

CATEGORY OF BUSINESS

Status: Sole-Proprietorship Partnership Private Ltd. Co. Public Ltd. Co. NGO / Trust
 Government Institution Investment Club Others

BUSINESS DETAILS

Company / Business Name:

Certificate of Incorporation Number:

Date of Incorporation / Registration: D D M M Y Y Y Y

TIN

Jurisdiction of Incorporation / Registration:

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

Type / Nature of Business

Sector / Industry

Company Postal Address:

Location of Business:

Nearest Landmark: Digital Address:
Ghana Post GPS

Proof of Address: Latest Utility Bill Latest Bank Statement Others:

Email Address:

Website:

Contact Number 1:

TURNOVER

Monthly Turnover (GHS): Below 10,000 Above 10,000-100,000 Above 100,000 - 1 million Above 1 million
 Annual Turnover (GHS): Below 10,000 Above 10,000-100,000 Above 100,000 - 1 million Above 1 million

STATEMENT SERVICES

Mode of Statement Delivery: Email By Post SMS Collection
 Statement Frequency: Monthly Quarterly

CLIENT INVESTMENT PROFILE

Investment Knowledge	Investment Objectives	Time Horizon	Risk Tolerance
Sophisticated <input type="checkbox"/>	Safety <input type="checkbox"/>	1 - 3 Years <input type="checkbox"/>	Low <input type="checkbox"/>
Good <input type="checkbox"/>	Income <input type="checkbox"/>	3 - 5 Years <input type="checkbox"/>	Medium <input type="checkbox"/>
Fair <input type="checkbox"/>	Balance <input type="checkbox"/>	5 - 10 Years <input type="checkbox"/>	Medium - High <input type="checkbox"/>
Novice <input type="checkbox"/>	Growth <input type="checkbox"/>	10+ Years <input type="checkbox"/>	High <input type="checkbox"/>

ACCOUNT OPENING FORM

EXPECTED ACCOUNT ACTIVITY

Source of Funds:	Salary <input type="checkbox"/>	Proceeds from Business <input type="checkbox"/>	Inheritance / Gifts <input type="checkbox"/>		
	Personal Savings <input type="checkbox"/>	Others <input type="checkbox"/>	If others, lease specify: <input style="width: 100%;" type="text"/>		
Initial Investment Amount:	<input style="width: 100%;" type="text"/>				
Top-Up Frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Bi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Withdrawals:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Bi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Regular Top-up Amount:	<input style="width: 50%;" type="text"/>		Regular Withdrawal Amount:	<input style="width: 50%;" type="text"/>	

BANK ACCOUNT DETAILS

Bank Name	<input style="width: 90%;" type="text"/>	Account Number	<input style="width: 90%;" type="text"/>
Account Name	<input style="width: 90%;" type="text"/>	Bank Branch	<input style="width: 90%;" type="text"/>

AUDITORS INFORMATION

Name of Auditor:

Address of Auditor:

Primary Mobile Contact:

Mobile Contact:
(Alternative)

KEY CONTACT PERSON

Surname:	<input style="width: 90%;" type="text"/>	First Name:	<input style="width: 90%;" type="text"/>
Other Name(s):	<input style="width: 90%;" type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	<input type="text"/>	Nationality:	<input style="width: 90%;" type="text"/>
Resident Status:	Resident Ghanaian <input type="checkbox"/>	Non-Resident Ghanaian	<input type="checkbox"/>
	Resident Foreigner <input type="checkbox"/>	Non-Resident Foreigner	<input type="checkbox"/>
Nationality:	<input style="width: 90%;" type="text"/>	Country of Residence:	<input style="width: 90%;" type="text"/>
<i>If Nationality is not Ghana, please provide the following:</i>			
Resident Permit Number	<input style="width: 90%;" type="text"/>	Permit Issue Date	<input style="width: 90%;" type="text"/>
Place of Issue	<input style="width: 90%;" type="text"/>	Permit Expiry Date	<input style="width: 90%;" type="text"/>
Residential Address:	<input style="width: 100%;" type="text"/>		
City / Town:	<input style="width: 40%;" type="text"/>	Digital Address:	<input style="width: 60%;" type="text"/>
		<i>Ghana Post GPS</i>	
Postal Address:	<input style="width: 100%;" type="text"/>		
Email Address:	<input style="width: 100%;" type="text"/>		
Primary Mobile Contact:	<input type="text"/>		

