



Account Opening Form - Retail

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

CHANNELS

Face to Face

Branches

Online

Other

ACCOUNT CLASSIFICATION AND TYPE

* Account Classification

Gold Money Market Fund

Freedom Fund Unit Trust

Mctrust Unit Trust

AIM Private Mandate Account (PMA)

* Account type

Individual Account

Joint Account

In Trust For (ITF)

PERSONAL INFORMATION

* Mr. Mrs. Miss Hon. Dr. Prof. Rev. Other

* Last Name(s)

* First Name

Other Name(s)

* Marital Status

Single

Married

Divorced

Separated

Widowed

Male

Female

* Mother's Maiden Name

* Date of Birth

* Place of Birth

* 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

* TIN

CONTACT DETAILS

* Residential Address

Nearest Landmark

* Digital Address (GhanaPost GPS)

* City/Town

Postal Address

Email Address

* Mobile Number 1

Mobile Number 2

* Emergency Contact/Next of Kin Contact Name

Relationship to Client

* Contact Number

Email Address

PROOF OF IDENTITY

* ID Type Passport Voter's ID Driver's License SSNIT Card National ID

* ID Number

* Issue Date

Place of Issue

Expiry Date

EMPLOYMENT/BUSINESS DETAILS

* Employment Status

Employed

Self Employed

Student

Retired

Other

Year of Employment

Year of previous Employment

* Occupation

Profession

* Gross Monthly Income (GHs)

Below 1,000

1,001 - 5,000

5,001 - 10,000

10,001 - 20,000

20,001 above

Employer/Business/School Name

Employer/Business/School Address

Nearest Landmark Digital Address (GhanaPost GPS)

City/Town * Nature of Business

* Office Contact Number 1

* Office Contact Number 2

IN TRUST FOR (ITF)

* Mr. Mrs. Miss Hon. Dr. Prof. Rev. Other

* Last Name(s) * First Name

Other Name(s) Maiden Name

* Marital Status Single Married Divorced Separated Windowed

* Gender Male Female * Relationship with Applicant

* Date of Birth * Place of Birth

* Country of Origin * Country of Residence

* ID Type Passport Voter's ID Driver's License SSNIT Card National ID

* ID Number * Issue Date

Place of Issue Expiry Date

JOINT ACCOUNT APPLICANT ONLY

* Mr. Mrs. Miss Hon. Dr. Prof. Rev. Other

* Last Name(s) * First Name

Other Name(s) Maiden Name

* Marital Status Single Married Divorced Separated Windowed

Male Female * Mother's Maiden Name

* Date of Birth * Place of Birth

* 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

* TIN

* Residential Address

Nearest Landmark * Digital Address (GhanaPost GPS)

* City/Town

Postal Address

Email Address

Mobile Number 1

Mobile Number 2

* ID Type Passport Voter's ID Driver's License SSNIT Card National ID

* ID Number * Issue Date

Place of Issue Expiry Date

* Employment Status Employed Self Employed Student Retired Other

Years of Employment Years of Current Employment Years of Previous Employment

* Occupation Profession

* Gross Monthly Income (GHs) Below 1,000 1,001 - 5,000 5,001 - 10,000 10,001 - 20,000 20,001 above

Employer/Business/School Name

Employer/Business/School Address

Nearest Landmark Digital Address (GhanaPost GPS)

City/Town * Nature of Business

* Office Contact Number 1

* Office Contact Number 2

CLIENT INVESTMENT PROFILE

Investment Objective(s)

Investment Horizon Short Term Medium Term Long Term

EXPECTED ACCOUNT ACTIVITY

* Sources of Funds Salary Business Proceeds Inheritance/Gifts Personal Savings Other

Initial Investment Amount

* Expected Account Activity

 Top ups Monthly Quarterly Bi-Annually Annually Other

 Regular Withdrawals Less than 1 year 1-3 years 4-6 years Above 6 years Other

Expected Investment Amount

 Regular Topup Amount (expected) Regular Withdrawal Amount (expected)

CORRESPONDENCE PREFERENCE

All correspondence, including statements, reports and notices will be delivered to you in electronic format through email. Should you wish to receive correspondence via other means, please indicate in the tickbox below:

Other Delivery Preference Post Collection Email (Default)

