

Know Your Client (KYC) Application Form								
Client Account No:								

CATEGORY OF I	NVESTMEN	IT									
		Individual				Joint					
APPLICANT 1: I	PERSONAL	INFORMATIO	ON								
Title: Mr.		Mrs.		Ms.		Prof.	Dr.		Othe	r:	
Surname:						First Name:					
Other Name(s):						Maiden Name:					
Marital Status:	Single	Ma	arried			Gender:		Male		Female	
Date of Birth:	D D	M M	Υ	Υ	Y	Place of Birth:					
Mother's Maiden Name:						Father's Name:					
Resident Status:		Resident Gh	anaian			Non-Resident Gh	anaian				
		Resident Fo	reigner			Non-Resident For	reigner				
Nationality:						Country of Residence:					
	If National	ity is not Ghai Permit Numb	na, pleas er	se provid	de the foll	owing:	Permit	Issue Date	e		
			-						-		
	Place of Is	sue				- 	Permit	Expiry Da	te		
Occupation:						Profession:					
TIN											
CONTACT DETA	AILS										
Residential Add	ress:					Digital Addr	ecc.				
Nearest Landma	rk:					Ghana Post G	GPS				
Proof of Address	s:	Latest Utilit	y Bill	La	itest Bank	Statement Oth	ers:				
Postal Address:											
Email Address:											
Primary Mobile (Contact:										
Mobile Contact: (Alternative)											
PROOF OF IDEN	YTITY										
National ID Num (Ghana Card only,						Issue Date:	D	D M	М	Y	Y
Place of Issue:						Expiry Date:	D	D M	М	Y	YY



STATEMENT SERVICES						
Mode of Statement Delive	ery: Em	nail By Po	st	SMS		Collection
Statement Frequency:	Мо	onthly		Quarterly		
EMPLOYMENT / BUSINES	SS DETAILS					
Status: Employe	ed	Self- employed	ι	Jnemployed	Retired	Student
Years of Employment		Years of Cu Employme			Years o Employ	f Previous yment
Total Monthly Income Ra	nge:	Below 1,000		Abov	re 1,000 - 5,000	
NB: Income includes salary		Above 5,000-10,000 come/cash inflows			Above 10,000	
Employer / Business / School Name:						
Employer / Business / School Address:						
Nearest Landmark:				Digital Addr		
City / Town:				Nature of Busin		
Business/School/Office Co	ontact Numb	per 1:				
Business/School/Office Co	ontact Numb	per 2:				
CLIENT INVESTMENT PR	OFILE					
Investment Knowled	ge	Investment Objective	es	Time I	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 AC	TIVITY					
Source of Funds: Sa	lary	Proceeds from	n Busines	ss		Inheritance / Gifts
Personal Savi	ings	Others	If othe	rs, lease specify:		
Initial Investment Amour	nt:	_				
Top-Up Frequency:	Monthly	Quarterly		Bi-Annually	Annually	Unspecified
Withdrawals:	Monthly	Quarterly		Bi-Annually	Annually	Unspecified
Regular Top-up Amount:				Regular Withd	rawal Amount:	
BANK ACCOUNT DETAIL	.S				_	
Bank Name				Acc	ount Number	
Account Name				Bar	nk Branch	
Bora Capi	tal Advisors Li	imited No. 3 Dano Cour	t, Bounda	ry Road, East Legon,	Accra Box CT 105	24, Cantonments, Accra