ACCOUNT OPENING FORM

ID Type: National ID Passport Voters ID SSNIT Biometric Card

ID Number: Issue Date:

Place of Issue: Expiry Date:

Primary Mobile Contact:

Mobile Contact:

(Alternative)

ACCOUNT SIGNATORY DETAILS 1

Surname: First Name:

Other Name(s): Gender: Male Female

Job Title:

Date of Birth: Nationality:

Resident Status: Resident Ghanaian Non-Resident Ghanaian

Resident Foreigner Non-Resident Foreigner

Nationality: Country of Residence:

If Nationality is not Ghana, please provide the following:

Resident Permit Number: Permit Issue Date:

Place of Issue: Permit Expiry Date:

Residential Address:

City / Town: Digital Address:

Ghana Post GPS

Postal Address:

Email Address:

Primary Mobile Contact:

ID Type: National ID Passport Voters ID SSNIT Biometric Card

ID Number: Issue Date:

Place of Issue: Expiry Date:

Primary Mobile Contact:

Mobile Contact:

(Alternative)

Signature:

PHOTO

Date:

Insert Passport Picture Here

ACCOUNT OPENING FORM

ACCOUNT SIGNATORY DETAILS 2

Surname: First Name:

Other Name(s): Gender: Male Female

Job Title:

Date of Birth: Nationality:

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

Nationality: Country of Residence:

If Nationality is not Ghana, please provide the following:

Resident Permit Number Permit Issue Date
Place of Issue Permit Expiry Date

Residential Address:

City / Town: Digital Address:
Ghana Post GPS

Postal Address:

Email Address:

Primary Mobile Contact:

ID Type: National ID Passport Voters ID SSNIT Biometric Card

ID Number: Issue Date:

Place of Issue Expiry Date:

Primary Mobile Contact:

Mobile Contact:
(Alternative)

Signature



Date:

Insert Passport Picture Here

ACCOUNT SIGNATORY DETAILS 3

Surname: First Name:

Other Name(s): Gender: Male Female

Job Title:

ACCOUNT OPENING FORM

Date of Birth: Nationality:

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

Nationality: Country of Residence:

If Nationality is not Ghana, please provide the following:

Resident Permit Number Permit Issue Date
 Place of Issue Permit Expiry Date

Residential Address:

City / Town: Digital Address:
Ghana Post GPS

Postal Address:

Email Address:

Primary Mobile Contact:

ID Type: National ID Passport Voters ID SSNIT Biometric Card

ID Number: Issue Date:

Place of Issue Expiry Date:

Primary Mobile Contact:

Mobile Contact:
(Alternative)

Signature



Date:

Insert Passport Picture Here

ADDITIONAL ACCOUNT SIGNATORY FORM



ACCOUNT SIGNATORY DETAILS 4

Surname: First Name:

Other Name(s): Gender: Male Female

Job Title:

Date of Birth: Nationality:

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

Nationality: Country of Residence:

If Nationality is not Ghana, please provide the following:

Resident Permit Number Permit Issue Date
Place of Issue Permit Expiry Date

Residential Address:

City / Town: Digital Address:
Ghana Post GPS

Postal Address:

Email Address:

Primary Mobile Contact:

ID Type: National ID Passport Voters ID SSNIT Biometric Card

ID Number: Issue Date:

Place of Issue Expiry Date:

Primary Mobile Contact:

Mobile Contact:
(Alternative)

Signature



Date:

Insert Passport Picture Here

Mandate Authorization Only to Sign Either to Sign Both to Sign

ACCOUNT OPENING FORM

BENEFICIAL OWNERS INFORMATION

Complete this form for shareholders with more than **15%** ownership in the business

