



PRUDENTIAL SECURITIES LTD.

...Your key to financial success

**MANAGED FUNDS
APPLICATION FORM
(CORPORATE)**

ACCOUNT NAME

ACCOUNT NUMBER



REQUIREMENTS FOR OPENING A CORPORATE ACCOUNT

PLEASE COMPLETE ALL RELEVANT PORTIONS OF THE APPLICATION FORM AND RETURN THIS PACKAGE ALONG WITH THE ORIGINALS FOR SIGHTING ONLY AND COPIES THE FOLLOWING DOCUMENTS

- 1. Account Opening Form Duly Completed.**
- 2. Specimen Signature Card Duly Completed.**
- 3. Copy Of Certificate Of Incorporation And Certificate To Commence Business.**
- 4. Board Resolution To Open Account And Nomination Of Signatories.**
- 5. Copy of Memorandum and Articles of Association (Forms A, 3, 17)**
- 6. TIN PIN (Ghana Card)**
- 7. Partnership Deed (where applicable)**
- 8. Constitution if unregistered association**
- 9. Act / Gazette for Government Agency (where applicable)**
- 10. One passport-sized photograph of each signatory**
- 11. Resident /Work Permit**
- 12. Evidence of registration with other Government Agencies**
- 13. Power of Attorney (where applicable)**
- 14. Letter of Indemnity**
- 15. Proof of Company Address**
- 16. Proof of Identity of all signatories and representatives**
- 17. Investment Management Agreement**



***CATEGORY OF BUSINESS**

Sole Proprietorship Partnership Limited Liability Company
 Associations Charities / NgOs Other

If Other, Please Specify _____

***BUSINESS DETAILS**

*Company/Business Name: _____

*Certificate of Incorporation Number: _____

* Date of Incorporation/ Registration: License Number: _____

*Jurisdiction of Incorporation: _____

*Parent Company's Country of Incorporation (If any) _____

*Type/Nature of Business: _____

Sector/ Industry: _____

Principal Place of Business: _____

Company's Postal Address: _____

*Digital Address (Ghana Post GPS): _____

*Business Email: _____

Website (if any): _____

TIN / PIN (GHA):

Contact Number 1:

Contact Number 2:

***TURNOVER**

Monthly Turnover (GHS): Below 10,000 Above 10,000-100,000 Above 100,000 Above 10 Million

Annual Turnover (GHS): Below 10,000 Above 10,000-100,000 Above 100,000 Above 10 Million

***STATEMENT SERVICES**

Mode of Statement Delivery: Email Collection

Delivery Statement Frequency: Quarterly Half Annually



***BENEFICIAL OWNERSHIP (CONTINUED)**

DIRECTORS:

Surname	Other names	ID Type/ID Number	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %	TIN

***AFFILIATIONS**

IF A PART OF A GROUP, KINDLY STATE ALL ENTRIES WITHIN THE GROUP STRUCTURE:

***BANK ACCOUNT DETAILS**

Bank Name	Account Name	Account Number	Bank Branch

***CUSTOMER CATEGORY**

- | | | | |
|------------------------------|--------------------------|----------------------|--------------------------|
| Fund Manager | <input type="checkbox"/> | Insurance | <input type="checkbox"/> |
| Broker Dealer | <input type="checkbox"/> | Pension Fund | <input type="checkbox"/> |
| Collective Investment Scheme | <input type="checkbox"/> | Religious Bodies | <input type="checkbox"/> |
| Universal Banks | <input type="checkbox"/> | Hospital | <input type="checkbox"/> |
| Finance House | <input type="checkbox"/> | School | <input type="checkbox"/> |
| Microfinance Insitution | <input type="checkbox"/> | Company (For Profit) | <input type="checkbox"/> |
| Savings & Loans | <input type="checkbox"/> | Company (NGO) | <input type="checkbox"/> |
| Rural & Community Banks | <input type="checkbox"/> | | |



SIGNATURE MANDATE

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

SIGNING INSTRUCTION

SPECIMEN SIGNATURE(S) TO BE SIGNED

PRINT NAME

A

**PLACE
PHOTO**

A

PRINT NAME

B

**PLACE
PHOTO**

B

PRINT NAME

C

**PLACE
PHOTO**

C

PRINT NAME

D

**PLACE
PHOTO**

D

One to sign

Either to sign

Both to sign

Any Two to Sign



***CLIENT ADDITIONAL INFORMATION**

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:

***CUSTOMER RISK PROFILE 1**

The following is designed to enable the institution determine whether the client is a Politically Exposed Person (PEP) (head of state, government politician, public official, military official etc)

Client Screening:

Customer Identification Was Done: Face to Face Remotely

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

	Score Column	Yes/No	Extended Score
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		
The PEP has been out of public office for 5 years or more and is either still actively or less actively involved in politics.	5		
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		
The customer is a private banking and/or other wealth management customer, individual or business customer with cumulative balances of over GH¢1,500,000.00 monthly.	5		
The customer is categorized as a Designated Non-Financial Business and Professions, examples; casinos, real estates, accountants, lawyers etc.	5		
The customer /business is categorized 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		
The customer is represented by another via Power of Attorney.	5		
The beneficial owner(s) and / or ownership structure are difficult to identify and/or verify.	5		
The beneficial owner(s) of the account is/are Nationals of a high-risk country	5		
The Customer/ Business Entity is registered in a foreign country with no local operations.	5		
The customer is conducting business with a high risk country and utilizes one or more of the following products or services: Wire Transfers, Foreign Drafts, Letters of Credit	5		
The source of funding or declared income for the account CANNOT be determined	5		
The customer is engaged in large and/or frequent wire-in/wire-out or inland online transfers	5		
The customer is non-resident in Ghana	5		
TOTAL			

