



Account Opening Form - Corporate

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

The Investment House

16 Noi Fetreke Street
P. O. Box 14001, Accra
Airport West, Accra
+233 (0) 540 127 125

www.ashfieldinvest.com

AIM INSTITUTIONAL MANDATE ACCOUNT (IMA)

* Face to Face Branches Online Other

* Account Classification

CATEGORY OF BUSINESS

Sole Proprietorship Partnership Limited Liability Company
Associations Charities/NGOs Other

BUSINESS DETAILS

* Company/Business Name

* Registration Number

* Date of Registration License Number (If any)

* Country of Registration

Name of Parent Company (If any)

Parent Company's Country of Incorporation

* Nature of Business

Sector/Industry

* Principal Place of Business

* Business Postal Address

* Digital Address (GhanaPost GPS) Email Address

* Business Website * Business TIN

* Business Contact Number 1 * Business Contact Number 1

TURNOVER

Currency

Monthly Turnover Below 10,000 10,000 - 99,999 100,000 - 499,999 Above 500,000
Annual Turnover Below 100,000 100,000 - 499,999 500,000 - 1M Above 1 Million

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-Annual Annually

CLIENT INVESTMENT PROFILE

Investment Objective(s)

Risk Tolerance Low Medium High
Investment Horizon Short Term Medium Term Long Term

EXPECTED ACCOUNT ACTIVITY

* Sources of Funds Business Proceeds Donations 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

Expected Investment Amount Regular Topup Amount (expected) Regular Withdrawal Amount (expected)

KEY CONTACT PERSON

* Last Name(s) * First Name

Other Name(s)

Gender 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

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

* ID Number * Issue Date

* Place of Issue Expiry Date

Email Address

* Mobile Number 1

Mobile Number 2

* Job Title

ACCOUNT SIGNATORY DETAILS 1

* Last Name(s) * First Name

Other Name(s) Maiden Name

* Date of Birth Country of Origin

* Residential Status Resident Ghanaian Non - Resident Ghanaian Resident Foreigner Non - Resident Foreigner

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

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

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

* ID Number * Issue Date

Place of Issue Expiry Date

Email Address

* Mobile Number 1

Mobile Number 2

* Job Title

ACCOUNT SIGNATORY DETAILS 2

* Last Name(s) * First Name

Other Name(s) Maiden Name

* Date of Birth Country of Origin

* Residential Status Resident Ghanaian Non - Resident Ghanaian Resident Foreigner Non - Resident Foreigner

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

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

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

* ID Number * Issue Date

Place of Issue Expiry Date

Email Address

* Mobile Number 1

Mobile Number 2

* Job Title

ACCOUNT SIGNATORY DETAILS 3

* Last Name(s) * First Name
 Other Name(s) Maiden Name
 * Date of Birth Country of Origin
 * Residential Status Resident Ghanaian Non - Resident Ghanaian Resident Foreigner Non - Resident Foreigner
If country of origin is not Ghana, please provide the following
 Resident Permit Number Permit Issue Date
 Place of Issue Permit Expiry Date
 * ID Type Passport Voter's ID Driver's License SSNIT Card National ID
 * ID Number * Issue Date
 Place of Issue Expiry Date
 Email Address
 * Mobile Number 1
 Mobile Number 2
 * Job Title

DIRECTORS / EXECUTIVES / TRUSTEES / ADMINISTRATORS

Surname	Other Names	ID Type/ID Number	Status	Contact Number

**BENEFICIARY OWNERSHIP
BENEFICIARY OWNER/SHAREHOLDERS**

Surname	Other Names	ID Type/ ID Number	PEP Status	Residential Address	Date of Birth	Ownership%

BANKING DETAILS

Bank Name	Account Name	Account Number	Branch

BANKING DETAILS

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 tax liability. 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.

