



Republic Securities (Ghana) Limited

CORPORATE APPLICATION FORM

FIXED INCOME EQUITY OTHERS

ACCOUNT NAME _____

ACCOUNT NUMBER _____

CSD ID _____

REQUIREMENTS FOR OPENING A CORPORATE ACCOUNT

Please complete all relevant portions of the application form and return this package along with the originals for sighting only and copies of the following documents.

1. Account Opening Form Duly Completed.
2. Specimen Signature Card Duly Completed.
3. Copy Of Certificate Of Incorporation And Certificate To Commence Business.
4. Board Resolution To Open Account And Nomination Of Signatories.
5. Copy of Memorandum and Articles of Association (Forms A, 3, 17)
6. TIN / PIN (Ghana Card)
7. Partnership Deed (where applicable)
8. Constitution if unregistered association
9. Act / Gazette for Government Agency (where applicable)
10. One passport-sized photograph of each signatory
11. Resident / Work Permit
12. Evidence of registration with other Government Agencies
13. Power of Attorney (where applicable)
14. Letter of Indemnity
15. Proof of Company Address
16. Proof of Identity of all signatories and representatives
17. Executed Management Agreement

Designated Non-Financial Businesses and Professions (DNFBPs) are High Risk and must be rated as such. They are listed below:

1. Real Estate Agents.
2. Dealers In Precious Metals
3. Dealers In Precious Stones.
4. Lawyers, Notaries, Other Independent Legal Professionals And Accountants.
5. Trust And Company Service Providers.
6. Casinos And Other Gambling Service Providers.

ACCOUNT OPENING FORM - CORPORATE

NOTE: PORTIONS MARKED WITH * ARE COMPULSORY AND MUST BE COMPLETED

CATEGORY OF INVESTMENT

Fixed Income Equity Other

*CATEGORY OF BUSINESS

Sole Proprietorship Partnership Limited Liability Company
 Associations Charities / NGOs Other

If Other, Please Specify _____

*BUSINESS DETAILS

*Company / Business Name: _____

*Certificate of Incorporation Number: _____

*Date of Incorporation / Registration: License Number _____

*Jurisdiction of Incorporation / Registration: _____

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

*Type / Nature of business: _____

Sector / Industry: _____

Principal Place of Business: _____

*Company Postal Address: _____

*Digital Address (Ghana Post GPS): _____

*Email Address: _____

Website Address (if any): _____

*TIN / PIN (GHA):

*Contact Number 1:

*Contact Number 2:

*TURNOVER

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

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

*STATEMENT SERVICES

Mode of Statement Delivery: Email Collection

Statement Frequency: Quarterly Half Yearly

NB: Please note that statements must be provided at least quarterly according to law

CLIENT INVESTMENT PROFILE
1. Investment Objective:

2. Risk Tolerance:	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>
3. Investment Horizon:	Short Term	<input type="checkbox"/>	Medium Term	<input type="checkbox"/>	Long Term	<input type="checkbox"/>
4. Investment Knowledge:	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>

***EXPECTED ACCOUNT ACTIVITY**

***Source of Funds:** Proceeds from business Other

If Other, Please Specify: _____

***Initial Investment Amount (GHS):** _____

***Anticipated Investment Activity:**

Top-ups:	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Bi-Annual	<input type="checkbox"/>	Annual	<input type="checkbox"/>	Other Frequency	<input type="checkbox"/>
Withdrawals:	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Bi-Annual	<input type="checkbox"/>	Annual	<input type="checkbox"/>	Other Frequency	<input type="checkbox"/>

***Anticipated Investment Amount (GHS):**

Regular Top-up Amount (Expected): _____ Regular Withdrawal Amount (Expected): _____

***KEY CONTACT PERSON**

Surname: _____

First Name: _____

Other Name(s): _____

Date of Birth:

License Number _____

Residential Status:	Resident Ghanaian	<input type="checkbox"/>	Non-Resident Ghanaian	<input type="checkbox"/>
	Resident Foreigner	<input type="checkbox"/>	Non-Resident Foreigner	<input type="checkbox"/>

If country of origin is not in Ghana, please provide the following:

Resident Permit Number: _____

Permit Issue Date:

Place of Issue: _____

Permit Expiry Date:

***ID Type:**

Passport Voters ID Drivers License SSNIT Biometric Card National ID

ID Number: _____

***Issue Date:** _____

Place of Issue: _____

***Expiry Date:** _____

Job Title: _____

Email Address: _____

Contact Number 1:

Contact Number 1:

