



# Republic Investments (Ghana) Limited

## MANAGED FUNDS CORPORATE APPLICATION FORM

UNIT TRUST    EQUITY TRUST    REIT    F-PLAN TRUST

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

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

BRANCH \_\_\_\_\_

## REQUIREMENTS FOR OPENING A CORPORATE 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.

1. Account Opening Form Duly Completed.
2. Specimen Signature Card Duly Completed.
3. Copy Of Certificate Of Incorporation And Certificate To Commence Business.
4. Board Resolution To Open Account And Nomination Of Signatories.
5. Copy of Memorandum and Articles of Association (Forms A, 3, 17)
6. TIN / PIN (Ghana Card)
7. Partnership Deed (where applicable)
8. Constitution if unregistered association
9. Act / Gazette for Government Agency (where applicable)
10. One passport-sized photograph of each signatory
11. Resident / Work Permit
12. Evidence of registration with other Government Agencies
13. Power of Attorney (where applicable)
14. Letter of Indemnity
15. Proof of Company Address
16. Proof of Identity of all signatories and representatives
17. Executed Management Agreement

Designated Non-Financial Businesses and Professions (DNFBPs) 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 - CORPORATE

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

### CATEGORY OF INVESTMENT

Unit Trust  Equity Trust  F-Plan  REIT

### \*CATEGORY OF BUSINESS

Sole Proprietorship  Partnership  Limited Liability Company   
 Associations  Charities / NGOs  Other

If Other, Please Specify

### \*BUSINESS DETAILS

\*Company / Business Name:

\*Certificate of Incorporation Number:

\*Date of Incorporation /Registration:         License Number

\*Jurisdiction of Incorporation / Registration:

\*Parent Company's Country of Incorporation (if any):

\*Type / Nature of business:

Sector / Industry:

Principal Place of Business:

\*Company Postal Address:

\*Digital Address (Ghana Post GPS):

\*Email Address:

Website Address (if any):

\*TIN / PIN (GHA):

\*Contact Number 1:

\*Contact Number 2:

### \*TURNOVER

Monthly Turnover (GHS): Below 10,000  Above 10,000 - 100,000  Above 100,000  Above 10 million

Annual Turnover (GHS): Below 10,000  Above 10,000 - 100,000  Above 100,000  Above 10 million

### \*STATEMENT SERVICES

Mode of Statement Delivery: Email  Collection

Statement Frequency: Quarterly  Half Yearly

NB: Please note that statements must be provided at least quarterly according to law

**CLIENT INVESTMENT PROFILE**

1. Investment Objective:

2. Risk Tolerance:	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>
3. Investment Horizon:	Short Term	<input type="checkbox"/>	Medium Term	<input type="checkbox"/>	Long Term	<input type="checkbox"/>
4. Investment Knowledge:	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>

**\*EXPECTED ACCOUNT ACTIVITY**

*Source of Funds:	Proceeds from business	<input type="checkbox"/>	Other	<input type="checkbox"/>
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If Other, Please Specify:

\*Initial Investment Amount (GHS):

\*Anticipated Investment Activity:

Top-ups:	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Bi-Annual	<input type="checkbox"/>	Annual	<input type="checkbox"/>	Other Frequency	<input type="checkbox"/>
Withdrawals:	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Bi-Annual	<input type="checkbox"/>	Annual	<input type="checkbox"/>	Other Frequency	<input type="checkbox"/>

\*Anticipated Investment Amount (GHS):

Regular Top-up Amount (Expected):	_____	Regular Withdrawal Amount (Expected):	_____
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**\*KEY CONTACT PERSON**

Surname:

First Name:

Other Name(s):

Date of Birth:	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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License Number

Residential Status:	Resident Ghanaian	<input type="checkbox"/>	Non-Resident Ghanaian	<input type="checkbox"/>
	Resident Foreigner	<input type="checkbox"/>	Non-Resident Foreigner	<input type="checkbox"/>

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

Resident Permit Number:

Permit Issue Date:

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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Place of Issue:

Permit Expiry Date:

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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\*ID Type:

Passport	<input type="checkbox"/>	Voters ID	<input type="checkbox"/>	Drivers License	<input type="checkbox"/>	SSNIT Biometric Card	<input type="checkbox"/>	National ID	<input type="checkbox"/>
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ID Number: \_\_\_\_\_