Statement Frequency Monthly (Default) Quarterly Bi-Annually Annually

BENEFICIARY

| Name | Relationship | GPS Code | Contact | Percentage <small>(Should add up to 100%)</small> |
|------|--------------|----------|---------|--|
| | | | | |
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BANKING DETAILS

| Bank Name | Account Name | Account Number | Branch | MoMo Wallet |
|-----------|--------------|----------------|--------|-------------|
| | | | | |
| | | | | |

RISK ASSESSMENT

- When do you plan to make your first significant withdrawal from the investment?
Less than 1 year 1-3 years 4-6 years 6-10 years More than 10 years
- How would you rate your investment knowledge and experience
None Limited Good Extensive
- Which one of these would you use if you were investing/saving on your own?
Bank Savings Account Fixed Deposit Account Mutual Fund Stock Market Currency
- When I think of the word "risk" the term "loss" comes to mind immediately.
I strongly agree I tend to agree I tend to disagree I strongly disagree
- Making money from investing is based on luck.
I strongly agree I tend to agree I tend to disagree I strongly disagree
- When making an investment, which of these is most important to you?
Safety Stable Income Balanced Growth and Safety High Growth Maximum Growth
- Suppose you own a sizeable investment that due to sudden broad market decline, has declined in value by 25%. What action will you likely take?
Sell all the remaining investment Sell a portion of the investment Do nothing Buy more of the investment

FOREIGN ACCOUNT TAX COMPLIANCE

- 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:

| | | | |
|-------------------------------------|----------------------|-----------------------------|----------------------|
| Foreign Passport Number | <input type="text"/> | U.S.A. Green Card Number | <input type="text"/> |
| Foreign Place of Residence | <input type="text"/> | Foreign Tax No./National ID | <input type="text"/> |
| Foreign Telephone Number | <input type="text"/> | Foreign Mailing Address | <input type="text"/> |
| Foreign Place of Birth | <input type="text"/> | | |
| Foreign Current Residential Address | <input type="text"/> | | |

Information Consent (If You Answered Yes To Any Of The Questions Above)

In compliance with the applicable laws and U.S. Foreign Account Tax Compliance Act (FATCA), you are required to provide us with your tax information and we will keep record of such information. Subject to regulatory reporting, I/We consent for Ashfield Investment Managers to share these information with relevant tax authorities where required to establish my taxliability. I/We also consent and agree that Ashfield Investment Managers may withhold from the investment account, such amount as may be required by applicable laws, directives and regulations of relevant jurisdictions.

Signature

Date

POLITICALLY EXPOSED PERSONS

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** or **OUTSIDE** Ghana? Yes No

If you answered YES, Kindly complete the following

| | | | |
|---|----------------------|------------------------|----------------------|
| Name of PEP (if not the same as the client) | <input type="text"/> | Relationship to Client | <input type="text"/> |
| Name of the Position | <input type="text"/> | Country | <input type="text"/> |

INDEMNITY (EMAIL/TELEPHONE/FAX)

I undertake that transactions on my/our account(s) would normally be authorized by me/us in person or in writing with my/our original signature and identification. I/We however request and authorize Ashfield Investment Managers to accept and act on instructions delivered by e-mail, facsimile, internet, telephone or other electronic medium.

I/We also acknowledge and agree that Ashfield Investment Managers reserves the right to act or not act on any instruction(s) that purport to emanate from me/us via e-mail, facsimile, internet, telephone or other electronic medium. I/We further wish to state that I/We are aware that e-mail, facsimile, internet, telephone or other electronic medium authorizations are insecure and can be tampered with and that it is not possible for Ashfield Investment Managers to verify the authenticity of all instructions issue in the format originally intended.

By signing this form, I/We thus agree to indemnify and hold Ashfield Investment Managers harmless from any losses, costs, damages, expenses, and all other liabilities that may occur as a result of my/our decision to authorize transactions by e-mail, facsimile, internet, telephone or other electronic medium.

I/We further agree that this indemnity shall continue to be in force until such a time that I/We shall terminate it in writing, in which case the option to transact business on my/our account(s) with Ashfield Investment Managers by means of email, facsimile, internet, telephone or other electronic medium instructions shall immediately cease.

