	r of Attorney	<i>i</i> .					4		
8. The beneficial owr	ner(s) and/or owne	ership struc	ture are d	ifficult to ide	entify and/o	or verify.				5		
9. The beneficial owr	ner(s) of the accou	nt is/are Na	ationals of	a high-risk	country.					5		
10. The Customer/Bus	iness Entity is regi	istered in a	foreign co	ountry with	no local op	erations.				5		
11. The customer is co services: Wire Tran					lises one o	or more of th	ne followi	ng products or		5		
12. The source of fund	ling or declared in	come for th	ne account	t CANNOT be	e determin	ed.				5		
13. The customer is er	ngaged in Large ar	nd/or frequ	ent wire-ir	n/wire-out o	r inland on	lline transfer	rs.			5		
14. The customer is no	on resident in Ghai	na.								5		
										TOTAL		
NOTE: a) For each 'Yes' responsa) For each 'No' respons												
SCORE L	EGEND											
Risk Rating	Score											
High Risk	≥ 5				In	terviewing 0	Officer				Supe	rvisor
Medium Risk Low Risk	3 and 4 0, 1 and 2					Dele					Da	te .
LOW NISK	o, i aliu Z			_		Date						

*CUSTOMER RISK P	ROFILE (FOR J	IOINT AP	PLICAN	T)													
Client Verification / S	Screening:																
Level of Risk:		Low		N	/ledium		High	1			1						
] "] g .	1	L.	on Do							
Nature of High Risk	exposure:	PEP]	N	on-ke	sident						
		High Risk Business (Refer to guide) State nature of business															
High Risk Country State Country																	
AML CUSTOME	R RISK RAT	ING															
For Use By RIGL	Official Only																
Branch / Unit & Locatio	on													Date			
														D D	M M	Y	YY
Customer Name														Account	#	,	
_													Score Co	lumn	Yes/No	Extended	Score
The customer mee for less than 5 yea		fying crite	eria and (currently	y holds th	ne position	in public of	ffic	ce or h	ias bee	en out c	of office		5			
2. The PEP has been	out public office	e for 5 yea	ars or mo	re and is	s either <i>s</i>	still actively	y or less ac	tive	<i>ely</i> inv	olved i	in politi	cs.		5			
3. The customer is a relative or close associate of a PEP as identified in questions 1, 2 (e.g. spouse, partner, child, parent, joint account holder etc.)																	
	4. The customer is a Private Banking and/or other wealth management customer, individual or business customer with cumulative balances of over GHC1,500,000.00 monthly.																
	5. The customer is categorised as a Designated Non-Financial Business and Professions example casinos, real estates, accountants, lawyers etc.																
as high risk, e.g. yo	6. The customer/business is categorised as a Club (except small groups whose activities or nature may not qualify them as high risk, e.g. youth groups in churches, rural groupings, clubs or associations that depend on small membership dues) / Association/NPO/NGO.																
7. The customer is re	epresented by an	other per	son via F	Power of	f Attorney	у.								4			
8. The beneficial owr	ner(s) and/or ow	nership st	tructure a	are diffic	cult to ide	entify and/	or verify.							5			
9. The beneficial owr	ner(s) of the acco	ount is/ar	e Nationa	als of a h	nigh-risk	country.								5			
10. The Customer/Bus	iness Entity is re	egistered	in a forei	ign coun	itry with	no local op	perations.							5			
11. The customer is co services: Wire Tran					y and uti	ilises one c	or more of t	he	follow	ving pr	oducts	or		5			
12. The source of fund	ling or declared	income fo	or the acc	count CA	ANNOT be	e determin	ed.							5			
13. The customer is er	ngaged in Large	and/or fre	equent w	vire-in/w	vire-out o	r inland on	nline transfe	ers.						5			
14. The customer is no	on resident in Gh	nana.												5			
													Т	OTAL			
NOTE: a) For each 'Yes' responsible for each 'No' responsible for each																	
SCORE L	EGEND																
Risk Rating	Score																
High Risk	≥5					In	iterviewing	0ff	ficer						Super	visor	
Medium Risk Low Risk	3 and 4 0, 1 and 2																

SIGNATURE MANDATE			
ACCOUNT NUMBER :			
ACCOUNT NAME :			
CSD ID NUMBER :			
SIGNING INSTRUCTION SPECIMEN SIGNATURE (S) TO BE SIGNED A	РНОТО	A	
	PLACEMENT		
PRINT NAME			
В	PHOTO PLACEMENT	В	
PRINT NAME (FOR JOINT APPLICANT)			
C	PHOTO PLACEMENT	C	
PRINT NAME			
D	PHOTO PLACEMENT	D	
One to sign	Either to s	sign	Both to sign



PROOF OF LOCATION 2 (FOR JOINT APPLICANT)

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

The 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, 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).

Signature (Joint)	Date

*APPROVALS	
Account opened by	Account approved/authorized by Compliance Officer /AMLRO:
Name of Licensed Officer	Name:
Position:	Position:
Signature:	Signature:
Date:	Date:
Accounts of High Risk Nature must be jointly approved by CEO / Executive / Seni High risk account authorized / approved by Executive / CEO	<u></u>
Name:	
Signature: Date:	D D M M Y Y Y
Comments:	
*CHECKLIST	
SN Documents Required	Verified
*Passport-sized photographs (Account holders / Beneficiaries)	
2. *Proof of Identity	
3. *Proof of Identity of Account Beneficiary	
4. *Proof of Address 5. *Chaoiman cignature (c)	
5. *Specimen signature (s)6. *Email Indemnity (for clients with email address)	
7. *Proof of Foreign Address (for Non-Resident clients)	
*Resident / Work Permit (for Non-Ghanaians)	
*Executed Management Agreement (Strictly for High Net Worth Clients)	



Republic Securities (Ghana) Limited

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