



Republic Investments (Ghana) Limited

ASSET MANAGEMENT INDIVIDUAL APPLICATION FORM

INDIVIDUAL JOINT IN-TRUST FOR

HIGH NETWORTH PORTFOLIO FAM (FOREX ASSET MANAGEMENT) OTHERS

ACCOUNT NAME _____

ACCOUNT NUMBER _____

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.

INDIVIDUAL / JOINT APPLICANT

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)

TRUST ACCOUNT (ITF)

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)

Designated Non-Financial Business and Professions (DNBFs) 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 - INDIVIDUAL/JOINT/ITF (In-trust-for)

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

CATEGORY OF INVESTMENT

Individual <input type="checkbox"/>	Joint <input type="checkbox"/>	ITF <input type="checkbox"/>
High Networth Portfolio <input type="checkbox"/>	FAM <input type="checkbox"/>	OTHERS <input type="checkbox"/>

*PERSONAL INFORMATION 1

*Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Other (Please specify) _____		
*Surname: _____		*First Name: _____
Other Name(s): _____		*Maiden Name: _____
*Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	*Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/>	
*Date of Birth: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	*Place of Birth: _____	
*Mother's Maiden Name: _____		
*Residential Status: Resident Ghanaian: <input type="checkbox"/> Non - Resident Ghanaian: <input type="checkbox"/>	Digital Address: _____	
Resident Foreigner: <input type="checkbox"/> Non - Resident Foreigner: <input type="checkbox"/>	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: <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>		
*Occupation: _____ Profession		
*TIN / PIN (GHA) <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>		

*PERSONAL INFORMATION 2 (FOR JOINT APPLICANT)

*Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Other (Please specify) _____		
*Surname: _____		*First Name: _____
*Other Name(s): _____		*Maiden Name: _____
*Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	*Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/>	
*Date of Birth: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	*Place of Birth: _____	
*Mother's Maiden Name: _____		
*Residential Status: Resident Ghanaian: <input type="checkbox"/> Non - Resident Ghanaian: <input type="checkbox"/>	Digital Address: _____	
Resident Foreigner: <input type="checkbox"/> Non - Resident Foreigner: <input type="checkbox"/>	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:

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

Expiry Date:

D	D	M	M	Y	Y	Y	Y
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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:

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

Expiry Date:

D	D	M	M	Y	Y	Y	Y
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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 Investments (Ghana) Limited (Republic Investments)

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 Investments, or in which Republic Investments 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 Investments 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 Investments 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 Investments require the following indemnity before agreeing to my/our above request.

I /We acknowledge disclaimer, 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 (1)

Name

Signature (2)

Republic Investments 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 consent for you to communicate with us via unencrypted email.

***CUSTOMER RISK PROFILE 1 - SIGNATORY 1**
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
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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 2 (FOR JOINT APPLICANT)**
Client Verification / Screening:

Level of Risk:	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>
Nature of High Risk Exposure:	PEP	<input type="checkbox"/>	Non-Resident	<input type="checkbox"/>		
	High Risk Business (Refer to guide)	<input type="checkbox"/>	State nature of business	<input type="checkbox"/>		
	High Risk Country	<input type="checkbox"/>	State Country	<input type="checkbox"/>		

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		
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	TOTAL		

NOTE:

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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 :

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 Investment Account. By signing this form, you indicate your consent to the following:

Yields or Return on Investments: Yields or returns on the investments are subject to the performance of the underlying assets in which the funds are invested in. Past performance are not guarantee for future performances.

Anti-Money Laundering: Republic Investments is bound by the Laws of the Securities & Exchange Commission and the Financial Laws & Regulations of Ghana and that permits us to disclose any confidential information or share confidential information with lawful authorities or when mandated by the laws or by an order of a court of competent jurisdiction.

Disclosure of Information: the customer hereby authorizes the disclosure of any information regarding his/ her account(s) to an associated third party in order for Republic Investment to execute its instructions. The customer also hereby authorizes the disclosure of any information regarding his/ her account(s) to any entity within the Republic Bank Ghana “Group” to enable any cross selling or servicing of Republic Investments or Republic Bank’s products and services.

Statement of Accounts: Republic Investments shall submit a customer’s accounts, at least, on a regular basis through electronic means, or an acceptable medium.

Indemnification: the customer agrees to protect and fully compensate Republic Investments and its affiliate and service providers from any/and all third party claims, liability, damages, expenses and cost (including , but not limited to legal fees caused by or arising from a customer’s use of our service(s), violation of terms or infringement by any other users of a customer’s account(s), intellectual property or other right of the customer .

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 securities account(s) in my/our name and undertake to notify (Republic Investments) 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 (Republic Investments). (Republic Investments) accepts no liability for any direct or consequential loss arising from my/our decision.

I/we also declare that debts incurred on my/our securities account(s) by virtue of my/our trade orders shall be settled by me/us accordingly.

Dated the _____ day of _____ 20 _____

Name

Signature (1)

Name

Signature (2)

***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. *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 Investments (Ghana) Limited

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North Ridge, Accra.

Tel: 028 9669310/11

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Email: investments@republicghana.com