***ACCOUNT SIGNATORY DETAILS 1**

Surname: _____

First Name: _____

Other Name(s): _____

Date of Birth:

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

License Number _____

Residential Status:

 Resident Ghanaian

 Non-Resident Ghanaian

 Resident Foreigner

 Non-Resident Foreigner

If country of origin is not in Ghana, please provide the following:

Resident Permit Number: _____

Permit Issue Date:

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

Place of Issue: _____

Permit Expiry Date:

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

*ID Type:

 Passport

 Voters ID

 Drivers License

 SSNIT Biometric Card

 National ID

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

Job Title: _____

Email Address: _____

Contact Number 1:

0									
---	--	--	--	--	--	--	--	--	--

Contact Number 1:

0									
---	--	--	--	--	--	--	--	--	--

***ACCOUNT SIGNATORY DETAILS 2**

Surname: _____

First Name: _____

Other Name(s): _____

Date of Birth:

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

License Number _____

Residential Status:

 Resident Ghanaian

 Non-Resident Ghanaian

 Resident Foreigner

 Non-Resident Foreigner

If country of origin is not in Ghana, please provide the following:

Resident Permit Number: _____

Permit Issue Date:

Place of Issue: _____

Permit Expiry Date:

*ID Type:

 Passport

 Voters ID

 Drivers License

 SSNIT Biometric Card

 National ID

Foreigners Only

Resident Permit Number

Place of Issue

Directors

Surname	Other names	ID Type / ID No.	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %	TIN

***AFFILIATIONS**

If a part of a group, kindly state all entries within the group structure

***BANK ACCOUNT DETAILS**

Bank Name	Account Name	Account Number	Bank Branch

CUSTOMER CATEGORY

Fund Manager	<input type="checkbox"/>	Insurance	<input type="checkbox"/>
Broker Dealer	<input type="checkbox"/>	Pension Fund	<input type="checkbox"/>
Collective Investment Scheme	<input type="checkbox"/>	Religious Bodies	<input type="checkbox"/>
Universal Banks	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Finance House	<input type="checkbox"/>	School	<input type="checkbox"/>
Microfinance Institution	<input type="checkbox"/>	Company (For Profit)	<input type="checkbox"/>
Savings & Loans	<input type="checkbox"/>	Company (NGO)	<input type="checkbox"/>
Rural & Community Banks	<input type="checkbox"/>		

OFFICIAL USE ONLY

***CLIENT ADDITIONAL INFORMATION**

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 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 and nature of the position:

FAX AND EMAIL (facsimile transmission and electronic mail) INDEMNITY

To: Republic Securities (Ghana) Limited

I / We _____ request you to act in accordance with any instructions, information or other communications furnished to you, or which reasonably appear to have been furnished to you, by me/ us or on my/our behalf, by means of fax (telephone facsimile transmission) or by an electronic email (electronic mail). This applies whether they are transmitted directly to a fax machine or to a computer owned by you or otherwise. This applies at any time in relation to any business or transactions, which I/We have with Republic Securities, or in which Republic Securities may be acting on my/our behalf or in accordance with my/our instructions.

I/We acknowledge that you have given the following disclaimer-

Republic Securities cannot detect from inspection of fax documents or emails

- Whether the original document from which the fax was created or the text or the content of any email (or any document or other file attached to an email) was forged. Unauthorized, wrongfully altered, or otherwise misused; Or
- Whether any of the transmission details imprinted automatically on a fax, such as the name of sender, sending telephone number or the date or time of transmission are false.
- Whether any of the transmission details included in a received email, such as the sender's name, the sender's email address, the date or the time of sending, server details or the route through which the email travelled are false.

Because of this, I/We realize that Republic Securities cannot accept any liability for loss to me/us resulting from failure to detect such matters in any fax document or email furnished or appearing to have been furnished by me/us.

Republic Securities require the following indemnity before agreeing to my/our above request.

I /We acknowledge the contents of these disclaimers, and ask you to act on the above request. If you do this, I/We, WILL INDEMNIFY YOU against any action, damage cost, claim, demand or loss arising from me/us or on my/our behalf. This indemnity applies even if any such fax or email was produced by or contains or has attached any forgery, lack of authority, wrongful alteration or other misuse of a document, text or file, or if any transmission details or information appearing on it are not genuine. This indemnity applies even if any such fax or email was not in fact issued by me/us or with my/our authority.

