



# TRUST ACCOUNT APPLICATION AND MANDATE FORMS

Know Your Client (KYC) Application Form

Client Account No:

Please complete this form in **BLOCK CAPITALS** and preferably in black ink. In case this form does not provide enough space for the details of all required parties, kindly use the "Additional Forms" as necessary. If your application requires additional documents, please be sure to enclose them with your application. If you need any help completing this form, please call us on **+233 507 712 343**.

### DETAILS OF TRUST: Please tell us about the trust you would like to open.

Name of Trust

Purpose of Trust

Date Established:

Address of Trust:

Trust Phone Number:

Source of Trust Funds:  Salary  Proceeds from Business  Inheritance / Gifts   
 Personal Savings  Others  If others, please specify:

Initial Investment Amount:

Top-Up Frequency:  Monthly  Quarterly  Bi-Annually  Annually  Unspecified

### PERSONAL DETAILS OF TRUST ACCOUNT SPONSORS:

In order to ensure that the firm's information is always up to date, and to comply with Anti-Money Laundering regulations, we are required to identify and all applicants for accounts, as well as other parties to the relationship. If this section does not provide enough space for extra sponsors, please use "Additional Form" as necessary.

### DONOR / SPONSOR I

Type:  Individual  Corporate

Name:

Date of Birth / Incorporation:

Contact Number:

TIN

Email Address

### DONOR / SPONSOR I ADDITIONAL INFORMATION (A)

*\*To be Completed if Sponsor is a Corporate Body*

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

Business Registration Number:

Postal Address:

Location of Business:

Nearest Landmark:  Digital Address:   
Ghana Post GPS

City / Town:  Nature of Business:

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

\*Proof Document(s) should **not be more than 3 months** from date of application

Key Contact Person:

Name:  Designation:

## ACCOUNT OPENING FORM

### DONOR / SPONSOR | ADDITIONAL INFORMATION (B)

*\*To be Completed if Sponsor is an Individual*

Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Other: <input style="width: 80%;" type="text"/>
Surname:	<input style="width: 100%;" type="text"/>			First Name:	<input style="width: 100%;" type="text"/>	
Other Name(s):	<input style="width: 100%;" type="text"/>			Maiden Name:	<input style="width: 100%;" type="text"/>	
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mother's Maiden Name:	<input style="width: 100%;" type="text"/>			Father's Name:	<input style="width: 100%;" type="text"/>	
Resident Status:	Resident Ghanaian <input type="checkbox"/>	Resident Foreigner <input type="checkbox"/>	Non-Resident Ghanaian <input type="checkbox"/>	Non-Resident Foreigner <input type="checkbox"/>		
Nationality:	<input style="width: 100%;" type="text"/>			Country of Residence:	<input style="width: 100%;" type="text"/>	
<i>If Nationality is not Ghana, please provide the following:</i>						
Resident Permit Number	<input style="width: 100%;" type="text"/>			Permit Issue Date	<input style="width: 100%;" type="text"/>	
Place of Issue	<input style="width: 100%;" type="text"/>			Permit Expiry Date	<input style="width: 100%;" type="text"/>	
Occupation:	<input style="width: 100%;" type="text"/>			Profession:	<input style="width: 100%;" type="text"/>	
TIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

### CONTACT DETAILS

Residential Address:	<input style="width: 100%;" type="text"/>		
Nearest Landmark:	<input style="width: 90%;" type="text"/>	Digital Address:	<input style="width: 100%;" type="text"/>
City / Town:	<input style="width: 100%;" type="text"/>		
Postal Address:	<input style="width: 100%;" type="text"/>		
Email Address:	<input style="width: 100%;" type="text"/>		
Primary Mobile Contact:	<input style="width: 100%;" type="text"/>		
Mobile Contact: <i>(Alternative)</i>	<input style="width: 100%;" type="text"/>		

### PROOF OF IDENTITY

ID Type:	National ID <input type="checkbox"/>	Passport <input type="checkbox"/>	Voters ID <input type="checkbox"/>	SSNIT Biometric Card <input type="checkbox"/>			
ID Number:	<input style="width: 100%;" type="text"/>		Issue Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Issue:	<input style="width: 100%;" type="text"/>		Expiry Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## ACCOUNT OPENING FORM

### 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"/>

### CLIENT ADDITIONAL INFORMATION (1)

*NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)*

**Do you, your spouse, or any other immediate family member, including parents, in-laws, siblings and dependents 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:**

### CLIENT ADDITIONAL INFORMATION (2)

*NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON REPORTING STANDARDS AS WELL AS FATCA (Foreign Account Tax Compliance Act)*

Are you a citizen of any foreign country (besides Ghana)? Yes     No

Do you hold passport of any foreign country (besides Ghana)? Yes     No

Do you hold green card of any foreign country (besides Ghana)? Yes     No

Are you resident in any foreign country? Yes     No

Have you spent more than 183 days in any foreign country? Yes     No

**If the responses to any of the above questions is Yes, please provide the following information:**

Full Name:

