

BORA CAPITAL ADVISORS

No. 3 Dano Court, Boundary Road, East Legon, Accra | Box CT 10524, Cantonments, Accra Tel: +233 507 712 343 | E-mail: info@boradvisors.com | www.boradvisors.com

APPLICATION FORM - TRUST

FUND TYPE Bora Balanced Unit Trust Bora Fixed Income Unit Trust 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: Proceeds from Business** Salary Inheritance / Gifts **Source of Trust Funds: 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: Corporate Individual 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 **Partnership** Private Ltd. Co. Public Ltd. Co. NGO / Trust **Sole-Proprietorship** Status: **Investment Club Financial Institutions Business Registration No.: Postal Address: Location of Business: Digital Address: Nearest Landmark: Nature of Business:** City / Town: **Latest Utility Bill Latest Bank Statement** Others: **Proof of Address:** *Proof Document(s) should not be more than 3 months from date of application **Key Contact Person** Name: Designation:



DONOR / SPO	NSOR I ADDITI	ONAL INFORMA	ATION (B)					
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:	D D I	M M Y	YYY	Place of Birth:				
Mother's Maiden Name:				Father's Name:				
Resident Status	: Res	sident Ghanaian		Non-Resident Gha	anaian			
	Res	sident Foreigner		Non-Resident For	eigner			
Nationality:	If Nationality is	s not Ghana, plea		Country of Residence:				
	Resident Pern	· ·	ise provide the h	Silowing.	Permit Is	ssue Date		
	Discount Land				D	dia Bata		
	Place of Issue				Permit E	xpiry Date		
Occupation:				.				
TIN		TTT	TTT	Profession:				
CONTACT DET								
Residential Add	dress:			Digital Addr	ess:			
Nearest Landm	ark:			Digital Addre Ghana Post G	SPS			
Proof of Addre		ty Bill L	atest Bank Stat	ement Others:				
Postal Address:	:							
Email Address:								
Primary Mobile	Contact:							
Mobile Contact (Alternative)	•							
PROOF OF IDE	NTITY							
National ID Nu (Ghana Card on)	mber:			Issue Date:	D D	M M	YY	YY
Place of Issue:				Expiry Date:	D D	M M	YY	YY



Signature:

STATEMENT SERVICES													
Mode of Statement Delivery: Email SMS Collection													
Statement Frequency:	Monthly		Quarterly										
CLIENT INVESTMENT PROFILE													
Investment Knowledge	on	Risk T	olerance										
Sophisticated	Safety	Safety 1 – 3 Years											
Good	Income		3 – 5 Years		Medium								
Fair	Balance		5 – 10 Years		Medium - H	igh							
Novice	Growth		10+ Years		High								
CLIENT ADDITIONAL INFORMA	TION (1)												
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 yes No corporation officer, high rank political party official in Ghana													
If yes to any above, please specificant) and nature of the	fy name (if not												
A head of state/government, politic corporation officer, high rank politic			itary official, senior publ	ic	Yes	No							
If yes to any above, please specified the applicant) and nature of the													
CLIENT ADDITIONAL INFORMA NB: THE FOLLOWING QUESTIONS AS (Foreign Account Tax Compliance As	RE DESIGNED TO CAPTURE I	NFORMAT	TION FOR COMMON REPO	ORTING STAI	NDARDS AS WELL	L AS FATCA							
Are you a citizen of any foreign co					Yes	No							
Do you hold passport of any foreig	gn country (besides Ghana)	?			Yes	No							
Do you hold green card of any for	eign country (besides Ghan	na)?			Yes	No							
Are you resident in any foreign cou	untry?				Yes	No							
Have you spent more than 183 day	s in any foreign country?				Yes	No							
If the responses to any of the ab	ove questions is Yes, plea	ase provi	de the following infor	mation:									
Full Name:													
Foreign Residential Address:													
Foreign Mailing Address:													
Foreign Telephone Number:													
UNDERTAKING TO BE SIGNED O Subject to the applicable local law necessary to establish my tax liak	NLY BY THOSE WHO RES rs, I hereby give consent to bility. Where required by d	the Instit	YES' TO THE FIRST SI cution to share my inform or foreign tax authorities	ET OF QUES mation with es, I give my	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								



