



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 - CORPORATE

CATEGORY OF BUSINESS

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

BUSINESS DETAILS

Company / Business Name:

Certificate of Incorporation Number:

Date of Incorporation / Registration:

TIN

Jurisdiction of Incorporation / Registration:

Parent Company's Country of Incorporation (if any):

Type / Nature of Business Sector / Industry

Company Postal Address:

Location of Business:

Nearest Landmark: Digital Address:
Ghana Post GPS

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

Email Address: Website:

Contact Number:

TURNOVER

Monthly Turnover (GHS): ☐ Below 10,000 ☐ 10,000-100,000 ☐ 100,000 - 1 million ☐ 1 million ☐

Annual Turnover (GHS): ☐ Below 10,000 ☐ 10,000-100,000 ☐ 100,000 - 1 million ☐ 1 million ☐

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 ☐



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EXPECTED ACCOUNT ACTIVITY

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

AUDITORS INFORMATION

Name of Auditor:

Address of Auditor:

Primary Mobile Contact:

Mobile Contact:
(Alternative)

KEY CONTACT PERSON

Surname:

First Name:

Other Name(s):

Gender:

Male

Female

Date of Birth:

D D M M Y Y Y Y

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:

Mobile Contact:
(Alternative)



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APPLICATION FORM - CORPORATE

National ID Number:
(Ghana Card only)

Issue Date:

Place of Issue:

Expiry Date:

ACCOUNT SIGNATORY DETAILS 1

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:

PHOTO

Insert Passport Picture
Here



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APPLICATION FORM - CORPORATE

ACCOUNT SIGNATORY DETAILS 2

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



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APPLICATION FORM - CORPORATE

ACCOUNT SIGNATORY DETAILS 3

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 - CORPORATE

ACCOUNT SIGNATORY DETAILS 4

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 - CORPORATE

BENEFICIAL OWNERS INFORMATION

Complete this form for shareholders with more than **15%** ownership in the business

BENEFICIAL OWNER 1

Full Name:	
Home Address:	
Postal Address:	
National ID No: (Ghana Card only)	
Expiry Date:	D D M M Y Y Y Y
Date of Birth:	D D M M Y Y Y Y
Contact Number:	
Ownership Percentage	%

BENEFICIAL OWNER 2

Full Name:	
Home Address:	
Postal Address:	
National ID No: (Ghana Card only)	
Expiry Date:	D D M M Y Y Y Y
Date of Birth:	D D M M Y Y Y Y
Contact Number:	
Ownership Percentage	%

BOARD OF DIRECTORS

DIRECTOR 1

Designation	
Full Name:	
Home Address:	
Postal Address:	
National ID No: (Ghana Card only)	
Expiry Date:	D D M M Y Y Y Y
Date of Birth:	D D M M Y Y Y Y
Contact Number:	

DIRECTOR 2

Designation	
Full Name:	
Home Address:	
Postal Address:	
National ID No: (Ghana Card only)	
Expiry Date:	D D M M Y Y Y Y
Date of Birth:	D D M M Y Y Y Y
Contact Number:	

DIRECTOR 3

Designation	
Full Name:	
Home Address:	
Postal Address:	
National ID No: (Ghana Card only)	
Expiry Date:	D D M M Y Y Y Y
Date of Birth:	D D M M Y Y Y Y
Contact Number:	

DIRECTOR 4

Designation	
Full Name:	
Home Address:	
Postal Address:	
National ID No: (Ghana Card only)	
Expiry Date:	D D M M Y Y Y Y
Date of Birth:	D D M M Y Y Y Y
Contact Number:	



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APPLICATION FORM - CORPORATE

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:

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*

Name of Officer

Position:

Signature

.....

Date:

Comments:



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APPLICATION FORM - CORPORATE

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:

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

☐

State Nature of Business

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	☐



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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
---	---	---	---	---	---	---	---