\*Issue Date: \_\_\_\_\_

Place of Issue: \_\_\_\_\_

\*Expiry Date: \_\_\_\_\_

Job Title:

Email Address:

Contact Number 1:	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Number 1:	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**\*ACCOUNT SIGNATORY DETAILS 1**

Surname:

First Name:

Other Name(s):

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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License Number

Residential Status:

Resident Ghanaian

Non-Resident Ghanaian

Resident Foreigner

Non-Resident Foreigner

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

Resident Permit Number:

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Permit Issue Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place of Issue:

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Permit Expiry Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

\*ID Type:

Passport

Voters ID

Drivers License

SSNIT Biometric Card

National ID

ID Number:

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\*Issue Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place of Issue:

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\*Expiry Date:

D	D	M	M	Y	Y	Y	Y
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Job Title:

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Email Address:

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Contact Number 1:

0									
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Contact Number 1:

0									
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**\*ACCOUNT SIGNATORY DETAILS 2**

Surname:

First Name:

Other Name(s):

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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License Number

Residential Status:

Resident Ghanaian

Non-Resident Ghanaian

Resident Foreigner

Non-Resident Foreigner

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

Resident Permit Number:

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Permit Issue Date:

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Place of Issue:

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Permit Expiry Date:

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\*ID Type:

Passport

Voters ID

Drivers License

SSNIT Biometric Card

National ID

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

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

Job Title: \_\_\_\_\_

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

Contact Number 1:

Contact Number 1:

**\*ACCOUNT SIGNATORY DETAILS 3**

Surname: \_\_\_\_\_

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

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

Date of Birth:         License Number \_\_\_\_\_

Residential Status: Resident Ghanaian  Non-Resident Ghanaian   
 Resident Foreigner  Non-Resident Foreigner

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

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

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

\*ID Type:

Passport  Voters ID  Drivers License  SSNIT Biometric Card  National ID

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

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

Job Title: \_\_\_\_\_

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

Contact Number 1:

Contact Number 1:

**\*DIRECTORS / EXECUTIVE / TRUSTEE / ADMIN**

Surname	Other names	ID Type / ID Number	Status	Contact Number

**\*BENEFICIAL OWNERSHIP**

Beneficial Owner								
Surname	Other names	ID Type / ID No.	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %	TIN

Foreigners Only

Resident Permit Number

Place of Issue

**Directors**

Surname	Other names	ID Type / ID No.	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %	TIN

**\*AFFILIATIONS**

If a part of a group, kindly state all entries within the group structure

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**\*BANK ACCOUNT DETAILS**

Bank Name	Account Name	Account Number	Bank Branch

**CUSTOMER CATEGORY**

Fund Manager	<input type="checkbox"/>	Insurance	<input type="checkbox"/>
Broker Dealer	<input type="checkbox"/>	Pension Fund	<input type="checkbox"/>
Collective Investment Scheme	<input type="checkbox"/>	Religious Bodies	<input type="checkbox"/>
Universal Banks	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Finance House	<input type="checkbox"/>	School	<input type="checkbox"/>
Microfinance Institution	<input type="checkbox"/>	Company (For Profit)	<input type="checkbox"/>
Savings & Loans	<input type="checkbox"/>	Company (NGO)	<input type="checkbox"/>
Rural & Community Banks	<input type="checkbox"/>		

**OFFICIAL USE ONLY**

**\*CLIENT ADDITIONAL INFORMATION**

Do 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 *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

If yes to any above, please specify name and nature of the position:

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

To: Republic Investments (Ghana) Limited (Republic Investments)

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 Investments, or in which Republic Investments 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 Investments 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 Investments 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 Investments require the following indemnity before agreeing to my/our above request.

I /We acknowledge disclaimer, 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 (Signatory 1)

\_\_\_\_\_  
Name/ Signature (Signatory 2)

\_\_\_\_\_  
Name/ Signature (Signatory 3)

\_\_\_\_\_  
Name/ Signature (Signatory 4)

Republic Investments 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 consent for you to communicate with us via unencrypted email.