BENEFICIAL OWNER 1

BENEFICIAL OWNER 2

Full Name:

Home Address:

Postal Address:

ID Type: National ID Passport

SSNIT Biometric Card Voters ID

ID Number:

Date of Birth:

Contact Number:

Ownership Percentage: %

Full Name:

Home Address:

Postal Address:

ID Type: National ID Passport

SSNIT Biometric Card Voters ID

ID Number:

Date of Birth:

Contact Number:

Ownership Percentage: %

BOARD OF DIRECTORS

DIRECTOR 1

DIRECTOR 2

Designation:

Full Name:

Home Address:

Postal Address:

ID Type: National ID Passport

SSNIT Biometric Card Voters ID

ID Number:

Date of Birth:

Contact Number:

Designation:

Full Name:

Home Address:

Postal Address:

ID Type: National ID Passport

SSNIT Biometric Card Voters ID

ID Number:

Date of Birth:

Contact Number:

DIRECTOR 3

DIRECTOR 4

Designation:

Full Name:

Home Address:

Postal Address:

ID Type: National ID Passport

SSNIT Biometric Card Voters ID

ID Number:

Date of Birth:

Contact Number:

Designation:

Full Name:

Home Address:

Postal Address:

ID Type: National ID Passport

SSNIT Biometric Card Voters ID

ID Number:

Date of Birth:

Contact Number:

ACCOUNT OPENING FORM

SIGNING MANDATE

Mandate Authorization
 A Only One to Sign
 B Two to Sign
 C Three to Sign
 D All to Sign
 Others
Mandate Type
Signature I
Full Name:

Date:

Mandate Type
Signature III
Full Name:

Date:

Mandate Type
Signature II
Full Name:

Date:

Mandate Type
Signature IV
Full Name:

Date:

EMAIL / TELEPHONE / FAX INDEMNITY

I/we hereby declare that transactions on my/our account would ordinarily be authorized by me/us in person or in writing with my/our original signature(s) and ID(s). I/we however reserve the right to issue instructions for transactions on my/our account by fax, email or telephone call at the discretion of Bora Capital Advisors. I/we further wish to state that I/we am/are aware that fax, email and telephone authorizations are insecure and can be tampered with. By signing this form, I/we agree to indemnify or absolve Bora Capital Advisors Limited from any losses and all other liabilities that may result from electronic authorisations.

Signature

.....

Signature:

.....

Date:

Date:

FOR INTERNAL USE ONLY:

Account Opened By Licensed Officer
Name of Officer

Position:

Signature

.....

Date:

Approved By Compliance Officer/AMLRO:
Name of Officer

Position:

Signature:

.....

Date:

**Accounts of High Risk Nature must be jointly approved by CEO/Executive/Senior Manager and Compliance Officer*

Name of Officer

Position:

Signature

.....

Date:

Comments:

ACCOUNT OPENING FORM

CLIENT ADDITIONAL INFORMATION (1)

NB: The following questions are designed to enable the institution determine the whether the client is a **Politically Exposed Person (PEP)**

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 (if not the applicant) and nature of the position:

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official **outside** Ghana

Yes

No

If yes to any above, please specify name (if not the applicant) and nature of the position:

CUSTOMER RISK PROFILE

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

State Nature of Business

CHECKLIST

SN.	Documents Required	Verification Status			
		Yes	No	N/A	
1.	Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Certificate of Incorporation and Certificate to Commence Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Board resolution to open account and nomination of signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Copy of Memorandum and Articles of Association (Forms A, 3, 17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Tax Identification Number (TIN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Partnership Deed (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Constitution if unregistered association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Act / Gazette for Government Agency (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	One passport-sized photograph of each signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Resident / Work Permit (for Non-Ghanaians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Evidence of registration with other Government Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Power of Attorney (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Letter of Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Proof of Company Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Proof of Identity of all signatories and representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Executed Management Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT OPENING FORM

