

**ACCOUNT UPDATE FORM - INDIVIDUAL/JOINT/ITF (In-Trust-For)**

NOTE: PORTIONS MARKED WITH \* ARE COMPULSORY AND MUST BE COMPLETED

**CATEGORY OF INVESTMENT**

 A/C No. \_\_\_\_\_ **Fund Type:** Unit Trust  REIT  Equity  F Plan  Wealth Trust 
**Account Type:** Individual  Joint  ITF 
**\*PERSONAL INFORMATION 1**
**\*Title:** Mr.  Mrs.  Ms.  Prof.  Dr.  Rev.  Other (Please specify) \_\_\_\_\_

**\*Surname:** \_\_\_\_\_ **\*First Name:** \_\_\_\_\_

 Other Name(s): \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**\*Marital Status:** Single  Married  **\*Gender:** Male  Female 
**\*Date of Birth:**           **\*Place of Birth:** \_\_\_\_\_

 Occupation \_\_\_\_\_ Profession \_\_\_\_\_ **\*TIN / PIN (GHA)**                     

Mother's Maiden Name: \_\_\_\_\_

**\*Residential Status:** Resident Ghanaian:  Non - Resident Ghanaian:  Resident Foreigner:  Non - Resident Foreigner: 
**\*Country of Birth /Origin:** \_\_\_\_\_ **\*Country of Residence:** \_\_\_\_\_

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

Resident Permit Number: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Permit Expiry Date: \_\_\_\_\_

**\*CONTACT DETAILS**

Residential Address: \_\_\_\_\_ Email Address \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ Digital Address \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

**\*Contact Details (In case of emergency)**

Contact Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**\*PROOF OF IDENTITY 1**
**ID Type:** Passport  National ID 
**ID Number:** \_\_\_\_\_ **\*Issue Date:**          
**Place of Issue:** \_\_\_\_\_ **\*Expiry Date:**          
**\*STATEMENT SERVICES**
**Mode of Statement Delivery:** Email  Collection 
**Statement Frequency:** Quarterly  Half Yearly

## \*EMPLOYMENT / BUSINESS DETAILS 1

Status: Employed  Self-employed  Unemployed  Retired  Student

Years of Employment: \_\_\_\_\_ Years of Current Employment: \_\_\_\_\_ Years of Previous Employment: \_\_\_\_\_

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

**NB: Income includes salary and other income / cash inflows**

Name (Employer / Business / School): \_\_\_\_\_

Address: \_\_\_\_\_ \*Nature of Business: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ Digital Address: \_\_\_\_\_

City / Town \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

## CLIENT INVESTMENT PROFILE 1

1. Investment Objective: \_\_\_\_\_

2. Risk Tolerance: Low  Medium  High

3. Investment Horizon: Short Term  Medium Term  Long Term

4. Investment Knowledge: Low  Medium  High

## \*EXPECTED ACCOUNT ACTIVITY

\*Source of Funds: Salary  Proceeds from business  Inheritance/Gifts  Personal Savings  Other, Please Specify: \_\_\_\_\_

\*Initial Investment Amount (GHS): \_\_\_\_\_

\*Anticipated Investment Activity:

Top-ups: Monthly  Quarterly  Bi-Annual  Annual  Other Frequency, Please Specify: \_\_\_\_\_

Withdrawals: Monthly  Quarterly  Bi-Annual  Annual  Other Frequency, Please Specify: \_\_\_\_\_

\*Anticipated Investment Amount (GHS): \_\_\_\_\_ Regular Top-up Amount (Expected): \_\_\_\_\_ Regular Withdrawal Amount (Expected): \_\_\_\_\_

## \*BANK ACCOUNT DETAILS

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Branch: \_\_\_\_\_

**\*IN TRUST FOR (ITF)**

\*Title: Mr.  Mrs.  Ms.  Minor.