Tel: +233 507 712 343 | E-mail: info@boradvisors.com | www.boradvisors.com



(For second app												
AITEICANT L.	LINGUITAL		111011									
Title: Mr.		Mrs.		Ms.		Prof.	٠.	Dr.		Othe	r:	
Surname:						Fir	st Name:					
Other Name(s):						Maide	n Name:					
Marital Status:	Single		Married				Gender:		Male		Female	
Date of Birth:	D D	М	М	Y	Υ	Place	of Birth:					
Mother's Maiden Name:						Father	's Name:					
Resident Status:		Resident	t Ghanaian			Non-Re	sident Gh	anaian				
		Resident	t Foreigner			Non-Re	sident For	eigner				
Nationality:						Country of Re	esidence:					
	If National Resident I		Ghana, pleas Imber	se provide	the follo	owing:		Permit	Issue Dat	te		
	Place of Is	SULA						Permit	Expiry Da	ate		
	r tace or is	sue						Territt	Exptily Di	ate		
Occupation:						Du	ofession:					
TIN						P	oresston:					
CONTACT DETA	AILS											
Residential Add												
Nearest Landma						Di	gital Addr	ess:				
City / Town:	ik.						Ghana Post G	iPS				
Postal Address:												
Postat Address:												
Email Address:												
Liliau Addiess:												
Primary Mobile												
Mobile Contact: (Alternative)												
PROOF OF IDE	NTITY											
National ID Num (Ghana Card only)	nber:					ı	ssue Date:	D	D M	М	Y	YY
Place of Issue:						Ex	piry Date:	D	D M	ı M	Y	YY
							•					



STATEMENT SERVICES			
Mode of Statement Delivery:	Email By Post	SMS	Collection
tatement Frequency:	Monthly	Quarterly	
EMPLOYMENT / BUSINESS DE	TAILS		
tatus: Employed	Self- employed	Unemployed Reti	red Student
ears of Employment	Years of Current Employment		Years of Previous Employment
otal Monthly Income Range:	Below 1,000	Above 1,000 -	5,000
NB: Income includes salary and	Above 5,000-10,000 other income/cash inflows	Above 1	0,000
mployer / Business / chool Name:			
mployer / Business / ichool Address:			
Nearest Landmark:		Digital Address: <i>Ghana Post GPS</i>	
City / Town:		Nature of Business:	
usiness/School/Office Contac	t Number 1:		
usiness/School/Office Contac	t Number 2:		
CLIENT INVESTMENT PROFIL			
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 ACTIVIT	Υ	'	•
ource of Funds: Salary	Proceeds from Busi	iness	Inheritance / Gifts
Personal Savings	Others If o	thers, lease specify:	
nitial Investment Amount:			
Top-Up Frequency: Mont	nly Quarterly	Bi-Annually Ann	nually Unspecified
Withdrawals: Mont	nly Quarterly	Bi-Annually Ann	nually Unspecified
Regular Top-up Amount:		Regular Withdrawal Am	ount:
BANK ACCOUNT DETAILS			
Bank Name		Account Num	ber
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.



NEXT OF KIN		
Relationship: Spouse	Child Sibling Legal Entity Estate Parent Other:	
Surname:	First Name:	
Other Name(s):	Gender: Male Female	
Marital Status: Single	Married Place of Birth:	
Date of Birth:	M M 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 Y Y Y Y	7
Place of Issue:	Expiry Date: D D M M Y Y Y Y	
BENEFICIARY A		
Deletionshim, Chause	Child Sibling Legal Entity Estate Parent Other Share:	%
Relationship: Spouse	Child Stoling Legal Entity Estate Parent Other Share:	<u>~</u>
Surname:	First Name:	
Other Name(s):	Gender: Male Female	
Marital Status: Single	Married Place of Birth:	
Date of Birth:	Nationality:	
Residential Address:	Digital Address:	
City / Town:	Ghana Post GPS	
Postal Address:		
Email Address:		
Primary Mobile Contact: National ID Number:		
(Ghana Card only)	Issue Date: D D M M Y Y Y Y	
Place of Issue:	Expiry Date: D D M M Y Y Y Y	