DONOR / SPONSOR II									
Type:	Individual	Corpo	orate						
Name:									
Date of Birth / Incorporat	ion: D D M M	YYYY							
Contact Number:									
TIN									
Email Address									
DONOR / SPONSOR II ADDITIONAL INFORMATION (A)									
*To be Completed if Sponsor is a C		Duitinata Ltd. Co. Duiblic Ltd. Co	o. NGO / Trust						
Status: Sole-Proprieto		Private Ltd. Co. Public Ltd. Co							
	Investment Club	Financial Institut	ions						
Business Registration No	L: 								
Postal Address:									
Location of Business:									
Nearest Landmark:		Digital Address: <i>Ghana Post GPS</i>							
City / Town:		Nature of Business:							
Proof of Address:	Latest Utility Bill	Latest Bank Statement	Others:						
Key Contact Person	*Proof Document(s) should not b	e more than 3 months from date of application							
Name:		Designation:							
DONOR / SPONSOR II AI	DDITIONAL INFORMATION (B)								
Title: Mr.	Mrs. Ms.	Prof. Dr.	Other:						
Surname:		First Name:							
Other Name(s):		Maiden Name:							
Marital Status: Single	Married	Gender: M	ale Female						
Date of Birth:	M M Y Y Y	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:							
	ality is not Ghana, please provide the	following:							
Resident	Permit Number	Permit Issu	e Date						
Place of	Issue	Permit Exp	iry Date						



DONOR / SPONSOR II	
Occupation:	Profession:
CONTACT DETAILS	
Residential Address:	
Nearest Landmark:	Digital Address: <i>Ghana Post GPS</i>
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: D D M M Y Y Y
Place of Issue:	Expiry Date: D D M M Y Y Y



Signature:

STATEMENT SERVICES													
Mode of Statement Delivery: Email SMS Collection													
Statement Frequency:	Monthly		Quarterly										
CLIENT INVESTMENT PROFILE													
Investment Knowledge	on	Risk T	olerance										
Sophisticated	Safety	Safety 1 – 3 Years											
Good	Income		3 – 5 Years		Medium								
Fair	Balance		5 – 10 Years		Medium - H	igh							
Novice	Growth		10+ Years		High								
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If yes to any above, please specificant) and nature of the	fy name (if not												
A head of state/government, politic corporation officer, high rank politic			itary official, senior publ	ic	Yes	No							
If yes to any above, please specified the applicant) and nature of the													
CLIENT ADDITIONAL INFORMA NB: THE FOLLOWING QUESTIONS AS (Foreign Account Tax Compliance As	RE DESIGNED TO CAPTURE I	NFORMAT	TION FOR COMMON REPO	ORTING STAI	NDARDS AS WELL	L AS FATCA							
Are you a citizen of any foreign co					Yes	No							
Do you hold passport of any foreig	gn country (besides Ghana)	?			Yes	No							
Do you hold green card of any for	eign country (besides Ghan	na)?			Yes	No							
Are you resident in any foreign cou	untry?				Yes	No							
Have you spent more than 183 day	s in any foreign country?				Yes	No							
If the responses to any of the ab	ove questions is Yes, plea	ase provi	de the following infor	mation:									
Full Name:													
Foreign Residential Address:													
Foreign Mailing Address:													
Foreign Telephone Number:													
UNDERTAKING TO BE SIGNED O Subject to the applicable local law necessary to establish my tax liak	NLY BY THOSE WHO RES rs, I hereby give consent to bility. Where required by d	the Instit	YES' TO THE FIRST SI cution to share my inform or foreign tax authorities	ET OF QUES mation with es, I give my	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								



