



# Republic Securities (Ghana) Limited

## APPLICATION FORM

- INDIVIDUAL    JOINT    IN-TRUST FOR  
 EQUITY    FIXED INCOME    OTHERS

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CSD ID \_\_\_\_\_

## REQUIREMENTS FOR OPENING AN ACCOUNT FOR INDIVIDUAL/JOINT 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.

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### INDIVIDUAL / JOINT APPLICANT

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1. Passport-sized photographs (Account Holders / Beneficiaries)
2. Proof of Identity
3. Proof of Identity of Account Beneficiary
4. Proof of Address
5. Specimen Signature (s)
6. Email Indemnity (for clients with email address)
7. Proof of Foreign Address (for Non-Resident clients)
8. Resident / Work Permit (for Non-Ghanaians)
9. PIN (Ghana Card)

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### TRUST ACCOUNT (ITF)

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1. A Duly Completed Form
2. One Passport Picture
3. A valid ID
4. Proof of Residence
5. PIN (Ghana Card)
6. Birth Certificate (Minor)

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Designated Non-Financial Business and Professions (DNBFs) are high risk and must be rated as such. They are listed below:

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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 - INDIVIDUAL/JOINT/ITF (In-trust-for)

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

### CATEGORY OF INVESTMENT

Individual       Joint       ITF   
                           Equity                                       Fixed Income                                       Others

### \*PERSONAL INFORMATION 1

\*Title:  Mr.  Mrs.  Ms.  Prof.  Dr.  Rev.  Other (Please specify) \_\_\_\_\_

\*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: \_\_\_\_\_

\*Residential Status:      Resident Ghanaian:       Non - Resident Ghanaian:

Digital Address: \_\_\_\_\_

Resident Foreigner:       Non - Resident Foreigner:

Nearest Landmark: \_\_\_\_\_

\*Country of Origin: \_\_\_\_\_

\*Country of Residence: \_\_\_\_\_

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

Resident Permit Number

Permit Issue Date

City/Town

Place of Issue

Permit Expiry Date

Postal Address:

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\*Contact Details (In case of emergency)

Contact Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Contact Number:

\*Occupation: \_\_\_\_\_ Profession

\*TIN / PIN (GHA)

### \*PERSONAL INFORMATION 2 (FOR JOINT APPLICANT)

\*Title:  Mr.  Mrs.  Ms.  Prof.  Dr.  Rev.  Other (Please specify) \_\_\_\_\_

\*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: \_\_\_\_\_

\*Residential Status:      Resident Ghanaian:       Non - Resident Ghanaian:

Digital Address: \_\_\_\_\_

Resident Foreigner:       Non - Resident Foreigner:

Nearest Landmark: \_\_\_\_\_

\*Country of Origin: \_\_\_\_\_

\*Country of Residence: \_\_\_\_\_

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

Resident Permit Number

Permit Issue Date

City/Town

Place of Issue

Permit Expiry Date

Postal Address:

Mobile Number:

Email Address:

Residential Address:

\*Contact Details (In case of emergency)

Contact Name:

Relationship to client:

Contact Number:

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\*Occupation:

Profession

\*TIN / PIN (GHA)

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### \*PROOF OF IDENTITY 1

ID Type:

Passport

Voters ID

Drivers License

SSNIT Biometric Card

National ID

ID Number:

\*Issue Date:

|   |   |   |   |   |   |   |   |
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| D | D | M | M | Y | Y | Y | Y |
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Place of Issue:

Expiry Date:

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### \*PROOF OF IDENTITY 2 (FOR JOINT APPLICANT)

ID Type:

Passport

Voters ID

Drivers License

SSNIT Biometric Card

National ID

ID Number:

\*Issue Date:

|   |   |   |   |   |   |   |   |
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Place of Issue:

Expiry Date:

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### \*STATEMENT SERVICES

Mode of Statement Delivery:

Email:

Collection

Statement Frequency:

Quarterly

Half Yearly

### \*EMPLOYMENT / BUSINESS DETAILS 1

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 1,001 - 5,000

Above 5,001 - 10,000

Above 10,000

NB: Income includes salary and other income / cash inflows

Name (Employer / Business / School)

Address (Employer / Business / School)

Nearest Landmark

Digital Address

City / Town

\*Nature of Business

Contact Number 1:

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Contact Number 2:

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**\*EXPECTED ACCOUNT ACTIVITY**

\*Source of Funds:

 Salary  Proceeds from business  Inheritance/Gifts  Personal Savings  Others 

If Other, Please Specify:

\*Initial Investment Amount (GHS):

\*Anticipated Investment Activity:

 Top-ups: Monthly  Quarterly  Bi-Annual  Annual  Other Frequency 

If Other, Please Specify:

 Withdrawals: Monthly  Quarterly  Bi-Annual  Annual  Other Frequency 

If Other, Please Specify:

\*Anticipated Investment Amount (GHS):

Regular Top-up Amount (Expected): \_\_\_\_\_ Regular Withdrawal Amount (Expected): \_\_\_\_\_

**\*BANK ACCOUNT DETAILS**

| Bank Name | Account Name | Account Number | Bank Branch |
|-----------|--------------|----------------|-------------|
| _____     | _____        | _____          | _____       |
| _____     | _____        | _____          | _____       |

**OFFICIAL USE ONLY**
**\*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 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:

**\*CLIENT ADDITIONAL INFORMATION 2 (FOR JOINT APPLICANT)**

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE 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 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 content 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 (Single)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature (Joint)

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.





**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 LOCATION 1

PROOF OF LOCATION 2 (FOR JOINT APPLICANT)

**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 its 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**

The 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, 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).

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Signature (Joint)

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Date

**\*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: \_\_\_\_\_

|   |   |   |   |   |   |   |
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Comments: \_\_\_\_\_

**\*CHECKLIST**

|                       |          |
|-----------------------|----------|
| SN Documents Required | Verified |
|-----------------------|----------|

1. \*Passport-sized photographs (Account holders / Beneficiaries) \_\_\_\_\_
2. \*Proof of Identity \_\_\_\_\_
3. \*Proof of Identity of Account Beneficiary \_\_\_\_\_
4. \*Proof of Address \_\_\_\_\_
5. \*Specimen signature (s) \_\_\_\_\_
6. \*Email Indemnity (for clients with email address) \_\_\_\_\_
7. \*Proof of Foreign Address (for Non-Resident clients) \_\_\_\_\_
8. \*Resident / Work Permit (for Non-Ghanaians) \_\_\_\_\_
9. \*Executed Management Agreement (Strictly for High Net Worth Clients) \_\_\_\_\_







**Republic Securities (Ghana) Limited**

P.O.Box CT 4603, Cantonments, Accra  
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Tel: + 233 55 111 8999 / +233 55 111 8899  
Website: [www.republicinvestmentsgh.com](http://www.republicinvestmentsgh.com)  
Email: [securities@republicghana.com](mailto:securities@republicghana.com)