



Republic Investments (Ghana) Limited

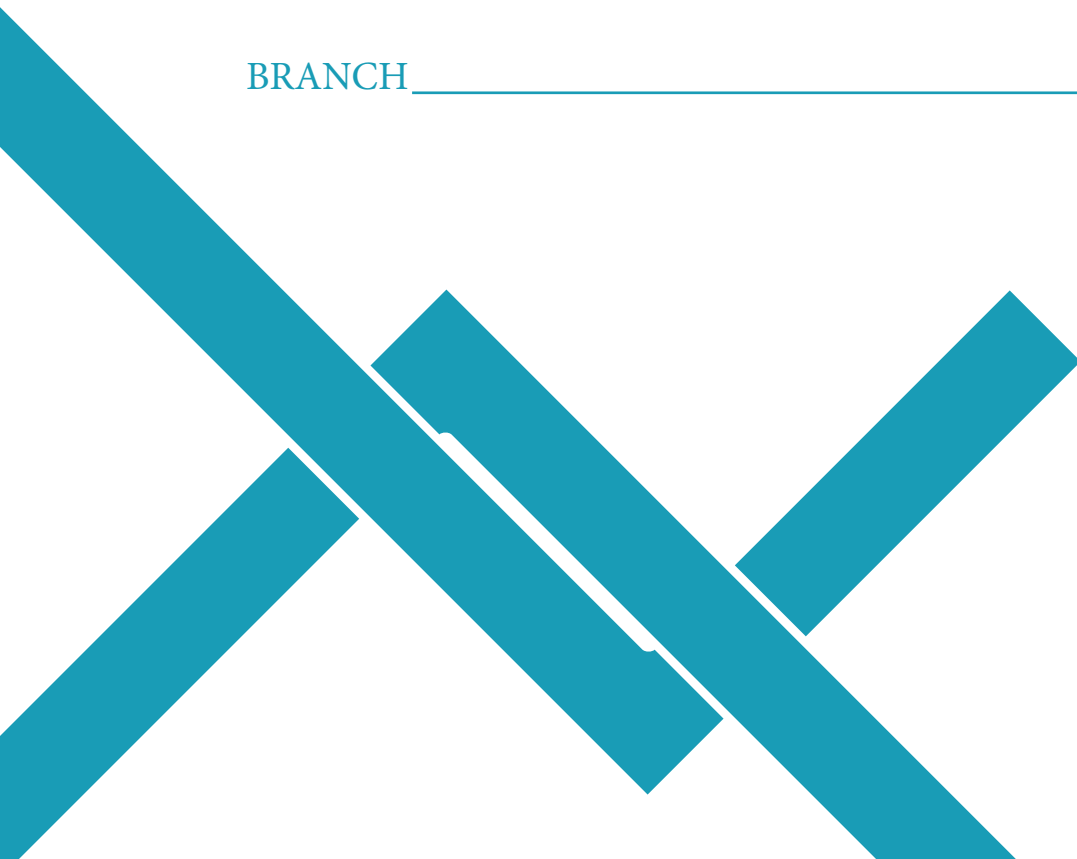
APPLICATION FORM

- COMPANY PARTNERSHIP SOLE PROPRIETORSHIP
 ASSOCIATIONS CLUBS OTHERS

- UNIT TRUST EQUITY TRUST REIT F-PLAN TRUST

ACCOUNT NUMBER _____

BRANCH _____



REQUIREMENT FOR OPENING AN ACCOUNT

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

1. COMPLETED ACCOUNT OPENING FORM
2. ONE (1) PASSPORT –SIZE PHOTOGRAPH FOR EACH SIGNATORY
- 3A. CERTIFICATE OF COMMENCEMENT OF BUSINESS
- 3.B. COMPANY REGULATIONS
3. C. FORM 3 (PARTICULARS OF DIRECTORS AND SECRETARY)
4. RESOLUTION OF DIRECTORS AUTHORIZING THE COMPANY TO INVEST
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 <input type="checkbox"/> COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> ASSOCIATIONS <input type="checkbox"/> CLUBS		
Institution: _____ Nature of Business: _____ Company TIN: _____ Company Registration Number: _____ Certificate of Commencement of Business: Date _____ <div style="text-align: center;">dd/mm/yy</div>		
ADDRESS		
Company Location: _____ Postal Address: _____ Digital Address _____ Country of Incorporation: _____ Email: _____ Mobile No: _____ Tel No: _____		
CONTACT PERSON		
Surname _____ First Name _____ Middle Name _____ Maiden Name _____ Position _____ Tel. No _____	Postal Address _____ Email _____ 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 _____ Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er	
INITIAL PAYMENT DETAILS		
Amount (GH¢) _____ Mode of Payments <input type="checkbox"/> Cash <input type="checkbox"/> Transfer <input type="checkbox"/> Standing Order <input type="checkbox"/> Direct Debit <input type="checkbox"/> Mobile Money <input type="checkbox"/> Cheque: Bank _____ Cheque No. _____ Cheques must be made payable to the appropriate Fund for which the Investment is being made. Please Note that returns in Investments in unit trust are not Guaranteed or Insured. Returns could fluctuate depending on prevailing economic conditions.		
How did you know about this investment scheme? <input type="checkbox"/> Referral <input type="checkbox"/> Advert <input type="checkbox"/> Presentation <input type="checkbox"/> Pitching <input type="checkbox"/> Other (Specify) _____		
SECTION 2		
Source of funds	Sales 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"/>	
	Expected No. of Transaction per Month	Amount (GH)
Deposits		
Withdrawals		
SECTION 3: Documentation (Please tick each document submitted)		
COMPANY	SOLE PROPRIETORSHIP/ PARTNERSHIP	CLUB/ ASSOCIATION/ RELIGIOUS ORGANIZATION
<input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Certificate of Commencement of Business <input type="checkbox"/> Form 3 (from Registrar General Dept.) <input type="checkbox"/> Company Regulations <input type="checkbox"/> Letter of Resolutions from Directors <input type="checkbox"/> Proof of residence of Signatories <input type="checkbox"/> Valid Photo ID of Signatories <input type="checkbox"/> One(1) Passport Size Photograph for each Signatory	<input type="checkbox"/> Certification of Incorporation (Limited Liability Partnership) <input type="checkbox"/> Certificate of Registration <input type="checkbox"/> Form A <input type="checkbox"/> Partnership Deed (Partnership) <input type="checkbox"/> Valid Photo ID of Signatories <input type="checkbox"/> Proof of Residence of Signatories	<input type="checkbox"/> Certificate of Registration <input type="checkbox"/> Constitution/ Acts/ Rules <input type="checkbox"/> Form 3 (From Registrar General's Dept.) <input type="checkbox"/> Letter of Resolution from Executives <input type="checkbox"/> Valid Photo ID of Signatories <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 the 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		
				21. The account held by the Club/ Association/ NPO/ NGO is Dormant	2		
				SUB TOTAL			
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

Attended to by:

Name _____ Signature _____ Date _____

Account set up by:

Name: _____ Signature _____ Date _____

Supervised by:

Name: _____ Signature _____ Date _____