Dated the _____ day of _____ 20 _____

Name/ Signature (Signatory 1)

Name/ Signature (Signatory 2)

Name/ Signature (Signatory 3)

Name/ Signature (Signatory 4)

Republic Securities is committed to customer confidentiality. As a business, we can communicate with you via unencrypted e-mail/ fax. Unless otherwise advised by you in writing, we shall assume, and it is hereby agreed between us, that (i) you are satisfied for us to communicate with you by way of unencrypted e-mail/ fax and (ii) we are not liable for (a) any loss or damage of any nature, whether direct or indirect, that may arise as a result of our sending unencrypted email that contains any information of any nature regarding you or your officers, staff or employees, and (b) any damages arising as a result of any virus being passed on or with, or arising from any alteration of , any email message that we may send. We agree to the above and for you to communicate with us via unencrypted email.

***CUSTOMER RISK PROFILE - SIGNATORY 1**

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 (Refer to guide) _____ State nature of business _____

High Risk Country _____ State Country _____

AML CUSTOMER RISK RATING

For Use By RIGL Official Only

Branch / Unit & Location

Date

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

Customer Name

Account #

	Score Column	Yes/No	Extended Score
1. The customer meets the PEP qualifying criteria and currently holds the position in public office or has been out of office for less than 5 years.	5		
2. The PEP has been out public office for 5 years or more and is either <i>still actively</i> or <i>less actively</i> involved in politics.	5		
3. The customer is a relative or close associate of a PEP as identified in questions 1, 2 (e.g. spouse, partner, child, parent, joint account holder etc.)	5		
4. The customer is a Private Banking and/or other wealth management customer, individual or business customer with cumulative balances of over GHC1,500,000.00 monthly.	5		
5. The customer is categorised as a Designated Non-Financial Business and Professions example casinos, real estates, accountants, lawyers etc.	5		
6. The customer/business is categorised as a Club (except small groups whose activities or nature may not qualify them as high risk, e.g. youth groups in churches, rural groupings, clubs or associations that depend on small membership dues) / Association/NPO/NGO.	5		
7. The customer is represented by another person via Power of Attorney.	4		
8. The beneficial owner(s) and/or ownership structure are difficult to identify and/or verify.	5		
9. The beneficial owner(s) of the account is/are Nationals of a high-risk country.	5		
10. The Customer/Business Entity is registered in a foreign country with no local operations.	5		
11. The customer is conducting business with a high risk country and utilises one or more of the following products or services: Wire Transfers, Foreign Drafts, Letters Of Credit.	5		
12. The source of funding or declared income for the account CANNOT be determined.	5		
13. The customer is engaged in Large and/or frequent wire-in/wire-out or inland online transfers.	5		
14. The customer is non resident in Ghana.	5		
	TOTAL		

NOTE:

a) For each 'Yes' response, the value in the Score column is to be used.

a) For each 'No' response, the default score of zero(0) is to be used.

SCORE LEGEND	
Risk Rating	Score
High Risk	≥ 5
Medium Risk	3 and 4
Low Risk	0, 1 and 2

Interviewing Officer

Supervisor

Date

Date

***CUSTOMER RISK PROFILE - SIGNATORY 3**

Client Verification / Screening: _____

 Level of Risk: Low Medium High

Nature of High Risk Exposure:

PEP	_____	Non-Resident	_____
High Risk Business (Refer to guide)	_____	State nature of business	_____
High Risk Country	_____	State Country	_____

AML CUSTOMER RISK RATING

For Use By RIGL Official Only

Branch / Unit & Location _____

Date

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

Customer Name _____

Account # _____

	Score Column	Yes/No	Extended Score
1. The customer meets the PEP qualifying criteria and currently holds the position in public office or has been out of office for less than 5 years.	5		
2. The PEP has been out public office for 5 years or more and is either <i>still actively</i> or <i>less actively</i> involved in politics.	5		
3. The customer is a relative or close associate of a PEP as identified in questions 1, 2 (e.g. spouse, partner, child, parent, joint account holder etc.)	5		
4. The customer is a Private Banking and/or other wealth management customer, individual or business customer with cumulative balances of over GHC1,500,000.00 monthly.	5		
5. The customer is categorised as a Designated Non-Financial Business and Professions example casinos, real estates, accountants, lawyers etc.	5		
6. The customer/business is categorised as a Club (except small groups whose activities or nature may not qualify them as high risk, e.g. youth groups in churches, rural groupings, clubs or associations that depend on small membership dues) / Association/NPO/NGO.	5		
7. The customer is represented by another person via Power of Attorney.	4		
8. The beneficial owner(s) and/or ownership structure are difficult to identify and/or verify.	5		
9. The beneficial owner(s) of the account is/are Nationals of a high-risk country.	5		
10. The Customer/Business Entity is registered in a foreign country with no local operations.	5		
11. The customer is conducting business with a high risk country and utilises one or more of the following products or services: Wire Transfers, Foreign Drafts, Letters Of Credit.	5		
12. The source of funding or declared income for the account CANNOT be determined.	5		
13. The customer is engaged in Large and/or frequent wire-in/wire-out or inland online transfers.	5		
14. The customer is non resident in Ghana.	5		
	TOTAL		

NOTE:

- a) For each 'Yes' response, the value in the Score column is to be used.
 a) For each 'No' response, the default score of zero(0) is to be used.