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 four 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: D D M M Y Y Y Y	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: D D M M	YYYY
Place of Issue:	Expiry Date: D D M M	YYYY
BENEFICIARY B		
BENEFICIARY B Relationship: Spouse Child Sibling Legal Entity	Estate Parent Other	Share: %
Relationship: Spouse Child Sibling Legal Entity	Estate Parent Other	Share: %
Relationship: Spouse Child Sibling Legal Entity Surname:	First Name:	Share: %
Relationship: Spouse Child Sibling Legal Entity	First Name: Gender: Male	Share: %
Relationship: Spouse Child Sibling Legal Entity Surname:	First Name:	Snare:
Relationship: Spouse Child Sibling Legal Entity Surname: Other Name(s):	First Name: Gender: Male	Snare:
Relationship: Spouse Child Sibling Legal Entity Surname: Other Name(s): Marital Status: Single Married	First Name: Gender: Male Place of Birth: Nationality:	Snare:
Relationship: Spouse Child Sibling Legal Entity Surname: Other Name(s): Marital Status: Single Married Date of Birth: D D M M Y Y Y Y	First Name: Gender: Male Place of Birth:	Snare:
Relationship: Spouse Child Sibling Legal Entity Surname: Other Name(s): Marital Status: Single Married Date of Birth: D D M M Y Y Y Y Residential Address:	First Name: Gender: Male Place of Birth: Nationality:	Snare:
Relationship: Spouse Child Sibling Legal Entity Surname: Other Name(s): Marital Status: Single Married Date of Birth: D D M M Y Y Y Y Residential Address: City / Town:	First Name: Gender: Male Place of Birth: Nationality:	Snare:
Relationship: Spouse Child Sibling Legal Entity Surname: Other Name(s): Marital Status: Single Married Date of Birth: D D M M Y Y Y Y Residential Address: City / Town: Postal Address:	First Name: Gender: Male Place of Birth: Nationality:	Snare:
Relationship: Spouse Child Sibling Legal Entity Surname: Other Name(s): Marital Status: Single Married Date of Birth: D D M M Y Y Y Y Residential Address: City / Town: Postal Address: Email Address:	First Name: Gender: Male Place of Birth: Nationality:	Snare:



BENEFICIARY C			
Relationship: Spouse	Child Sibling Legal Entir	ty Estate Parent Of	ther Share: %
Surname:		First Name:	
Other Name(s):		Gender: Mal	e Female
Marital Status: Single	Married	Place of Birth:	
Date of Birth:	M M Y Y Y	Nationality:	
Residential Address:			
City / Town:		Digital Address: <i>Ghana Post GPS</i>	
Postal Address:			
Email Address:			
Primary Mobile Contact:			
National ID Number: (Ghana Card only)		Issue Date:	M M Y Y Y
Place of Issue:		Expiry Date: D D	M M Y Y Y
BENEFICIARY D			
BENEFICIARY D Relationship: Spouse	Child Sibling Legal Entir	ty Estate Parent Of	ther Share: %
	Child Sibling Legal Entit	ty Estate Parent Of	ther Share: %
Relationship: Spouse	Child Sibling Legal Entit		ner Snare:
Relationship: Spouse Surname:	Child Sibling Legal Entir	First Name:	ner Snare:
Relationship: Spouse Surname: Other Name(s):		First Name: Gender: Mal	ner Snare:
Relationship: Spouse Surname: Other Name(s): Marital Status: Single		First Name: Gender: Mal Place of Birth: Nationality:	ner Snare:
Relationship: Spouse Surname: Other Name(s): Marital Status: Single Date of Birth:		First Name: Gender: Mal Place of Birth:	ner Snare:
Relationship: Spouse Surname: Other Name(s): Marital Status: Single Date of Birth:		First Name: Gender: Mal Place of Birth: Nationality:	ner Snare:
Relationship: Spouse Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town:		First Name: Gender: Mal Place of Birth: Nationality:	ner Snare:
Relationship: Spouse Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town: Postal Address:		First Name: Gender: Mal Place of Birth: Nationality:	ner Snare:
Relationship: Spouse Surname: Other Name(s): Marital Status: Single Date of Birth: Residential Address: City / Town: Postal Address: Email Address:		First Name: Gender: Mal Place of Birth: Nationality:	ner Snare:



TRUSTEE SIGNATORY

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 Signatory Form" as necessary.