Compliance Review:

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 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 _____

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Telephone No. _____

Email Address _____

Marital Status Single Married Divorced Widow/er

Identification
 Voters 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 : _____ 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: _____ 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: _____

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 <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.

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

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		
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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			

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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 : _____ 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: _____ 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: _____

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 <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.

AML CUSTOMER RISK RATING FOR OFFICIAL USE ONLY

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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		
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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		
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SUB TOTAL				21. The account held by the Club/ Association/ NPO/ NGO is Dormant	2		
				SUB TOTAL			
				TOTAL			

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

SECTION 1: SIGNATORY 4

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: _____ 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: _____

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 <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.

AML CUSTOMER RISK RATING FOR OFFICIAL USE ONLY

	Score column	Yes/ No	Extended Score		Score column	Yes/ No	Extended Score
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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		
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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		
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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 Investments 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.

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 or within such reasonable time as the manager may indicate 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 performances are not guarantee for future performances.

Anti-Money Laundering: Republic Investments is bound by the Laws of the Securities & Exchange Commission (Ghana) 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 Investments 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 Ghana's products and services .

Statement of Accounts: Republic Investments shall submit a customer's statement as and when requested by the customer 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 declare that all details provided on the form are correct, I agree to be bound by the terms and conditions governing the operations of my account(s).

Dated the _____ day _____ 20_____

Name/ Signature

Name/ Signature

Name/ Signature

Name/ Signature

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 for you to communicate with us via unencrypted email.

SIGNATURE MANDATE

ACCOUNT NUMBER _____

ACCOUNT NAME _____

SIGNING INSTRUCTION

SPECIMEN SIGNATURE (S) TO BE SIGNED IN BLACK INK

A	PHOTO PLACEMENT	A
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Print Name

Designation

B	PHOTO PLACEMENT	B
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Print Name

Designation

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

Print Name

Designation

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

Print Name

Designation

PROOF OF LOCATION



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