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:	M M Y Y	Y Y Nationality:		
Residential Address:				
City / Town:		Digital Addı Ghana Post G	ress: GPS	
Postal Address:				
Email Address:				
Primary Mobile Contact:				
National ID Number: (Ghana Card only)		Issue Date	D D M M	Y Y Y Y
Place of Issue:		Expiry Date:	D D M M	Y Y Y Y
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:	M M Y Y	Y Y Nationality:		
Residential Address:				
City / Town:		Digital Addı Ghana Post G		
Postal Address:				
Email Address:				
Primary Mobile Contact:				
National ID Number: (Ghana Card only)		Issue Date	D D M M	Y Y Y Y
Place of Issue:		Expiry Date:	D D M M	YYYY



SIGNING MANDA	ATE								
Mandate Authorization	0	only One to S	ign		Either to Sign		Bo	th to Sign	
		Signatu	re l				Signatur	e II	
Full Name:					Full Name:				
Date:	D D	ММ	Y	YY	Date:	D D	MM	YYY	Υ
CLIENT ADDITIO	NAL INFORI	MATION (1)							
	•				TION DETERMINE WHE				ON (P
o you, your spou ollowing:	ise, or any o	ther immedia	ate family	member, inc	luding parents, in-l	aws, siblings a	and dependents	fall under the	
head of state/gov fficer, high rank po				cial, senior mi	ilitary official, senior p	oublic corporat	ion Yes	No	
yes to any above pplicant) and nat			f not the						
head of state/gov fficer, high rank po				cial, senior mi	ilitary official, senior p	oublic corporat	ion Yes	No	
yes to any above pplicant) and nat			f not the						
CLIENT ADDITIO	NAL INFORI	MATION (2)							
B: THE FOLLOWING ax Compliance Act)		ARE DESIGNED	TO CAPTUR	RE INFORMATI	ON FOR COMMON REF	PORTING STANL	DARDS AS WELL AS	FATCA (Foreign	Accou
re you a citizen of	any foreign	country (besid	des Ghana)?	?			Yes	No	
o you hold passpo	ort of any for	reign country	(besides Gh	ana)?			Yes	No	
o you hold green	card of any f	^f oreign countr	y (besides (Ghana)?			Yes	No	
re you resident in	any foreign o	country?					Yes	No	
ave you spent mo	ore than 183	days in any fo	reign count	ry?			Yes	No	
the responses to	any of the	above questi	ons is Yes,	please prov	ide the following in	formation:			
ull Name:									
oreign Residentia	l Address:								
oreign Mailing Ad	ldress:								
oreign Telephone	Number:								
oreign Tax Identif NDERTAKING TO ubject to the app o establish my tax	ication Numl DBE SIGNED licable local l liability. Wh	ONLY BY TH laws, I hereby ere required b	HOSE WHO give conser by domestic	RESPONDE nt to the Instit or foreign ta)/National Identity No D'YES' TO THE FIRS tution to share my in x authorities, I give m the applicable laws o	T SET OF QUE formation with by consent and	foreign tax authoragree that the Ins		
ignature:				••••	Date:	D D	M M	YYY	Υ



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	Signature:					
Date: D D M M Y Y Y Y	Date:	M M Y	YYY			
CUSTOMER RISK PROFILE						
Client Verification / Screening: Indicate platform or media through which						
Level of Risk: Low	Medium	High				
Nature of High Risk Exposure: PEP		Non-Resident				
FOR INTERNAL USE ONLY:						
Account Opened By Licensed Officer	Approved By Compliance	Officer/AMLRO:				
Name of Officer	Name of Officer					
Position:	Position:					
Signature	Signature:					
Date: D D M M Y Y Y Y	Date:	M M Y	YYY			
*Accounts of High Risk Nature must be jointly approved by CEO/Exe	cutive/Senior Manager and C	Compliance Officer				
Name of Officer						
Position:						
Signature	Date:	M M Y	YYY			
Comments:						
CHECKLIST						
SN. Documents Required		Verification Status				
1. Passport-sized photographs (Account holders / Beneficiar	ies) 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 V	Vorth Clients) Yes	No	N/A			