NON-DISCRETIONARY CLIENT AGREEMENT

1. Bora Advisors is a trading name of Bora Capital Advisors Limited.
2. Bora Advisors will manage your investments (the Assets) solely at your own discretion. Unless instructed otherwise, this Agreement is to be read in conjunction with your KYC form and therefore forms the basis on which Bora Advisors will manage your fund.
3. This Non -Discretionary Agreement allows you to authorize us to buy, sell, collect income, apply dividends, vote, accept take overs, take up and exercise rights and generally manage the Assets on your behalf, subsequently providing you with transactional information and periodic reports. We warrant and undertake at all times to use all reasonable care and skill in the performance of our duties pursuant to this Agreement. Bora Advisors will not commit you beyond the value of the cash and securities placed by you under our control unless this is previously agreed with you.
4. Bora Advisors will not commit you beyond the value of the cash and securities placed by you under our control unless this is previously agreed with you.
5. Bora Advisors will make telephone calls in carrying out our non-discretionary investment management function and also to discuss the overall structure of the portfolio or changes in your circumstances or objectives.
6. Bora Advisors will abide by instructions given to us by you on all matters related to your portfolio and will give reasons for making individual decisions.
7. You should be aware that Bora Advisors might amend its Terms of Business by sending you a written notice describing the relevant changes. Such changes will become effective on the date specified in the notice, which shall be at least 10 business days from the giving of such notice unless it is impractical in the circumstances to give such notice.
8. We appreciate that we may execute and effect settlement on your behalf regarding the following investment type at your sole discretion:
 - a) Government Securities (Treasury Bills, Notes & Bonds).
 - b) Corporate Debt/Bond including Fixed Deposits.
 - c) Open and Closed-end and Hybrid Funds.
 - d) Money Market (Cash & Cash equiv.).
 - e) Equities in Ghana and such other investments as we may agree with you from time to time.
9. You have agreed that from time to time as part of normal settlement procedures where investments are pooled your investments may be used with those of other customers to settle various transactions.
10. If you wish to exercise voting or other rights in respect of a particular investment Bora Advisors will exercise those rights on your behalf in accordance with your instructions.
11. You agree that, whereas Account Information and Mandate require written and signed confirmation of all instructions, it would be convenient if the client could at any time and from time to time, send instructions to Bora Capital via e-mail. Such Instructions will thereafter be regarded as binding to the Account and indemnifies Bora Capital from any legal consequences arising from the Instruction.
12. Charges payable by you to Bora Advisors will be based on the agreed rate below. The amount will be based on the total value of the portfolio under our control including cash and is payable quarterly in arrears. Fees payable by you will be directly debited from your account every three months from maturities and cash balance.

The agreed Management Fees will be % per annum.
9. This agreement may be terminated, without penalty, and without prejudice to the completion of transactions already initiated on your behalf by either party giving immediate notice to that effect to the other. After termination of the agreement, Bora Advisors will not execute any further transactions for you except at your specific request and subject to a new Terms of Business letter or Clients Agreement being entered into. All oral instructions must be terminated in writing by both parties.

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 Investment Account(s) in my/our name and undertake to notify Bora Capital Advisors 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 Bora Capital Advisors. Bora Capital Advisors accepts no liability for any direct or consequential loss arising from my/our decision. I/We also declare that all debits incurred on my/our Investment account(s) by virtue of my/our trade orders shall be settled by me/us accordingly.

Name:

Name:

Signature:

.....

Signature:

.....

Date:

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

Date:

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

FEES APPLICABLE

Annual fees on Funds Under Management for Individuals and Institutional Funds

SIZE OF FUND	DISCRETIONARY MANDATE	NON-DISCRETIONARY MANDATE
Below GH¢ 0.5 million	1.25%	1.35%
GH¢ 0.5 - GH¢ 2.5 million	1.0%	1.15%
Above GH¢ 2.5 million	0.85%	1.00%

NB: Fees are accrued quarterly but paid/deducted from matured instruments or new contributions.