\*Surname: \_\_\_\_\_ \*First Name: \_\_\_\_\_

Other Name(s): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Relationship with Account Applicant: \_\_\_\_\_ \*Marital Status: Single  Married  \*Gender: Male  Female

\*Date of Birth: \_\_\_\_\_ \*Place of Birth: \_\_\_\_\_

\*Country of Origin: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

ID Type: Birth Certificate  Passport  National ID

ID Number: \_\_\_\_\_ \*Issue Date: 

D	D	M	M	Y	Y	Y	Y
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Place of Issue: \_\_\_\_\_ Expiry Date: 

D	D	M	M	Y	Y	Y	Y
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**\*DECLARATION**

I, ....., hereby declare that all the information submitted by me in this form is correct, true and valid. That by my request to open and maintain an investment account(s) in my name, I undertake to notify RIGL of any changes to my particulars or information as may be necessary. I declare that I have thoroughly read and understood the contents of this application and have given my consent by virtue of appending my signature on this form. I consent that investment decisions are my prerogative without sole reliance on the investment advice received from RIGL. I will fully indemnify RIGL for any direct or consequential loss arising from my decision

**\*CONSENT STATEMENT**

I, ....., hereby consent to be bound by the relevant legislation in Ghana regarding Anti Money Laundering, Anti Bribery & Corruption, Anti Terrorism, Data Protection and Disclosure of Confidential Information. I agree to protect and fully indemnify RIGL and its affiliates and service providers from any and all claims, liability, damages, expenses or costs (including but not limited to legal fees incurred by or arising from my misuse of RIGL's service(s), or my violation of the terms herein or infringement by a third party of my account(s) intellectual property as a result of my negligence.

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

**\*ILLITERATE / BLIND CUSTOMER RATIFICATION**

I ..... declare that the content of this form, as well as the terms and conditions governing this relationship, have been fully read and explained to me in a language I understand and I have perfectly understood same before approving by making this mark.

Thumbprint/ Signature ..... Date .....

**\*CLIENT ADDITIONAL INFORMATION (1)**
**POLITICALLY EXPOSED PERSON (PEP)**

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:

**FATCA (Foreign Account Tax Compliance Act) Common Reporting Standards (CRS)**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Are you a citizen of any foreign country (besides Ghana)?      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you hold passport of any foreign country (besides Ghana)?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you hold green card of any foreign country (besides Ghana)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you resident in any foreign country?                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you spent more than 183 days in any foreign country?      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
- If the responses to any of the above questions is Yes, please provide the following information:

Foreign Residential Address: \_\_\_\_\_

Foreign Mailing Address:

Foreign Telephone Number:

Foreign Tax Identification Number (TIN)/Social Security Number (SSN)/National Identity Number:

I, ..... Hereby confirm the information provided above is true, accurate and complete

**UNDERTAKING TO BE SIGNED ONLY BY THOSE WHO RESPONDED 'YES' TO THE FIRST SET OF QUESTIONS ABOVE**

Subject to the applicable local laws, I hereby give consent to the Institution to share my information with foreign tax authorities where necessary to establish my tax liability. Where required by domestic or foreign tax authorities, I give my consent and agree that the Institution may withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

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

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

**LOCATION OF HOME OR OFFICE ( APPLICANT)**

**SIGNATURE MANDATE**

**A**

PHOTO  
PLACEMENT

**A**

**PRINT NAME**

**B**

PHOTO  
PLACEMENT

**B**

**PRINT NAME (FOR JOINT APPLICANT)**

**C**

PHOTO  
PLACEMENT

**C**

**PRINT NAME**

**D**

PHOTO  
PLACEMENT

**D**

**One to sign**   
  **Two to sign**   
  **Three to sign**   
  **Others (Specify)** \_\_\_\_\_

**\*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 / Senior Manager and Compliance Officer  
High risk account authorized / approved by Executive / CEO**

Name: \_\_\_\_\_

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

D	D	M	M	Y	Y	Y
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Comments: \_\_\_\_\_

