



SDC CAPITAL LIMITED

HOUSE NO. F155/6, ORPHANS CRESCENT, NORTH -LABONE, ACCRA, GHANA POST GPS-GL-02777298
P. O. BOX GP 14198, ACCRA, GHANA, TEL: 0302 0302 786754, WWW.SDCGH.COM, E-MAIL:CAPITALSDCGH.COM
KUMASI: AMPOMAH ARCADE. OTB 5, BLOCK 1, BANK ROAD, ADUM, KUMASI, TEL: 0322 397414

ACCOUNT OPENING FORM - INDIVIDUAL/JOINT/ITF (In-trust-for)

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

CATEGORY OF INVESTMENT

Individual Joint ITF

HNI CIS Fixed Income

Others: Product name 1 Product name 2 Product name 3

*PERSONAL INFORMATION 1

* Title: Mr. Mrs. Ms. Prof. Dr. 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
Resident Foreigner Non-Resident Foreigner

* Country of Origin: *Country of Residence:

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

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

*Occupation: Profession Input Professional Licence Number (if Applicable)

*TIN:

PERSONAL INFORMATION 2

* Title: Mr. Mrs. Ms. Prof. Dr. 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
Resident Foreigner Non-Resident Foreigner

* Country of Origin: *Country of Residence:

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

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

*Occupation: Profession Input Professional Licence Number (if Applicable)

*TIN:

CONTACT DETAILS

* Residential Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City / Town:

Postal Address:

Email Address:

* Mobile Number 1:

Mobile Number 2:

* Contact Details (In case of emergency):

Contact Name:

Relationship to client:

* Contact Number:

*PROOF OF IDENTITY (Must be completed by each applicant)

ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID

ID Number: *Issue Date:

Place of Issue: *Expiry Date:

***STATEMENT SERVICES**

Mode of Statement Delivery: Email By post SMS Collection
Statement Frequency: Quarterly Specify any other additional statement frequency

***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 1,001 - 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 (GhanaPost GPS):

City / Town: *Nature of Business:

Business/School/Office Contact Number 1: Business/School/Office Email:

Business/School/Office Contact Number 2:

IN TRUST FOR

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

* Surname: *First Name:

Other Name(s): Maiden Name:

Relationship with Account Applicant:

Marital Status: Single Married Gender: Male Female

* Date of Birth: Place of Birth:

* Country of Origin: *Country of Residence:

* ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID

* ID Number: *Issue Date:

* Place of Issue: *Expiry Date:

BENEFICIARY

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

* Surname: *First Name:

Other Name(s): Maiden Name:

Relationship with Account Applicant:

Marital Status: Single Married Gender: Male Female

* Date of Birth: Place of Birth:

* Country of Origin: *Country of Residence:

* ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID

* ID Number: *Issue Date:

* Place of Issue: *Expiry Date:

***CLIENT INVESTMENT PROFILE**

1 *Investment Objective:

2 *Risk Tolerance: Low Medium High

3 *Investment Horizon: Short Term Medium Term Long Term

4 *Investment Knowledge: Low Medium High

***EXPECTED ACCOUNT ACTIVITY**

* Source of Funds: Salary Proceeds from Business Inheritance/Gifts

Personal Savings Others

If Other, please specify:

* Initial Investment Amount:

* Anticipated Investment Activity:

Top-ups: Monthly Quarterly BI-Annually Annually Other

If Other, please specify:

Withdrawals: Monthly Quarterly BI-Annually Annually Other

If Other, please specify:

* Anticipated Investment Amount:

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

***BANK ACCOUNT DETAILS**

Bank Name	Account Name	Account Number	Bank Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***ACCOUNT MANDATE**

Name of Signatory	Signature Specimen
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

One to sign Either to sign Both to sign

***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 SDC Capital Ltd. 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 SDC Capital Ltd. SDC Capital Ltd. 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 securities account(s) by virtue of my/our trade orders shall be settled by me/us accordingly.

Name: Signature: Date:

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 you, your spouse, or any other immediate family member, including parents, in-laws, siblings and dependants 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:

I/We, Hereby confirm the information provided above is true, accurate and complete

Signature: Date:

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:

***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 (Refer to guide) State nature of business:
High Risk Country State Country

APPROVALS

Account opened by	<input type="text"/>	Account approved/authorized by Compliance Officer/AMLRO:
Name of Licensed Officer	<input type="text"/>	Name: <input type="text"/>
Position:	<input type="text"/>	Position: <input type="text"/>
Signature:	<input type="text"/>	Signature: <input type="text"/>
Date:	<input type="text"/>	Date: <input type="text"/>

**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:
Comments:

***CHECKLIST**

SN.	Documents Required	Verified
1	*Passport-sized photographs (Account holders / Beneficiaries)	<input type="text"/>

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)	