TRUSTEE SIGNA	TORY I					
Surname:			First Name:			
Other Name(s)	:		Gender:	Male		Female
Job Title:						
Date of Birth:	D D	M M Y Y Y	Nationality:			
Resident Status	s:	Resident Ghanaian	Non-Resident Gh	anaian		
		Resident Foreigner	Non-Resident For	reigner		
Nationality:			Country of Residence:			
	If National Resident I	ity is not Ghana, please provide th Permit Number	ne following:	Permit Issue I	Date	
				B '		
	Place of Is	isue		Permit Expiry	Date	
Residential Ad	dress:					
City / Town:			Digital Addr Ghana Post C	ress: GPS		
Postal Address	:					
Email Address:						
Primary Mobile	Contact:					
National ID Nu (Ghana Card on	ımber: ly)		Issue Date	D D	M M	YYYY
Place of Issue:			Expiry Date	e: D D	MM	YYYY
Signature					РΗ	ОТО
	Date:	D D M M Y	YYY			sport Picture Here



TRUSTEE SIGNA	TORY II													
Surname:						First Name:								
Other Name(s)						Gender:		Male			Femal	.e		
Job Title:														
Date of Birth:	D D	M	Y	Y	7	Nationality:								
Resident Status	s:	Resident Gh	anaian		No	n-Resident Gha	naian							
		Resident Fo	reigner		No	n-Resident Fore	eigner							
Nationality:					Country	of Residence:								
	If National Resident I	ity is not Gha Permit Num	na, please p ber	orovide th	e followin	g:	Permit	t Issue I	Date					
	Place of Is	ssue					Permit	t Expiry	Date					
Residential Ad	dress:													
City / Town:						Digital Addre Ghana Post G	ess: PS							
Postal Address	:													
Email Address:														
Primary Mobile	Contact:													
National ID Nu (Ghana Card on	mber: ly)					Issue Date:	D	D	М	М	Υ	Υ	Υ	
Place of Issue:						Expiry Date	D	D	М	М	Υ	Υ	Υ	
Signature									Р	Н		ГО		
				V .	V	V			Incort	Dagge	ort D:	eture		l
	Date:	DDD	MM	Y	YY	Y			Insert	Passp		cture		



TRUSTEE SIGNA	TORY III													
Surname:						First Name:								
Other Name(s)						Gender:		Male			Fema	ile		
Job Title:														
Date of Birth:	D D	M M	YY	YY		Nationality:								
Resident Status	s:	Resident Gh	anaian		No	on-Resident Gha	naian							
		Resident Fo	reigner		No	n-Resident For	eigner							
Nationality:					_	of Residence:								
	If National Resident F	ity is not Gha Permit Numl	na, please p oer	orovide th	e followir	ng:	Permi	t Issue	Date					
	Place of Is	25110					Dormi	t Expiry	, Data					
	rtace of is	sue					reilit	t Expti y	Date					
Residential Add	dress:													
						Digital Addre	ess:							
City / Town: Postal Address						Griaria POST G	<i>r</i> 5							
Email Address:														
Primary Mobile	Contact:													
National ID Nu (Ghana Card on	mber: (y)					Issue Date:	D	D	М	М	Υ	Υ	Υ	Υ
Place of Issue:						Expiry Date	D	D	М	M	Υ	Υ	Υ	Υ
Signature									P	Н		T		
	Date:	D D	MM	Y	Y	Υ			Insert		port P	icture	9	



