



Republic Investments (Ghana) Limited

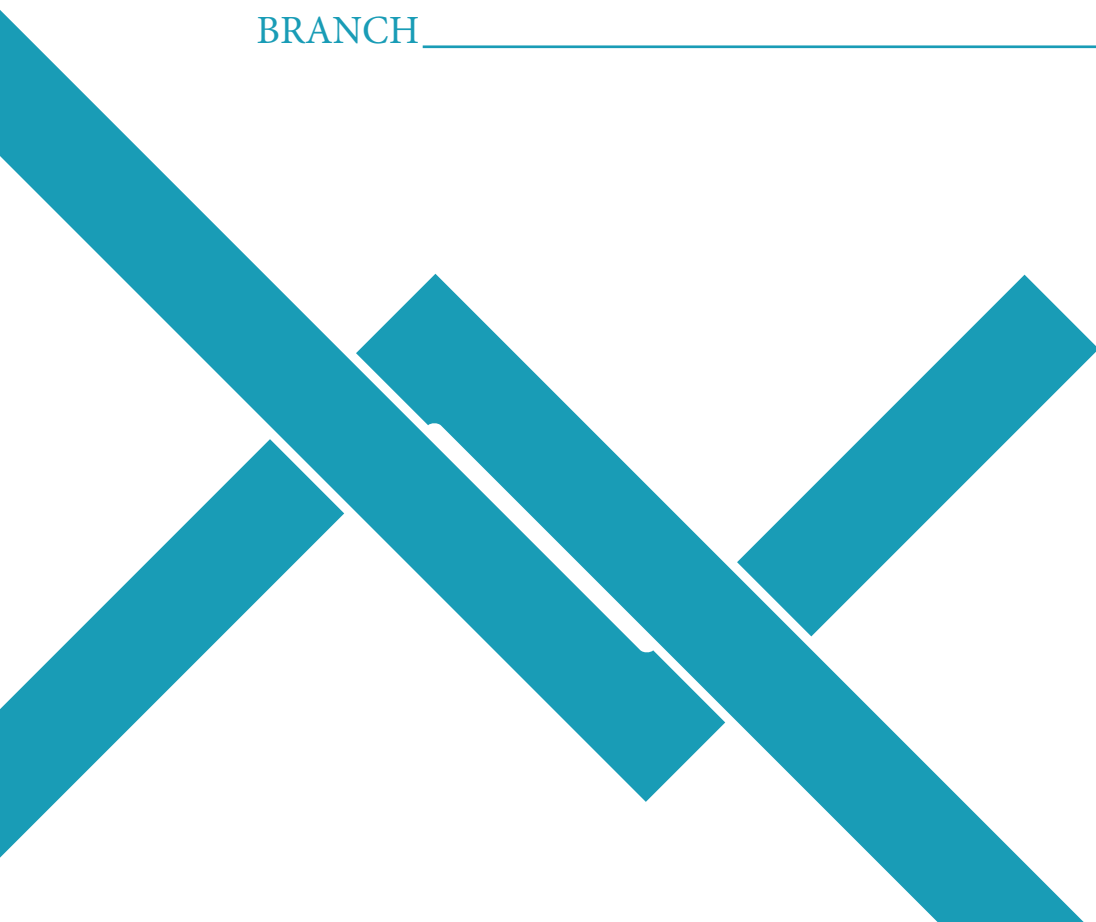
APPLICATION FORM

INDIVIDUAL JOINT IN-TRUST- FOR

UNIT TRUST EQUITY TRUST REIT F-PLAN TRUST

ACCOUNT NUMBER _____

BRANCH _____



REQUIREMENTS FOR OPENING AN ACCOUNT

SINGLE APPLICANT

A duly completed form

One passport picture

One valid National ID

Proof of residence (Utility Bill or Digital Address)

Resident Permit (foreigners only)

TIN (Tax Identification Number)

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 664214, 028 9669310/11

Email: investments@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: _____ E-mail: _____

Name/Address/ Tel No. of Employer: _____ Mobile No.: _____

Nationality: _____

ID: Voters Passport National ID Driver's License 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: _____

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: _____ Mobile No.: _____

Name/Address/ Tel No. of Employer: _____

Nationality: _____

Marital Status: Single Married Divorced Widow/er

IDENTIFICATION OF BENEFICIARY

ID Type _____

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"/>
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	Estimated No. of Transaction per Month	Amount (GH¢)
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Deposits		
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Withdrawals		
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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"/>
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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"/>
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Use of money in Investment program	Retirement <input type="checkbox"/>	Education <input type="checkbox"/>	Home purchase <input type="checkbox"/>	Others (Specify) _____
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Knowledge of Investment	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	
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Investment Objective	Income <input type="checkbox"/>	Capital Growth <input type="checkbox"/>	Balance <input type="checkbox"/>	Others (Specify) _____
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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.
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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.
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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.
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How did you know about the investment scheme?

