



Republic Securities (Ghana) Limited

APPLICATION FORM

INDIVIDUAL

JOINT

IN-TRUST- FOR

EQUITY

FIXED INCOME

OTHERS

ACCOUNT NAME _____

RSGL ACCOUNT NUMBER _____

CSD ID NUMBER _____

REQUIREMENTS FOR OPENING AN ACCOUNT

PLEASE FILL WITH BLACK INK

SINGLE APPLICANT

A duly completed form

One passport picture

One valid National ID

Proof of residence (Utility Bill or Digital Address)

TIN (Tax Identification Number)

Resident Permit (Foreigners Only)

JOINT APPLICANT

A duly completed form

One passport picture for each person

One valid National ID for each person

Proof of residence (Utility Bill or Digital Address) for each person

TIN (Tax Identification Number) - Both Applicants

TRUST ACCOUNT (ITF)

A duly completed form

One passport picture each

One valid National ID

Proof of residence (Utility Bill or Digital Address)

TIN (Tax Identification Number)

Identification of Beneficiary (If minor, birth certificate)

Tel: 0302 664430,028 3094229

Email: securities@republicghana.com

Website: www.republicinvestmentsgh.com

SECTION 1
SINGLE APPLICANT Mr. Mrs. Ms. Hon. Dr. Prof. Rev. Others (specify) _____

TIN _____

Surname : _____ Marital Status: Single Married Divorced Widow/er
First Name: _____ Country of Residence: _____
Middle Name: _____ Postal Address: _____
Maiden Name: _____ Residential Address: _____
Date Of Birth: _____ Digital Address: _____
Occupation/Designation: _____ E-mail: _____
Name/Address/ Tel No. of Employer: _____ Mobile No.: _____

Nationality: _____ **NEXT OF KIN**
Name: _____
ID: Voters Passport National ID Driver's License SSNIT Card Address: _____
ID No. _____ E-mail: _____
Tel.: _____

FOREIGNERS ONLY

Resident Permit No. _____ **CONTACT PERSON (IN CASE OF EMERGENCY)**
Expiration Date: _____ Name: _____
Tel: _____

TRUST DETAIL (ITF/ BENEFICIARY)

Surname: _____ Country of Residence: _____
First Name: _____ Postal Address: _____
Middle Name: _____ Residential Address: _____
Maiden Name: _____ Digital Address _____
Date of Birth: _____ E-mail: _____
Occupation/Designation: _____ Mobile No.: _____
Name/Address/ Tel No. of Employer: _____ **IDENTIFICATION OF BENEFICIARY**
Nationality: _____ ID Type _____
Marital Status: Single Married Divorced Widow/er ID No. _____

SECTION 2

Source of Funds	Salary Proceeds <input type="checkbox"/>	Allowance <input type="checkbox"/>
	Return on Investments <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 (GH¢)
Deposits		
Withdrawals		

SECTION 3: 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"/>
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	Retirement <input type="checkbox"/>	Education <input type="checkbox"/>	Home purchase <input type="checkbox"/>	Others (Specify): _____
Knowledge of Investment	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	
Investment Objective	Income <input type="checkbox"/>	Capital Growth <input type="checkbox"/>	Balance <input type="checkbox"/>	Others (Specify): _____

SECTION 4: RISK PROFILE

Conservative <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 <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 <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.

How did you hear about Republic Securities?

Referral Advert Presentation Others (Specify) _____

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 (Single)

Date

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	4		
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	5		
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	4		
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			

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

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

SECTION 1	
JOINT APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Hon. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev. <input type="checkbox"/> Others (specify) _____	
TIN _____ Surname: _____ First Name: _____ Middle Name: _____ Maiden Name: _____ Date Of Birth: _____ Occupation/Designation: _____ Name/Address/ Tel No. of Employer: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er Country of Residence: _____ Postal Address: _____ Residential Address: _____ Digital Address: _____ E-mail: _____ Mobile No.: _____	
Nationality: _____ ID: <input type="checkbox"/> Voters <input type="checkbox"/> Passport <input type="checkbox"/> National ID <input type="checkbox"/> Driver's License <input type="checkbox"/> SSNIT Card ID No. _____	
FOREIGNERS ONLY Resident Permit No. _____ Expiration Date: _____	
NEXT OF KIN Name: _____ Address: _____ E-mail: _____ Tel.: _____	
CONTACT PERSON (IN CASE OF EMERGENCY) Name: _____ Tel: _____	
SECTION 2	
Source of Funds	Salary Proceeds <input type="checkbox"/> Return on Investments <input type="checkbox"/> Allowance <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 (GH¢) _____
Deposits	
Withdrawals	
SECTION 3: INVESTMENT PROFILE	
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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	Retirement <input type="checkbox"/> Education <input type="checkbox"/> Home purchase <input type="checkbox"/> Others (Specify) _____
Knowledge of Investment	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Investment Objective	Income <input type="checkbox"/> Capital Growth <input type="checkbox"/> Balance <input type="checkbox"/> Others (Specify): _____
SECTION 4: RISK PROFILE	
Conservative <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 <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 <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.
How did you hear about Republic Securities? Referral <input type="checkbox"/> Advert <input type="checkbox"/> Presentation <input type="checkbox"/> Others (specify) _____	
INITIAL PAYMENT DETAILS	
Amount GH¢ _____	
MODE OF PAYMENT <input type="checkbox"/> Cash <input type="checkbox"/> Transfer <input type="checkbox"/> Direct Debit <input type="checkbox"/> Standing Order <input type="checkbox"/> Mobile Money <input type="checkbox"/> Cheque: Bank _____ Cheque No: _____	
Cheques must be made payable to the appropriate Account for which the Investment is being made. Please Note that Investments in equities are not Guaranteed or Insured. Returns could fluctuate depending on prevailing economic circumstances.	
DECLARATION I/ We declare that the information given above is true and correct. I/ We confirm that I am 18 and above and that I fully understand the terms and conditions.	
Signature _____ (Single/ First Applicant)	Date _____ Signatures _____ (Joint Applicant)

CONSENT STATEMENT

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Disclosure of Information

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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

AML CUSTOMER RISK RATING FOR OFFICIAL USE ONLY

	Score column	Yes/ No	Extended Score		Score column	Yes/ No	Extended Score
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SUB TOTAL				21. The account held by the Club/ Association/ NPO/ NGO is Dormant	2		
				SUB TOTAL			
				TOTAL _____			

SCORE LEGEND

Risk Rating	Score
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Medium Risk	3 and 4
Low Risk	0, 1 and 2

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

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 content 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 _____

Signature (Single)

Signature (Joint)

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 PLACEMENT	A
---	--------------------	---

Print Name

Designation

B	PHOTO PLACEMENT	B
---	--------------------	---

Print Name

Designation

C	PHOTO PLACEMENT	C
---	--------------------	---

Print Name

Designation

D	PHOTO PLACEMENT	D
---	--------------------	---

Print Name

Designation

PROOF OF RESIDENCE**FOR INTERNAL USE ONLY**

Officer's comments

Attended to by:

Name: _____ Signature _____ Date _____

Account set up by:

Name: _____ Signature _____ Date _____

Supervised by:

Name: _____ Signature _____ Date _____

Compliance Review:

Name _____ Signature _____ Date _____





Republic Securities (Ghana) Limited

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

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Email: securities@republicghana.com