



CDH Balanced Fund

Wisdom!

CDH BALANCED FUND PLC.

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

APPLICATION FORM - INDIVIDUALS

ACCOUNT CATEGORY

Individual

Joint

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:	D	D	M	M	Y	Y	Y	Y	Y	Y
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:		
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:	D	D	M	M	Y	Y	Y	Y
Place of Issue:		Expiry Date:	D	D	M	M	Y	Y	Y	Y



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

EXPECTED ACCOUNT ACTIVITY

Source of 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 ☐

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



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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:				
<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
City / Town:		
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:							



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APPLICATION FORM - INDIVIDUALS

(For second applicant - Joint Accounts only)

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

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

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:			
Postal Address:							
Email Address:							
Primary Mobile Contact:							
National ID Number:				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:									
Residential Address:									
City / Town:				Digital Address:					
Postal Address:									
Email Address:									
Primary Mobile Contact:									
National ID Number:				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:



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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:

Date:

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:



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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 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:

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 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:

Date:



Insert Passport Picture Here

Signature:

Date:



Insert Passport Picture Here

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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

Comments:

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

CHECKLIST

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