Foreign Residential Address:

Foreign Mailing Address:

Foreign Telephone Number:

Foreign Tax Identification Number (TIN)/Social Security Number (SSN)/National Identity Number:

### UNDERTAKING TO BE SIGNED ONLY BY THOSE WHO RESPONDED 'YES' TO THE FIRST SET OF QUESTIONS ABOVE

Subject to the applicable local laws, I hereby give consent to the Institution to share my information with foreign tax authorities where necessary to establish my tax liability. Where required by domestic or foreign tax authorities, I give my consent and agree that the Institution may withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

**Signature:** ..... **Date:**

# ADDITIONAL DONOR / SPONSOR FORM



## DONOR / SPONSOR II

Type: Individual  Corporate

Name:

Date of Birth / Incorporation:

Contact Number:

TIN:

Email Address:

## DONOR / SPONSOR I ADDITIONAL INFORMATION (A)

*\*To be Completed if Sponsor is a Corporate Body*

Status: Sole-Proprietorship  Partnership  Private Ltd. Co.  Public Ltd. Co.  NGO / Trust

Government Institution  Investment Club  Financial Institutions  Others

Business Registration Number:

Postal Address:

Location of Business:

Nearest Landmark:  Digital Address:   
*Ghana Post GPS*

City / Town:  Nature of Business:

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

*\*Proof Document(s) should not be more than 3 months from date of application*

Key Contact Person: Name:  Designation:

## DONOR / SPONSOR I ADDITIONAL INFORMATION (B)

*\*To be Completed if Sponsor is an Individual*

Title: Mr.  Mrs.  Ms.  Prof.  Dr.  Other:

Surname:  First Name:

Other Name(s):  Maiden Name:

Marital Status: Single  Married  Gender: Male  Female

Date of Birth:         Place of Birth:

Mother's Maiden Name:  Father's Name:

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:

# ADDITIONAL DONOR / SPONSOR FORM



## DONOR / SPONSOR II

**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**

**Occupation:**  **Profession:**

**TIN**

## CONTACT DETAILS

**Residential Address:**

**Nearest Landmark:**  **Digital Address:**

*Ghana Post GPS*

**City / Town:**

**Postal Address:**

**Email Address:**

**Primary Mobile Contact:**

**Mobile Contact:**

## PROOF OF IDENTITY

**ID Type:** **National ID**  **Passport**  **Voters ID**  **SSNIT Biometric Card**

**ID Number:**  **Issue Date:**

**Place of Issue:**  **Expiry Date:**

# ACCOUNT OPENING FORM

## 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"/>

## CLIENT ADDITIONAL INFORMATION (1)

**NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)**

**Do you, your spouse, or any other immediate family member, including parents, in-laws, siblings and dependents 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:**

## CLIENT ADDITIONAL INFORMATION (2)

**NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON REPORTING STANDARDS AS WELL AS FATCA (Foreign Account Tax Compliance Act)**

Are you a citizen of any foreign country (besides Ghana)? Yes  No

Do you hold passport of any foreign country (besides Ghana)? Yes  No

Do you hold green card of any foreign country (besides Ghana)? Yes  No

Are you resident in any foreign country? Yes  No

Have you spent more than 183 days in any foreign country? Yes  No

**If the responses to any of the above questions is Yes, please provide the following information:**

Full Name:

Foreign Residential Address:

Foreign Mailing Address:

Foreign Telephone Number:

Foreign Tax Identification Number (TIN)/Social Security Number (SSN)/National Identity Number:

### UNDERTAKING TO BE SIGNED ONLY BY THOSE WHO RESPONDED 'YES' TO THE FIRST SET OF QUESTIONS ABOVE

Subject to the applicable local laws, I hereby give consent to the Institution to share my information with foreign tax authorities where necessary to establish my tax liability. Where required by domestic or foreign tax authorities, I give my consent and agree that the Institution may withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

Signature: ..... Date:

# ACCOUNT OPENING FORM

## BENEFICIAL OWNERSHIP INFORMATION

Kindly provide details of beneficiaries entitled to the assets of the Trust. When designating beneficiaries, be sure the percentages total 100%. You are not limited to three beneficiaries, to designate additional beneficiaries, please attach, date, and sign an "Additional Form" as necessary.

