

APPLICATION FORM - INDIVIDUALS

FUND TYPE

Bora Fixed Income Unit Trust

Bora Balanced Unit Trust

ACCOUNT CATEGORY

Individual

Joint

In Trust For

APPLICANT 1: PERSONAL INFORMATION

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
Resident Foreigner

Non-Resident Ghanaian
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

Occupation:

Profession:

TIN

CONTACT DETAILS

Residential Address:

Nearest Landmark: Digital Address:
Ghana Post GPS...

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

Postal Address:

Email Address:

Primary Mobile Contact:

Mobile Contact:
(Alternative)

PROOF OF IDENTITY

National ID Number:
(Ghana Card only) Issue Date:

Place of Issue:
Expiry Date:

APPLICATION FORM - INDIVIDUALS



STATEMENT SERVICES

Mode of Statement Delivery: Email SMS Collection

Statement Frequency: Monthly Quarterly

EMPLOYMENT / BUSINESS DETAILS

Status: Employed Self-employed Unemployed Retired Student

Years of Employment Years of Current Employment Years of Previous Employment

Total Monthly Income Range: Below 1,000 1,000 - 5,000
5,000-10,000 Above 10,000

NB: Income includes salary and other income/cash inflows

Employer / Business / School Name:

Employer / Business / School Address:

Nearest Landmark: Digital Address:
Ghana Post GPS

City / Town: Nature of Business:

Business/School/Office Contact Number 1:

Business/School/Office Contact Number 2:

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"/>

EXPECTED ACCOUNT ACTIVITY

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

Initial Investment Amount:

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

Withdrawals: Monthly Quarterly Bi-Annually Annually Unspecified

Regular Top-up Amount: Regular Withdrawal Amount:

BANK ACCOUNT DETAILS

Bank Name Account Number

Account Name Bank Branch

APPLICATION FORM - INDIVIDUALS

(For second applicant - Joint Accounts only)

APPLICANT 2: PERSONAL INFORMATION

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:**

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:
(Alternative)

PROOF OF IDENTITY

National ID Number: **Issue Date:**

Place of Issue: **Expiry Date:**

APPLICATION FORM - INDIVIDUALS

(For second applicant - Joint Accounts only)

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Employer / Business / School Address:

Nearest Landmark: Digital Address:
Ghana Post GPS

City / Town: Nature of Business:

Business/School/Office Contact Number 1:

Business/School/Office Contact Number 2:

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"/>

EXPECTED ACCOUNT ACTIVITY

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BANK ACCOUNT DETAILS

Bank Name Account Number

Account Name Bank Branch

Please use this section of the form to designate a Next Of Kin to this account and/or beneficiary (s) to receive your Investment Account after your death. If you would like your Investment Account to be distributed according to the statutory order of precedence or at the discretion of the Next of Kin, do not complete the Beneficiary Section. Additional forms for extra beneficiaries can be obtained.



APPLICATION FORM - INDIVIDUALS

NEXT OF KIN

Relationship: Spouse Child Sibling Legal Entity Parent Other:

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:

National ID Number: (Ghana Card only) Issue Date:

Place of Issue: Expiry Date:

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:

National ID Number: (Ghana Card only) Issue Date:

Place of Issue: Expiry Date:

ADDITIONAL BENEFICIARY FORM

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:

National ID Number:
(Ghana Card only) Issue Date:

Place of Issue: Expiry Date:

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:

National ID Number:
(Ghana Card only) Issue Date:

Place of Issue: Expiry Date:

APPLICATION FORM - INDIVIDUALS

SIGNING MANDATE

Mandate Authorization

Only One to Sign

Either to Sign

Both to Sign

Signature I

Signature II

Full Name:

Full Name:

Date:

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

Date:

D	D	M	M	Y	Y	Y	Y
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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:

D	D	M	M	Y	Y	Y	Y
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APPLICATION FORM - INDIVIDUALS

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

Date:

Signature:

Date:

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 prospectus as well as contents of this application and have given my/our consent by virtue of my/our signature(s) on this form. 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:

Date:

Signature:

Date:



Insert Passport Picture Here



Insert Passport Picture Here

APPLICATION FORM - INDIVIDUALS

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:

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

CHECKLIST

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