**\*CUSTOMER RISK PROFILE - SIGNATORY 1**

 Client Verification / Screening: indicate platform or media through which client ID and Name was screened

 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 _____

**AML CUSTOMER RISK RATING**

For Use By RIGL Official Only

Branch / Unit &amp; Location \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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Customer Name \_\_\_\_\_

Account # \_\_\_\_\_

	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		
2. The PEP has been out public office for 5 years or more and is either <i>still actively</i> or <i>less actively</i> involved 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.)	5		
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		
5. The customer is categorised as a Designated Non-Financial Business and Professions example casinos, real estates, accountants, lawyers etc.	5		
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.	5		
7. The customer is represented by another person via Power of Attorney.	4		
8. The beneficial owner(s) and/or ownership structure are difficult to identify and/or verify.	5		
9. The beneficial owner(s) of the account is/are Nationals of a high-risk country.	5		
10. The Customer/Business Entity is registered in a foreign country with no local operations.	5		
11. The customer is conducting business with a high risk country and utilises one or more of the following products or services: Wire Transfers, Foreign Drafts, Letters Of Credit.	5		
12. The source of funding or declared income for the account CANNOT be determined.	5		
13. The customer is engaged in Large and/or frequent wire-in/wire-out or inland online transfers.	5		
14. The customer is non resident in Ghana.	5		
<b>TOTAL</b>			

**NOTE:**

- a) For each 'Yes' response, the value in the Score column is to be used.  
 a) For each 'No' response, the default score 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

Interviewing Officer \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**\*CUSTOMER RISK PROFILE - SIGNATORY 2**

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 \_\_\_\_\_

**AML CUSTOMER RISK RATING**

For Use By RIGL Official Only

Branch / Unit &amp; Location \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Customer Name \_\_\_\_\_

Account # \_\_\_\_\_

	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		
2. The PEP has been out public office for 5 years or more and is either <i>still actively</i> or <i>less actively</i> involved 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.)	5		
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		
5. The customer is categorised as a Designated Non-Financial Business and Professions example casinos, real estates, accountants, lawyers etc.	5		
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.	5		
7. The customer is represented by another person via Power of Attorney.	4		
8. The beneficial owner(s) and/or ownership structure are difficult to identify and/or verify.	5		
9. The beneficial owner(s) of the account is/are Nationals of a high-risk country.	5		
10. The Customer/Business Entity is registered in a foreign country with no local operations.	5		
11. The customer is conducting business with a high risk country and utilises one or more of the following products or services: Wire Transfers, Foreign Drafts, Letters Of Credit.	5		
12. The source of funding or declared income for the account CANNOT be determined.	5		
13. The customer is engaged in Large and/or frequent wire-in/wire-out or inland online transfers.	5		
14. The customer is non resident in Ghana.	5		
	<b>TOTAL</b>		

NOTE:

a) For each 'Yes' response, the value in the Score column is to be used.

a) For each 'No' response, the default score 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

Interviewing Officer

Supervisor

Date

Date

**\*CUSTOMER RISK PROFILE - SIGNATORY 3**

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	_____

**AML CUSTOMER RISK RATING**

For Use By RIGL Official Only

Branch / Unit &amp; Location

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Customer Name

Account #

	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		
2. The PEP has been out public office for 5 years or more and is either <i>still actively</i> or <i>less actively</i> involved 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.)	5		
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		
5. The customer is categorised as a Designated Non-Financial Business and Professions example casinos, real estates, accountants, lawyers etc.	5		
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.	5		
7. The customer is represented by another person via Power of Attorney.	4		
8. The beneficial owner(s) and/or ownership structure are difficult to identify and/or verify.	5		
9. The beneficial owner(s) of the account is/are Nationals of a high-risk country.	5		
10. The Customer/Business Entity is registered in a foreign country with no local operations.	5		
11. The customer is conducting business with a high risk country and utilises one or more of the following products or services: Wire Transfers, Foreign Drafts, Letters Of Credit.	5		
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13. The customer is engaged in Large and/or frequent wire-in/wire-out or inland online transfers.	5		
14. The customer is non resident in Ghana.	5		
	<b>TOTAL</b>		

**NOTE:**

- a) For each 'Yes' response, the value in the Score column is to be used.  
 a) For each 'No' response, the default score 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

Interviewing Officer

Supervisor

Date

Date

**SIGNATURE MANDATE**

ACCOUNT NUMBER :

ACCOUNT NAME :