### BENEFICIARY A

Relationship: Spouse  Child  Sibling  Legal Entity  Estate  Parent  Other  Share:    %

Surname:  First Name:

Other Name(s):  Gender: Male  Female

Marital Status: Single  Married  Place of Birth:

Date of Birth:         Nationality:

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:

### BENEFICIARY B

Relationship: Spouse  Child  Sibling  Legal Entity  Estate  Parent  Other  Share:    %

Surname:  First Name:

Other Name(s):  Gender: Male  Female

Marital Status: Single  Married  Place of Birth:

Date of Birth:         Nationality:

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:

## ADDITIONAL BENEFICIARY FORM

### BENEFICIARY C

Relationship: Spouse  Child  Sibling  Legal Entity  Estate  Parent  Other  Share:    %

Surname:  First Name:

Other Name(s):  Gender: Male  Female

Marital Status: Single  Married  Place of Birth:

Date of Birth:         Nationality:

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:

### BENEFICIARY D

Relationship: Spouse  Child  Sibling  Legal Entity  Estate  Parent  Other  Share:    %

Surname:  First Name:

Other Name(s):  Gender: Male  Female

Marital Status: Single  Married  Place of Birth:

Date of Birth:         Nationality:

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:

## ACCOUNT OPENING FORM

### TRUSTEE SIGNATORIES

Please provide details and signatures of individuals who wish to sign on this account. In case this section does not provide enough space for extra sponsors, use an "Additional Form" as necessary.

#### TRUSTEE SIGNATORY I

**Surname:**  **First Name:**   
**Other Name(s):**  **Gender:** Male  Female   
**Marital Status:** Single  Married  **Place of Birth:**   
**Date of Birth:**         **Nationality:**   
**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:**    
**Place of Issue:**   
**Issue Date:**          
**Expiry Date:**         **Signature I**  
**Date:**

#### TRUSTEE SIGNATORY II

**Surname:**  **First Name:**   
**Other Name(s):**  **Gender:** Male  Female   
**Marital Status:** Single  Married  **Place of Birth:**   
**Date of Birth:**         **Nationality:**   
**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:**    
**Place of Issue:**   
**Issue Date:**          
**Expiry Date:**         **Signature II**  
**Date:**

# ADDITIONAL TRUSTEE SIGNATORIES FORM



## TRUSTEE SIGNATORY III

Surname:  First Name:

Other Name(s):  Gender: Male  Female

Marital Status: Single  Married  Place of Birth:

Date of Birth:         Nationality:

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:

Place of Issue:

Issue Date:

Expiry Date:

Signature III

Date:

## TRUSTEE SIGNATORY IV

Surname:  First Name:

Other Name(s):  Gender: Male  Female

Marital Status: Single  Married  Place of Birth:

Date of Birth:         Nationality:

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:

Place of Issue:

Issue Date:

Expiry Date:

Signature IV

Date:

## ACCOUNT OPENING FORM

### SIGNING MANDATE

You can choose the number of signatories you wish to have on your account. Any individual who wishes to be able to view and/or transact on this account must be identified as an Authorized Signatory. If an individual is not identified as an Authorized Signatory then we will not accept their signature as authorization to carry out a transaction, e.g. on a letter, or a faxed request, etc.

*Please tick any one of the boxes below to indicate the total number of authorized signatories:*

Mandate Authorization    **Only One to Sign**     **Two to Sign**     **more than two to sign, please specify how many**

### 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

#### Approved By Compliance Officer/AMLRO:

Name of Officer:

Name of Officer:

Position:

Position:

Signature: .....

Signature: .....

Date:

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:

### CHECKLIST

SN.	Documents Required	Verification Status		
1.	Passport-sized photographs (Account holders / Beneficiaries)	Yes	No	N/A
2.	Proof of Identity	Yes	No	N/A
3.	Proof of Identity of Account Beneficiary	Yes	No	N/A
4.	Proof of Address	Yes	No	N/A
5.	Specimen Signature(s)	Yes	No	N/A
6.	Email Indemnity (for clients with email address)	Yes	No	N/A
7.	Proof of Foreign Address (for Non-Resident clients)	Yes	No	N/A
8.	Resident / Work Permit (for Non-Ghanaians)	Yes	No	N/A
9.	Executed Management Agreement (Strictly for High Net Worth Clients)	Yes	No	N/A

## ACCOUNT OPENING FORM

### 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 our 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 Discretionary Agreement authorizes us to buy, sell, collect income, apply dividends, vote, accept takeovers, 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.
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 not normally make telephone calls in carrying out our discretionary investment management function but we may telephone you from time to time to discuss the overall structure of the portfolio or changes in your circumstances or objectives.
6. Bora Advisors will use our own judgment on all matters related to your portfolio and will not normally give reasons for making individual decisions unless you ask specifically for such reasons.
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. Subject to any restrictions indicated by you, we shall be entitled to execute and effect settlement of any kind of transaction on your behalf in relation to investments of the following type:
  - 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 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.
13. 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.
14. Bora Advisors agrees to provide the investment management services in accordance with the terms and conditions of this Agreement for and on behalf of Bora Capital Advisors Limited.

### BLIND/ILLETERATE CUSTOMER RATIFICATION

I declare that the contents of this form as well as terms and conditions governing this relationship have been fully read and explained to the Customer and the Customer seemed perfectly to understand and approve same before making his mark. The contents herein were explained to the Customer in the ..... language by:

### 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**

<b>SIZE OF FUND</b>	<b>DISCRETIONARY MANDATE</b>	<b>NON-DISCRETIONARY MANDATE</b>
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.