Name Signature Date

Name Signature Date

- 1. Net Assets Value (NAV):** Price per unit/shares is determined based on the Net Asset Value (NAV) at a particular point in time. The NAV is computed by dividing the value of all assets held by the fund plus any cash or other assets minus all liabilities (including accrued expenses) by the total number of units/shares outstanding at such time.
- 2. Management Fee and Service Charge (VAT Incl.):** Management fee and other Service charges accrues daily and levied on monthly basis on the funds market value. Deductions are made from the income received by the portfolio.
- 3. Total Expense Ratio (TER):** TER is the total annualized cost of investment to an investor in an investment fund. Kindly refer to the Fact Sheet for the TER of each fund.
- 4. Dividend and Income Distributions:** All collective investment schemes will not distribute earnings and income to investors but re-invest all its investment income and dividends received. As such, investors are expected to benefit from a growth in the net asset value of each unit/share of the fund they hold. Investors seeking to make withdrawal may sell part or all of their holdings to realize their earnings.
- 5. Redemptions:** All redemption requests will be processed and payment made into the account of the unitholder or shareholder, or cheque issued in the name of the client. Third party payments will only be made based upon expressed authorization of the client.
- 6. Investors are permitted to switch between funds managed by the Manager.** Switching funds involves sale of units/shares in one fund and purchase of unit/shares in another fund with the proceeds. The NAV of funds involved will determine the value of the switch and the number of units/shares the investor will be able to purchase in the new fund.
- 7. An investment in the units/shares of a collective investment scheme should not be seen as being the same as deposit in a banking or any other deposit taking financial institution.**
- 8. The Manager does not provide or purport to guarantee returns either with respect to the capital or the return of a portfolio.** The value of units/shares fluctuates. Therefore investors must understand that past performance is not a guarantee of future performance.
- 9. The Manager undertakes to buy back units/shares at the prevailing NAV price in accordance with the terms and conditions of the relevant Deeds and scheme particulars as well as the requirement of current laws and regulations.**
- 10. All deposits shall be made to dedicated trust accounts of the fund as communicated by the Manager.**
- 11. All payments in relation to redemption will be made within 24 hours and up to a maximum of five working days upon receipt of valid redemption forms.**
- 12. There are no front-load charges, however, based on the scheme particulars or Deed of particular fund signed to by the client, there may be exit charges.**
- 13. A portfolio of an investor containing multiple funds will be subjected to different charges in accordance with the particular scheme.**
- 14. Portfolios will be valued on daily basis at 1700hr.**
- 15. All redemptions and purchases of units/shares of fund(s) chosen will be executed based on the price of the previous day closing NAV.**
- 16. The price applicable to instructions received after working hours, on Saturday, Sunday or public holidays will be that of the following working day.**
- 17. A certified copy of Power of Attorney may accompany this form signed under Power of Attorney unless previously recorded.**
- 18. The Client agrees to provide all documentations and information required and understands that the Manager will not process any application until all such documents and information has been received.**
- 19. Electronic Statements will be sent to all clients on monthly basis unless other frequency is indicated and communicated to the Manager.**
- 20. Foreign Currency transaction:** Unless expressly agreed, all currencies transactions other than Ghanaian Cedi deposited or transferred into the Manager's account for investment purposes will be translated into Ghanaian Cedi based on prevailing market rates using the US Dollar as the cross currency for transaction purposes. The investor indemnify the Manager for any loss occasioned in the cause of the currency translation.
- 21. Confirmation of deposits and investments:** An investor will be required to furnish the Manager documents to confirm direct deposits or transfer into the dedicated account of the particular fund. For collective investment schemes, the Manager will allocate unit/shares or proceed to invest client funds upon confirmation of deposit in the account.
- 22. Redemption rights are subject to suspension by the Manager subject to the scheme particulars and applicable regulations.**
- 23. The Manager shall, wherever possible, avoid situations causing a conflict of interest.** Where it is not possible to avoid such conflict, the Manager shall advise the Client, of such conflict in writing at the earliest reasonable opportunity and shall mitigate the conflict of interest.
- 24. The Manager reserves the right to go back to the client for more information and documentation following AML/KYC review of the client's file.**
- 25. The Manager reserves the right to accept or reject any application and on-boarding of a client following compliance review.** If any application is not accepted after payment has been made, or the Manager deems it appropriate to off-board a client, the amount paid or in the account of the client will be returned in person to the investor, through the post, or a designated bank account and you indemnify Ashfield Investment Managers against any loss that may be occasioned by the return of monies that have reflected in our account.
- 26. The client agrees to provide accurate and up-to-date information to facilitate location and contacting of the client.** In a situation where a client cannot be traced or have unclaimed assets, the Manager may contract a third party to trace the client and the client undertakes to bear the cost associated with the contact tracing.
- 27. All unclaimed assets of clients will continue to be invested in the original portfolio of the client until such time the assets are claimed or transferred to another portfolio with the Client's consent and authorization.**
- 28. Complaints:** For all compliants regarding the services being provided by Ashfield Investment Managers, kindly send an email to clientservice@ashfieldinvest.com or contact us on +233 (0) 540 127 125 a