SIGNING MANE	PATE			
Mandate Authorization	A Only One to Sign B	Two to Sign	C Three to Sign	All to Sign Others
Mandate Type			Mandate Тур	ре
	Signature I			Signature II
Full Name:			Full Name:	
Date:	D D M M Y Y	YY	Date:	D D M M Y Y Y
Mandate Type			Mandate Ty _l	pe
	Signature III			Signature IV
Full Name:			Full Name:	,
	D D M M Y Y	YY		D D M M Y Y Y
Date:			Date:	
	ONE / FAX INDEMNITY			
original signature telephone call at authorizations are	(s) and ID(s). I/we however reserve the discretion of Bora Capital Advise e insecure and can be tampered wi	the right to issors. I/we furthe ith. By signing	sue instructions for r wish to state that this form, I/we agre	ed by me/us in person or in writing with my/our transactions on my/our account by fax, email or I/we am/are aware that fax, email and telephone ee to indemnify or absolve Bora Capital Advisors
Signature	losses and all other liabilities that m	ay result from (Signature:	tions.
Date:	D D M M Y Y	YY	Date:	D D M M Y Y Y
CUSTOMER RISK	PROFILE			
Client Verification	/ Screening: Indicate platform or n	nedia through wl	nich client ID and Nar	ne was screened
Level of Risk:	Low		Medium	High
Nature of High Ri	sk Exposure: PEP			Non-Resident
	High Risk Business			
FOR INTERNAL U	JSE ONLY:			
Account Opened	By Licensed Officer		Approved By C	ompliance Officer/AMLRO:
Name of Officer			Name of Office	er
Position:			Position:	
Signature			Signature:	
Date:	D D M M Y Y	YY	Date:	D D M M Y Y Y
*Accounts of Hig	h Risk Nature must be iointly appi	roved by CFO/	Executive/Senior I	Manager and Compliance Officer



FOR INTERNAL USE ONLY (AML/CFT/PF Requirement):							
Name o	f Officer						
Position	n:						
. 0511101	••						
					MMV	v v v	
Signatu	re		Date:	ם ן ט	ММ		
Comme	nts:						
CHECK							
SN.		ments Required			erification Status		
1.	Account o	pening form duly completed		Yes	No	N/A	
2.	Specimen	signature card duly completed		Yes	No	N/A	
3.	Certificate	of Incorporation and Certificate to Commence	Business	Yes	No	N/A	
4.	Board reso	plution to open account and nomination of sign	natories	Yes	No	N/A	
<i>5.</i>	Copy of M	demorandum and Articles of Association (Forms	A, 3, 17)	Yes	No	N/A	
6.	Tax Identii	fication Number (TIN)		Yes	No	N/A	
7.	Partnershi	p Deed (where applicable)		Yes	No	N/A	
8	Constitution	on if unregistered association		Yes	No	N/A	
9.	Act / Gaze	ette for Government Agency (where applicable)		Yes	No	N/A	
10.	One passp	port-sized photograph of each signatory		Yes	No	N/A	
11.	Resident /	Work Permit (for Non-Ghanaians)		Yes	No	N/A	
12.	Evidence o	of registration with other Government Agencies		Yes	No	N/A	
13.	Power of A	Attorney (where applicable)		Yes	No	N/A	
14.	Letter of li	ndemnity		Yes	No	N/A	
<i>15.</i>	Proof of C	Ompany Address		Yes	No	N/A	
8	Proof of Id	dentity of all signatories and representatives		Yes	No	N/A	
9.	Executed i	Management Agreement		Yes	No	N/A	
DECLAR	RATION						
I/we her	eby declare t	hat all the information submitted by me/us in t	his form is correct	, true and valid	, that by my/our re	equest, to open and	

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:		Signature:	
Date:	D D M M Y Y Y	Date:	YYYY