FOREIGN ACCOUNT TAX COMPLIANCE

Is any official a citizen of any foreign country besides Ghana? Yes No
 Does any official hold passport of any foreign country besides Ghana? Yes No
 Does any official hold green card of any foreign country besides Ghana? Yes No
 Is any official resident in any foreign country? Yes No
 Has any official spent more than 183 days in any foreign country? Yes No
 Is any of the entity's shareholders/partners a U.S.A. citizen with 10% or more interest? Yes No

If Yes, please provide the information below

	Company Official 1	Company Official 2	Company Official 3
Name of Official	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign TIN/ Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage Ownership	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your entity have any subsidiary with an existing investment account(s) with Ashfield Investment Managers? Yes No

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"/>

BOARD RESOLUTION

"We hereby certify that the Board of Directors/Trustees/Executives/Administrators of _____ (Corporate body) at a meeting held on the _____ at _____ passed the following resolution which was recorded in the Minute Book of the Corporate body.

Resolved:

- i. "That a Account (Investment Account) be opened with Ashfield Investment Managers ("Ashfield") whose office is situated at No. 16 Noi Fetreke Street, West-Airport, Accra.
- ii. That Ashfield is hereby requested and authorized to act on any instructions with regards to any transactions on the account provided such documents are signed by:

Name	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>

with _____ (Account Mandate) of the above-named signing at all times on behalf of the Corporate body.

Further Resolved: -

- iii. That Ashfield be supplied with a copy of the Memorandum and Articles of Association or Registration documents and a list of the names and signatures of the Directors, Secretary and/or authorized officials in the Corporate body.
- iv. That this resolution be communicated to Ashfield and remain effective until duly rescinded and or modified by a subsequent resolution passed by the Board of Directors/Trustees/Executives/Administrators, a certified copy of which, signed by the Chairman and the Secretary, and/or authorized officials shall be communicated to Ashfield".

INDEMNITY (EMAIL/TELEPHONE/FAX)

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

We also acknowledge and agree that Ashfield reserves the right to act or not act on any instruction(s) that purport to emanate from us via e-mail, facsimile, internet, telephone or other electronic medium. We further wish to state that 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 to verify the authenticity of all instructions issue in the format originally intended.

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

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

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"/>

- 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 client, 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:** All other 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 complaints regarding the services being provided by Ashfield Investment Managers, kindly send an email to clientservice@ashfieldinvest.com.

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.

PERMISSION TO MARKET PRODUCTS AND SERVICES: For confidentiality purposes and as 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."

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

I/We consent for my information to be shared within the Group for marketing of product and services, reseach and special offers. Yes No

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"/>

APPROVALS

CHECKED AND OPENED BY

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

AUTHORIZED/APPROVED BY

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

Comments	<input type="text"/> <input type="text"/> <input type="text"/>
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**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	Account Opening form duly completed	<input type="radio"/>
2	Specimen signature card duly completed	<input type="radio"/>
3	Copy of Company Registration Documents (including but not limited to Incorporation certificates, Copy of Memorandum, Article of Association etc.)	<input type="radio"/>
4	Board Resolution to open account and nomination of signatories	<input type="radio"/>
5	TIN	<input type="radio"/>
6	Partnership Deed (where applicable)	<input type="radio"/>
7	Constitution (for unregistered associations)	<input type="radio"/>
8	Act / Gazette for Government Agency (where applicable)	<input type="radio"/>
9	Picture of each signatory and Director/Shareholders	<input type="radio"/>
10	Resident / Work Permit (for Non-Ghanaians)	<input type="radio"/>
11	Evidence of registration with other Government Agencies	<input type="radio"/>
12	Power of Attorney (where applicable)	<input type="radio"/>
13	Letter of Indemnity	<input type="radio"/>
14	Proof of Address	<input type="radio"/>
15	Proof of Identity of all signatories and representatives	<input type="radio"/>
16	Executed Fund Management Agreement (Mandate Accounts)	<input type="radio"/>

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