SCORE LEGEND	
Risk Rating	Score
High Risk	5
Medium Risk	3 and 4
Low Risk	0,1 and 2

NOTE:

- a) For each 'yes' response, the value in the score column is to be used
- b) For each 'No' response, the default score of zero is to be used

INTERVIEWING OFFICER:

Name _____

Signature _____

Date:

SUPERVISOR:

Name _____

Signature _____

Date:

***CUSTOMER RISK PROFILE 2**

The following is designed to enable the institution determine whether the client is a Politically Exposed Person (PEP) (head of state, government politician, public official, military official etc)

Client Screening:

Customer Identification Was Done: Face to Face Remotely

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

	Score Column	Yes/No	Extended Score
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		
The PEP has been out of public office for 5 years or more and is either still actively or less actively involved in politics.	5		
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		
The customer is a private banking and/or other wealth management customer, individual or business customer with cumulative balances of over GH¢1,500,000.00 monthly.	5		
The customer is categorized as a Designated Non-Financial Business and Professions, examples; casinos, real estates, accountants, lawyers etc.	5		
The customer /business is categorized 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		
The customer is represented by another via Power of Attorney.	5		
The beneficial owner(s) and / or ownership structure are difficult to identify and/or verify.	5		
The beneficial owner(s) of the account is/are Nationals of a high-risk country	5		
The Customer/ Business Entity is registered in a foreign country with no local operations.	5		
The customer is conducting business with a high risk country and utilizes one or more of the following products or services: Wire Transfers, Foreign Drafts, Letters of Credit	5		
The source of funding or declared income for the account CANNOT be determined	5		
The customer is engaged in large and/or frequent wire-in/wire-out or inland online transfers	5		
The customer is non-resident in Ghana	5		
TOTAL			

SCORE LEGEND	
Risk Rating	Score
High Risk	5
Medium Risk	3 and 4
Low Risk	0,1 and 2

NOTE:

- a) For each 'yes' response, the value in the score column is to be used
- b) For each 'No' response, the default score of zero is to be used

INTERVIEWING OFFICER:

Name _____

Signature _____

Date:

SUPERVISOR:

Name _____

Signature _____

Date:

***CUSTOMER RISK PROFILE 3**

The following is designed to enable the institution determine whether the client is a Politically Exposed Person (PEP) (head of state, government politician, public official, military official etc)

Client Screening:

Customer Identification Was Done: Face to Face Remotely

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

	Score Column	Yes/No	Extended Score
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		
The PEP has been out of public office for 5 years or more and is either still actively or less actively involved in politics.	5		
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		
The customer is a private banking and/or other wealth management customer, individual or business customer with cumulative balances of over GH¢1,500,000.00 monthly.	5		
The customer is categorized as a Designated Non-Financial Business and Professions, examples; casinos, real estates, accountants, lawyers etc.	5		
The customer /business is categorized 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		
The customer is represented by another via Power of Attorney.	5		
The beneficial owner(s) and / or ownership structure are difficult to identify and/or verify.	5		
The beneficial owner(s) of the account is/are Nationals of a high-risk country	5		
The Customer/ Business Entity is registered in a foreign country with no local operations.	5		
The customer is conducting business with a high risk country and utilizes one or more of the following products or services: Wire Transfers, Foreign Drafts, Letters of Credit	5		
The source of funding or declared income for the account CANNOT be determined	5		
The customer is engaged in large and/or frequent wire-in/wire-out or inland online transfers	5		
The customer is non-resident in Ghana	5		
TOTAL			

SCORE LEGEND	
Risk Rating	Score
High Risk	5
Medium Risk	3 and 4
Low Risk	0,1 and 2

NOTE:

- a) For each 'yes' response, the value in the score column is to be used
- b) For each 'No' response, the default score of zero is to be used

INTERVIEWING OFFICER:

Name _____

Signature _____

Date:

SUPERVISOR:

Name _____

Signature _____

Date:



***APPROVALS**

Account opened by: _____

Name of Licensed Officer: _____

Position: _____ Signature: _____

Date:

Compliance Officer/AMLRO Review Comments _____

Account approved/authorized by Compliance Officer/AMLRO:

Name: _____ Position: _____

Signature: _____ Date:

***Account of High-Risk Nature must be jointly approved by CEO/Executive/Senior Manager and Compliance Officer**

High risk account authorized /approved by Executive / CEO

Full name: _____

Signature: _____

Comment: _____

Date:

CHECKLIST

SN. Documents Required Verified

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. Account Opening Form Duly Completed. 2. Specimen Signature Card Duly Completed. 3. Copy Of Certificate Of Incorporation And Certificate To Commence Business. 4. Board Resolution To Open Account And Nomination Of Signatories. 5. Copy of Memorandum and Articles of Association (Forms A, 3, 17) 6. TIN PIN (Ghana Card) 7. Partnership Deed (where applicable) 8. Constitution if unregistered association 9. Act / Gazette for Government Agency (where applicable) 10. One passport-sized photograph of each signatory 11. Resident / Work Permit | <ul style="list-style-type: none"> 12. Evidence of registration with other Government Agencies 13. Power of Attorney (where applicable) 14. Letter of Indemnity 15. Proof of Company Address 16. Proof of Identity of all signatories and representatives 17. Investment Management Agreement |
|--|---|