**SIGNING INSTRUCTION**

SPECIMEN SIGNATURE (S) TO BE SIGNED

A

PHOTO  
PLACEMENT

A

**PRINT NAME**

B

PHOTO  
PLACEMENT

B

**PRINT NAME**

C

PHOTO  
PLACEMENT

C

**PRINT NAME**

D

PHOTO  
PLACEMENT

D

One to sign

Either to sign

Both to sign

PROOF OF OFFICE LOCATION



**CONSENT STATEMENT****PLEASE READ CAREFULLY**

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

**Minimum Initial Investment:** the minimum initial investment for each of the Collective Investment Scheme (CIS) shall be the required minimum amount stated in the scheme particulars (SP) of that particular scheme at the time of purchasing the units. In the events that a unit holder's total investment in any fund is reduced to less than the required minimum amount, such an investment will be mandatorily redeemed.

**Additional Investments:** the minimum additional investments for each Collective Investment Scheme (CIS) shall be the amount stated in the scheme particulars (SP) of that particular scheme at the time of making the additional investment.

**Redemption of Units:** the manager shall be obliged upon the request of a unit holder, to redeem the units and make payments for them within five (5) working days at the prevailing bid price on the actual day of disinvestment as displayed by the manager.

**Yields or Return on Investments:** yields or returns on each Collective Investment Scheme (CIS) investments are subject to the performance of the underlying assets in which each scheme is invested in. past performance are not guarantee for future performances.

**Anti-Money Laundering:** Republic Investments is bound by the Laws of the Securities & Exchange Commission and the Financial Laws & Regulations of Ghana and that permits us to disclose any confidential information or share confidential information with lawful authorities or when mandated by the laws or by an order of a court of competent jurisdiction.

**Disclosure of Information:** the customer hereby authorizes the disclosure of any information regarding his/ her account(s) to an associated third party in order for Republic Investment to execute its instructions. The customer also hereby authorizes the disclosure of any information regarding his/ her account(s) to any entity within the Republic Bank Ghana "Group" to enable any cross selling or servicing of Republic Investments or Republic Bank's products and services.

**Statement of Accounts:** Republic Investments shall submit a customer's accounts, at least, on a regular basis through electronic means, or an acceptable medium.

**Indemnification:** the customer agrees to protect and fully compensate Republic Investments and its affiliate and service providers from any/and all third party claims, liability, damages, expenses and cost (including , but not limited to legal fees caused by or arising from a customer's use of our service(s), violation of terms or infringement by any other users of a customer's account(s), intellectual property or other right of the customer .

**Declaration:**

I/we.....hereby declare that all the information submitted by me/us in this form is correct, true and valid, that by my/our request, to open and maintain securities account(s) in my/our name and undertake to notify (Republic Investments) of any changes to my/our particulars or information as may be necessary.

I/we also declare that we have read thoroughly and understood the contents of this application and have given my/our consent by virtue of my/our signature(s) on this form. I/we consent that investment decisions are my/our prerogative without sole reliance on the investment advice received from (Republic Investments). (Republic Investments) accepts no liability for any direct or consequential loss arising from my/our decision.

I/we also declare that debts incurred on my/our securities account(s) by virtue of my/our trade orders shall be settled by me/us accordingly.

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

\_\_\_\_\_  
Name/ Signature (1)

\_\_\_\_\_  
Name/ Signature (2)

\_\_\_\_\_  
Name/ Signature (3)

**\*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: \_\_\_\_\_

**\*CHECKLIST**

SN Documents Required	Verified
1. Account opening form duly completed	
2. Specimen signature card duly completed	
3. Copy of certificate of Incorporation and Certificate to Commence Business	
4. Board resolution to open account and nomination of signatories	
5. Copy of Memorandum and Articles of Association (Forms A, 3, 17)	
6. TIN	
7. Partnership Deed (where applicable)	
8. Constitution if unregistered association	
9. Act / Gazette for Government Agency (where applicable)	
10. One passport-sized photograph of each signatory	
11. Resident / Work Permit	
12. Evidence of registration with other Government Agencies	
13. Power of Attorney (where applicable)	
14. Letter of Indemnity	
15. Proof of Company Address	
16. Proof of Identity of all signatories and representatives	
17. Executed Management Agreement	



**Republic Investments (Ghana) Limited**

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

**Tel: 028 9669310/11**

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

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