

**CDH Balanced Fund**

Wisdom!

CDH BALANCED FUND PLC.

CDH House, No. 36 Independence Avenue, North Ridge, Accra.
 Websites: www.bfund.cdkgroup.co | www.boradvisors.com
 Tel: +233 50 771 2343 | E-mail: cdhbalancedfund@boradvisors.com

APPLICATION FORM - TRUST**DETAILS OF TRUST: Please tell us about the trust you would like to open.**

Name of Trust

Purpose of Trust

Date Established:

 D D M M Y Y Y Y

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:

 D D M M Y Y Y Y

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 CDH Balanced Fund. Co.

☐

Public CDH Balanced Fund. 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:



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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:				
<i>If Nationality is not Ghana, please provide the following:</i>								
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:							
(Ghana Card only)									
Place of Issue:		Expiry Date:							

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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 ☐	Safety ☐	1 – 3 Years ☐	Low ☐
Good ☐	Income ☐	3 – 5 Years ☐	Medium ☐
Fair ☐	Balance ☐	5 – 10 Years ☐	Medium - High ☐
Novice ☐	Growth ☐	10+ Years ☐	High ☐

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:



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APPLICATION FORM - TRUST

DONOR / SPONSOR II

Type:	Individual ☐	Corporate ☐												
Name:														
Date of Birth / Incorporation:	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y				
D	D	M	M	Y	Y	Y	Y							
Contact Number:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
TIN	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
Email Address														

DONOR / SPONSOR II ADDITIONAL INFORMATION (A)

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

Status:	Sole-Proprietorship ☐	Partnership ☐	Private CDH Balanced Fund. Co. ☐	Public CDH Balanced Fund. 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:	☐	
Key Contact Person	<i>*Proof Document(s) should not be more than 3 months from date of application</i>				
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:	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y	Place of Birth:		
D	D	M	M	Y	Y	Y	Y							
Mother's Maiden Name:				Father's Name:										
Resident Status:	Resident Ghanaian ☐	Non-Resident Ghanaian ☐	Resident Foreigner ☐											
	Resident Foreigner ☐	Non-Resident Foreigner ☐												
Nationality:				Country of Residence:										
<i>If Nationality is not Ghana, please provide the following:</i>														
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Place of Issue				Permit Expiry Date										



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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)

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Place of Issue:

Expiry Date:



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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 ☐

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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

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Signature:

Date:



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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:
(Ghana Card only)

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:

National ID Number:
(Ghana Card only)

Issue Date:

Place of Issue:

Expiry Date:



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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:								
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:								
Postal Address:													
Email Address:													
Primary Mobile Contact:													
National ID Number:					Issue Date:								
(Ghana Card only)				Place of Issue:					Expiry Date:				



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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:

(Ghana Card only)

Issue Date:

Place of Issue:

Expiry Date:

Signature

PHOTO

Date:

Insert Passport Picture
Here



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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

Place of Issue

Permit Issue Date

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:

PHOTO

Insert Passport Picture
Here



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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: Issue Date:

(Ghana Card only)

Place of Issue: Expiry Date:

Signature

Date:

PHOTO

Insert Passport Picture
Here

**CDH Balanced Fund**

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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 CDH Balanced Fund. 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 CDH Balanced Fund Plc. 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:****Approved By Compliance Officer/AMLRO:****Name of Officer****Position:****Signature****Date:****Signature:****Date:**

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



CDH Balanced Fund

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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					
1.	Account opening 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 resolution to open account and nomination of signatories	Yes	☐	No	☐	N/A	☐
5.	Copy of Memorandum and Articles of Association (Forms A, 3, 17)	Yes	☐	No	☐	N/A	☐
6.	Tax Identification Number (TIN)	Yes	☐	No	☐	N/A	☐
7.	Partnership Deed (where applicable)	Yes	☐	No	☐	N/A	☐
8.	Constitution if unregistered association	Yes	☐	No	☐	N/A	☐
9.	Act / Gazette for Government Agency (where applicable)	Yes	☐	No	☐	N/A	☐
10.	One passport-sized photograph of each signatory	Yes	☐	No	☐	N/A	☐
11.	Resident / Work Permit (for Non-Ghanaians)	Yes	☐	No	☐	N/A	☐
12.	Evidence of registration with other Government Agencies	Yes	☐	No	☐	N/A	☐
13.	Power of Attorney (where applicable)	Yes	☐	No	☐	N/A	☐
14.	Letter of Indemnity	Yes	☐	No	☐	N/A	☐
15.	Proof of Company Address	Yes	☐	No	☐	N/A	☐
8.	Proof of Identity of all signatories and representatives	Yes	☐	No	☐	N/A	☐
9.	Executed Management Agreement	Yes	☐	No	☐	N/A	☐

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 CDH Balanced Fund 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. CDH Balanced Fund 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
---	---	---	---	---	---	---	---