ACCOUNT MANDATE

| | | | | |
|--------------------------|-----------------------------------|------------------------------------|---|-----------------------------|
| Name of Signatory | <input type="text"/> | | | |
| Signature Specimen | <input type="text"/> | Date | <input type="text" value="DD / MM / YYYY"/> | |
| Name of Signatory | <input type="text"/> | | | |
| Signature Specimen | <input type="text"/> | Date | <input type="text" value="DD / MM / YYYY"/> | |
| Name of Signatory | <input type="text"/> | | | |
| Signature Specimen | <input type="text"/> | Date | <input type="text" value="DD / MM / YYYY"/> | |
| * Signature Mandate | One to Sign <input type="radio"/> | Both to Sign <input type="radio"/> | All to Sign <input type="radio"/> | Other <input type="radio"/> |
| If other, please specify | <input type="text"/> | | | |

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 Ashfield Investment Managers of any changes to my/our particulars or information as may be necessary. I/We also declare that I/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 Ashfield Investment Managers. Ashfield Investment Managers accepts no liability for any direct or consequential loss arising from my/our decision.

| | | | |
|-----------|----------------------|------|---|
| Signature | <input type="text"/> | Date | <input type="text" value="DD / MM / YYYY"/> |
| Signature | <input type="text"/> | Date | <input type="text" value="DD / MM / YYYY"/> |

PERMISSION TO MARKET PRODUCTS AND SERVICES (OPTIONAL): "For confidentiality purposes and as a part of our services, we require your consent to share your personal information Third Party Service Providers for the purposes of marketing products and services offered by these service providers and its subsidiaries, which we believe may benefit you."

I/We consent for my information to be shared within Third Party Service Providers for marketing of product and services, reseach and special offers. Yes No

JURAT (NOT LITERATE / VISUALLY IMPAIRED CUSTOMER RATIFICATION)

I/ We acknowledge that this agreement has been read and explained to me thoroughly and audibly to my understanding by an interpreter in _____ language, and I agree to abide by the content as such.

| | | | | | |
|------|----------------------|-----------|----------------------|------|---|
| Name | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text" value="DD / MM / YYYY"/> |
| Name | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text" value="DD / MM / YYYY"/> |

OFFICIAL USE ONLY

*CUSTOMER RISK PROFILE

| | | | |
|------------------------------|---|------------------------------------|----------------------------|
| Client Screening | <input type="text" value="Indicate platform or media through which client ID and Name was Screened"/> | | |
| Level of Risk | Low <input type="radio"/> | Medium <input type="radio"/> | High <input type="radio"/> |
| Nature of High Risk Exposure | PEP <input type="radio"/> | Non-resident <input type="radio"/> | |
| | High Risk Business <input type="radio"/> | State the nature of Business | <input type="text"/> |
| | High Risk Country <input type="radio"/> | State the Country | <input type="text"/> |

CHECKED AND OPENED BY

Name

Signature

Date

AUTHORIZED/APPROVED BY

Name

Signature

Date

Comments

**If High Risk, Senior Manager / Executive / CEO / Compliance Officer to jointly check and approve:*

SENIOR MANAGER/ EXECUTIVE / CEO:

Name

Signature

Date

Comments

CHECKLIST

| SN | Documents Required | Checked |
|----|--|-----------------------|
| 1 | One Passport-sized photographs (Account holders / Beneficiaries) | <input type="radio"/> |
| 2 | Proof of Identity | <input type="radio"/> |
| 3 | Proof of Identity of Account Beneficiary | <input type="radio"/> |
| 4 | Proof of Address | <input type="radio"/> |
| 5 | Specimen Signature(s) | <input type="radio"/> |
| 6 | Email Indemnity (for clients with email address) | <input type="radio"/> |
| 7 | Proof of Address (for Non-Resident clients) | <input type="radio"/> |
| 8 | Resident / Work Permit (for Non-Ghanaians) | <input type="radio"/> |
| 9 | Executed Fund Management Agreement (Mandate Accounts) | <input type="radio"/> |