Referral Advert Presentation Others (Specify) _____

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).

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 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: _____

FOREIGNERS ONLY Tel.: _____

Resident Permit No. _____ CONTACT PERSON (IN CASE OF EMERGENCY) Name: _____

Expiration Date: _____ Tel: _____

SECTION 2

Source of funds Salary Proceeds Allowance

Return on Investments Others (Specify) _____

Mode of Payments Cash Cheque Standing Order Transfer Direct Debit Mobile Money

Estimated No. of Transaction per Month Amount (GH¢)

Deposits

Withdrawals

SECTION 3: INVESTMENT PROFILE

Annual Gross Income (GH¢) Below 2,000 2,001- 10, 000 10,001-50,000 Above 50,001

Investment Horizon Less than a year 1-3 years 4-10 years More than 10 years

Use of money in Investment program Retirement Education Home purchase Others (Specify) _____

Knowledge of Investment Low Medium High

Investment Objective Income Capital Growth Balance Others (Specify) _____

SECTION 4: RISK PROFILE

Conservative 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 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 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 know about this investment scheme? Referral Advert Presentation Others (specify) _____

INITIAL PAYMENT DETAILS

Amount GH¢ _____

MODE OF PAYMENT Cash Transfer Direct Debit Standing Order

 Mobile Money Cheque: Bank _____ Cheque No: _____

Cheques must be made payable to the appropriate Account for which the Investment is being made. Please Note that returns on Investments in the portfolio is 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 _____ Date _____ Signatures _____ Date _____
(Single/ First Applicant) (Joint Applicant)

CONSENT STATEMENT

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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).

Signature (Single)

Date

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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
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

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 _____

Signature (Single)

Signature (Joint)

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

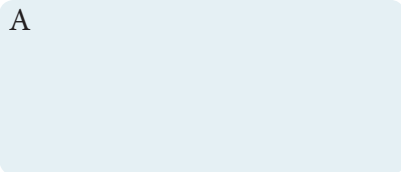
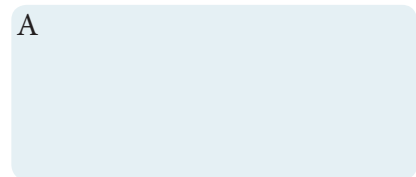


PHOTO
PLACEMENT



A



Print Name

B

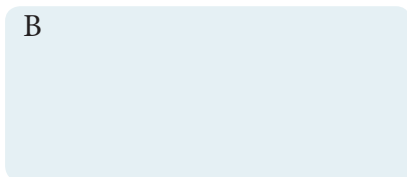
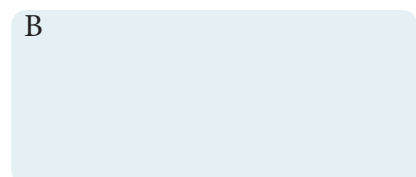


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PLACEMENT



B



Print Name

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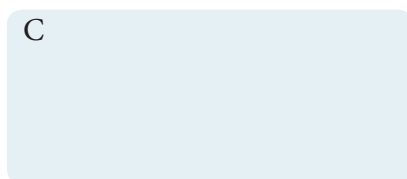
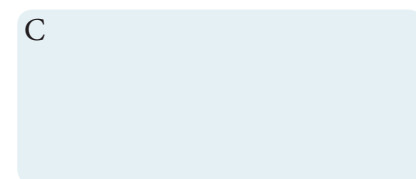


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PLACEMENT



C



Print Name

D

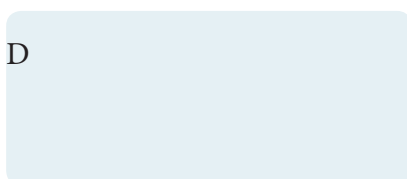
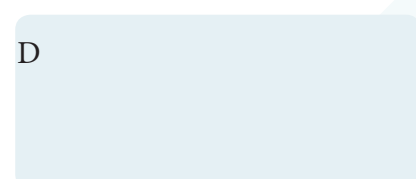


PHOTO
PLACEMENT



D



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 Investments (Ghana) Limited

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

Tel: 0302 664 214, 028 9669310/11

Website: www.republicinvestmentsgh.com

Email: investments@republicghana.com