

APPLICATION FORM - CORPORATE

FUND TYPE

Bora Fixed Income Unit Trust

Bora Balanced Unit Trust

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: D D M M Y Y Y Y

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	<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"/>

APPLICATION FORM - CORPORATE

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:

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)

APPLICATION FORM - CORPORATE

National ID Number: **Issue Date:**

(Ghana Card only)

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:

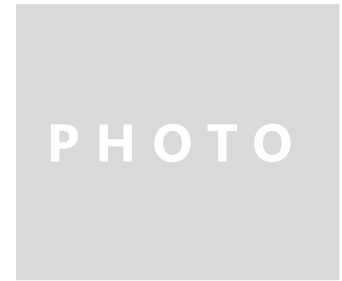
National ID Number: **Issue Date:**

(Ghana Card only)

Place of Issue: **Expiry Date:**

Signature

Date:



Insert Passport Picture Here

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:



Insert Passport Picture Here

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 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:

Insert Passport Picture Here

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 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:

Insert Passport Picture Here

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:

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 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

Date:

Signature:

Date:

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

Date:

Comments:

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

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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 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 prospectus as well as contents of this application and have given my/our consent by virtue of my/our signature(s) on this form. 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
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Date:

D	D	M	M	Y	Y	Y	Y
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