

## APPLICATION FORM - TRUST

### FUND TYPE

**Bora Fixed Income Unit Trust**

**Bora Balanced 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:

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**

**Investment Club**

**Financial Institutions**

Business Registration No.:

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:

# APPLICATION FORM - TRUST

## DONOR / SPONSOR | ADDITIONAL INFORMATION (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:**         **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...*

**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:**  **Issue Date:**

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

# APPLICATION FORM - TRUST

## STATEMENT SERVICES

**Mode of Statement Delivery:** Email  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 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:**

## 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:**

# APPLICATION FORM - TRUST

## DONOR / SPONSOR II

Type: Individual  Corporate

Name:

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

Contact Number:

TIN:

Email Address:

## DONOR / SPONSOR II ADDITIONAL INFORMATION (A)

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

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

Investment Club  Financial Institutions

Business Registration No.:

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 II ADDITIONAL INFORMATION (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  M  M  Y  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:

*If Nationality is not Ghana, please provide the following:*

Resident Permit Number  Permit Issue Date

Place of Issue  Permit Expiry Date

# APPLICATION FORM - TRUST

## DONOR / SPONSOR II

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 - TRUST

## STATEMENT SERVICES

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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"/>

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**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:**

# APPLICATION FORM - TRUST

## 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:

Nationality:

Residential Address:

City / Town:  Digital Address:   
Ghana Post GPS

Postal Address:

Email Address:

Primary Mobile Contact:

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

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:

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

Place of Issue:  Expiry Date:

# APPLICATION FORM - TRUST

## 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:  Issue Date:          
*(Ghana Card only)*

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:

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

Place of Issue:  Expiry Date:



# APPLICATION FORM - TRUST

## 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 SIGNATORY I

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:

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

Place of Issue:  Expiry Date:

Signature



Date:

Insert Passport Picture Here

# APPLICATION FORM - TRUST

## TRUSTEE SIGNATORY II

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:

National ID Number:   
*(Ghana Card only)*

Issue Date:

Place of Issue:

Expiry Date:

Signature



Date:

Insert Passport Picture Here

# APPLICATION FORM - TRUST

## TRUSTEE SIGNATORY III

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:

National ID Number:   
*(Ghana Card only)*

Issue Date:

Place of Issue:

Expiry Date:

Signature



Date:

Insert Passport Picture Here

# APPLICATION FORM - TRUST

## 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: .....

Date:

Signature: .....

Date:

## 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**

## 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*

# APPLICATION FORM - TRUST

**FOR INTERNAL USE ONLY (AML/CFT/PF Requirement):**

**Name of Officer**

**Position:**

**Signature** .....

**Date:**

D	D	M	M	Y	Y	Y	Y
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**Comments:**

## 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"/>

## 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:** .....

**Signature:** .....

**Date:**

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

**Date:**

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