



# ACCOUNT OPENING FORM

Know Your Client (KYC) Application Form

Client Account No:

## CATEGORY OF INVESTMENT

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:

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:   
*(Ghana Card only)*

Issue Date:

Place of Issue:

Expiry Date:

## ACCOUNT OPENING FORM

### STATEMENT SERVICES

Mode of Statement Delivery:    Email     By Post     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     Above 1,000 - 5,000

   Above 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 <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"/>

### 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

## ACCOUNT OPENING FORM

*(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:**

*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

**City / Town:**

**Postal Address:**

**Email Address:**

**Primary Mobile Contact:**

**Mobile Contact:**            
*(Alternative)*

### PROOF OF IDENTITY

**National ID Number:**  **Issue Date:**

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

## ACCOUNT OPENING FORM

*(For second applicant - Joint Accounts only)*

### STATEMENT SERVICES

Mode of Statement Delivery: Email  By Post  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  Above 1,000 - 5,000

Above 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	<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"/>

### 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.



## ACCOUNT OPENING FORM

### 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:           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 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:

## 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:  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:  Issue Date:

Place of Issue:  Expiry Date:

# ACCOUNT OPENING FORM

## SIGNING MANDATE

<p><b>Mandate Authorization</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><b>Only One to Sign</b> <input type="checkbox"/></p>	<p><b>Either to Sign</b> <input type="checkbox"/></p>	<p><b>Both to Sign</b> <input type="checkbox"/></p>
<p><b>Signature I</b></p> <p>Full Name: <input style="width: 100%;" type="text"/></p> <p>Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	<p><b>Signature II</b></p> <p>Full Name: <input style="width: 100%;" type="text"/></p> <p>Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>		

## 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:**

## ACCOUNT OPENING FORM

### 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:

Date:

### CUSTOMER RISK PROFILE

Client Verification / Screening:

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:

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:

### CHECKLIST

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



## ACCOUNT OPENING FORM

### NON-DISCRETIONARY CLIENT AGREEMENT

1. Bora Advisors is a trading name of Bora Capital Advisors Limited.
2. Bora Advisors will manage your investments (the Assets) solely at your 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 Non -Discretionary Agreement allows you to authorize us to buy, sell, collect income, apply dividends, vote, accept take overs, 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. 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.
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.
5. Bora Advisors will make telephone calls in carrying out our non-discretionary investment management function and also to discuss the overall structure of the portfolio or changes in your circumstances or objectives.
6. Bora Advisors will abide by instructions given to us by you on all matters related to your portfolio and will give reasons for making individual decisions.
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. We appreciate that we may execute and effect settlement on your behalf regarding the following investment type at your sole discretion:
  - 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.
9. 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.
10. 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 based 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.
9. 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.

### 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 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	Y
---	---	---	---	---	---	---	---

Date:

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

**FEES APPLICABLE**

**Annual fees on Funds Under Management for Individuals and Institutional Funds**

<b>SIZE OF FUND</b>	<b>DISCRETIONARY MANDATE</b>	<b>NON-DISCRETIONARY MANDATE</b>
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.