SCORE LEGEND	
Risk Rating	Score
High Risk	≥ 5
Medium Risk	3 and 4
Low Risk	0, 1 and 2

Interviewing Officer

Supervisor

Date

Date

SIGNATURE MANDATE

ACCOUNT NUMBER : _____

ACCOUNT NAME : _____

CSD ID NUMBER : _____

SIGNING INSTRUCTION**SPECIMEN SIGNATURE (S) TO BE SIGNED****A**PHOTO
PLACEMENT**A****PRINT NAME****B**PHOTO
PLACEMENT**B****PRINT NAME (FOR JOINT APPLICANT)****C**PHOTO
PLACEMENT**C****PRINT NAME****D**PHOTO
PLACEMENT**D**

One to sign

Either to sign

Both to sign

PROOF OF OFFICE LOCATION



CONSENT STATEMENT**PLEASE READ CAREFULLY**

Below are important information about your Republic Securities Account. By signing this form, you indicate your consent to the following:

Anti-Money Laundering

Republic Securities' secrecy and confidentiality laws shall not in any way, inhibit the implementation of the requirements of the Banking and Financial Laws of Ghana, Anti-Money Laundering Regulations 2011 and it's related guidelines, giving the relevant authorities the power to access information to properly perform their functions in combating money laundering and financing of terrorism. This includes the sharing of information between relevant authorities, either domestically or internationally; and the sharing of information between Capital Market Operators, where this is required or necessary.

Disclosure of Information

Customer hereby authorizes the disclosure of any information regarding their account (s) to any third party in order for Republic Securities to execute its instructions. Customer also hereby authorize the disclosure of information regarding him/herself or account (s) to any entity within Republic Securities and its mother or sister companies to enable the cross selling or servicing of Republic Securities or Republic Bank's products and services.

Statement of Accounts

Republic Securities shall submit clients' statement of account as and when requested by the client through electronic means, via telephone or any manner so deemed fit by Republic Securities.

Indemnification

Customers agree to protect and fully compensate Republic Securities and its affiliates and service providers from any/ and all third party claims, liability, damages, expenses and costs (including, but not limited to, legal fees) caused by or arising from clients' use of our service (s), violation of terms or infringement, by any other user of clients' account (s), or any intellectual property or other right of anyone.

Declaration:

I/We confirm that all details provided on the form are correct. I/We agree to be bound by the terms and conditions governing the operations of the account (s).

Dated the _____ day of _____ 20 _____

Name/ Signature

Name/ Signature

Name/ Signature

Name/ Signature

***APPROVALS**

Account opened by _____	Account approved/authorized by Compliance Officer /AMLRO: _____
Name of Licensed Officer _____	Name: _____
Position: _____	Position: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

***Accounts of High Risk Nature must be jointly approved by CEO / Executive / Senior Manager and Compliance Officer**
***High risk account authorized / approved by Executive / CEO**

Name: _____

Signature: _____ Date:

D	D	M	M	Y	Y	Y
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Comments: _____

***CHECKLIST**

SN Documents Required	Verified
1. Account opening form duly completed	
2. Specimen signature card duly completed	
3. Copy of certificate of Incorporation and Certificate to Commence Business	
4. Board resolution to open account and nomination of signatories	
5. Copy of Memorandum and Articles of Association (Forms A, 3, 17)	
6. TIN	
7. Partnership Deed (where applicable)	
8. Constitution if unregistered association	
9. Act / Gazette for Government Agency (where applicable)	
10. One passport-sized photograph of each signatory	
11. Resident / Work Permit	
12. Evidence of registration with other Government Agencies	
13. Power of Attorney (where applicable)	
14. Letter of Indemnity	
15. Proof of Company Address	
16. Proof of Identity of all signatories and representatives	
17. Executed Management Agreement	

 **Republic Securities (Ghana) Limited**

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Email: securities@republicghana.com