Bora CAPITAL ADVISORS

ACCOUNT OPENING FORM

DISCRETIONARY CLIENT AGREEMENT

- Bora Advisors is a trading name of Bora Capital Advisors Limited.
- Bora Advisors will manage your investments (the Assets) solely at our own discretion. Unless instructed otherwise, this Agreement is to be read in conjunction with your KYC form and therefore forms the basis on which Bora Advisors will manage your fund.
- 3. This Discretionary Agreement authorizes us to buy, sell, collect income, apply dividends, vote, accept takeovers, take up and exercise rights and generally manage the Assets on your behalf, subsequently providing you with transactional information and periodic reports. We warrant and undertake at all times to use all reasonable care and skill in the performance of our duties pursuant to this Agreement.
- 4. Bora Advisors will not commit you beyond the value of the cash and securities placed by you under our control unless this is previously agreed with you.
- Bora Advisors will not normally make telephone calls in carrying out our discretionary investment management function but we may telephone you from time to time to discuss the overall structure of the portfolio or changes in your circumstances or objectives.
- Bora Advisors will use our own judgment on all matters related to your portfolio and will not normally give reasons for making individual decisions unless you ask specifically for such reasons.
- 7. You should be aware that Bora Advisors might amend its Terms of Business by sending you a written notice describing the relevant changes. Such changes will become effective on the date specified in the notice, which shall be at least 10 business days from the giving of such notice unless it is impractical in the circumstances to give such notice.
- 8. Subject to any restrictions indicated by you, we shall be entitled to execute and effect settlement of any kind of transaction on your behalf in relation to investments of the following type:
 - a) Government Securities (Treasury Bills, Notes & Bonds).
 - b) Corporate Debt/Bond including Fixed Deposits.

- c) Open and Closed-end and Hybrid Funds
- d) Money Market (Cash & Cash equiv.).
- e) Equities in Ghana and such other investments as we may agree with you from time to time.
- You have agreed that from time to time as part of normal settlement procedures where investments are pooled your investments may be used with those of other customers to settle various transactions.
- If you wish to exercise voting or other rights in respect of a particular investment Bora Advisors will exercise those rights on your behalf in accordance with your instructions.
- 11. You agree that, whereas Account Information and Mandate require written and signed confirmation of all instructions, it would be convenient if the client could at any time and from time to time, send instructions to Bora Capital via e-mail. Such Instructions will thereafter be regarded as binding to the Account and indemnifies Bora Capital from any legal consequences arising from the Instruction.
- 12. Charges payable by you to Bora Advisors will be on the agreed rate below. The amount will be based on the total value of the portfolio under our control including cash and is payable quarterly in arrears. Fees payable by you will be directly debited from your account every three months from maturities and cash balance.

The agreed Management Fees will be % per annum.

- 13. This agreement may be terminated, without penalty, and without prejudice to the completion of transactions already initiated on your behalf by either party giving immediate notice to that effect to the other. After termination of the agreement, Bora Advisors will not execute any further transactions for you except at your specific request and subject to a new Terms of Business letter or Clients Agreement being entered into. All oral instructions must be terminated in writing by both parties.
- 14. Bora Advisors agrees to provide the investment management services in accordance with the terms and conditions of this Agreement for and on behalf of Bora Capital Advisors Limited.

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 thelanguage 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 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 contents of this application and have given my/our consent by virtue of my/our signature(s) on this form. I/We consent that investment decisions are my/our prerogative without sole reliance on the investment advice received from Bora Capital Advisors. 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:	D D	ММ	YYY	Υ



FEES APPLICABLE

Annual fees on Funds Under Management for Individuals and Institutional Funds

SIZE OF FUND	DISCRETIONARY MANDATE	NON- DISCRETIONARY MANDATE
Below GH¢ 0.5 million	1.25%	1.35%
GH¢ 0.5 - GH¢ 2.5 million	1.0%	1.15%
Above GH¢ 2.5 million	0.85%	1.00%

NB: Fees are accrued quarterly but paid/deducted from matured instruments or new contributions.