



**PRUDENTIAL
SECURITIES LTD.**

...Your key to financial success

**PSL FIXED INCOME UNIT TRUST
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

CLIENT INVESTMENT PROFILE

*Investment Objective: _____

*Risk Tolerance: Low Medium High

*Investment Horizon: Short Term Medium Term Long Term

*Investment Knowledge: Low Medium High

*Initial Investment Amount (GHS): _____

*How do you want your investment managed? Discretionary Mandate Non-Discretionary Mandate

***EXPECTED ACCOUNT ACTIVITY**

Source of Funds: Proceeds from business Other

If other, please specify: _____

Anticipated Investment Activity:

Top-ups: Monthly Quarterly Bi-Annual Annual Other Frequency

If other frequency, please specify: _____

Withdrawals: Monthly Quarterly Bi-Annual Annual Other Frequency

If other frequency, please specify: _____

Regular Top-up Amount (Expected): _____

Regular Withdrawal Amount (Expected): _____

***KEY CONTACT PERSON**

Title: Mr. Mrs Ms. Prof. Dr. Rev. Other (Please Specify): _____ Gender: M F

Surname: _____

First Name : _____

Other Name(s): _____

Maiden Name (if any): _____

Date of Birth: D M Y Place of birth: _____

Country of Origin: _____ Country of Residence: _____

Residential Status: Resident Ghanaian Non-Resident Ghanaian Digital Address: _____

Resident Foreigner Non-Resident Foreigner Nearest Landmark: _____

IF COUNTRY OF ORIGIN IS NOT GHANA, PLEASE PROVIDE THE FOLLOWING:

Residence Permit Number: _____ Permit Issue Date: City/Town: _____

Place of Issue : _____ Permit Expiry Date:

Job Title _____ Mobile Number:

TIN / PIN (GHA): Marital Status: Single Married Divorced

Spouse Name : _____

Mother's Maiden Name: _____

***ACCOUNT SIGNATORY DETAILS 1**

 Title: Mr. Mrs Ms. Prof. Dr. Rev. Other (Please Specify): _____ Gender: M F

Surname: _____

First Name : _____

Other Name(s): _____

Maiden Name (If any): _____

 Date of Birth: D M Y Place of birth: _____

Country of Origin: _____ Country of Residence: _____

 Residential Status: Resident Ghanaian Non-Resident Ghanaian Digital Address: _____

 Resident Foreigner Non-Resident Foreigner Nearest Landmark: _____

IF COUNTRY OF ORIGIN IS NOT GHANA, PLEASE PROVIDE THE FOLLOWING:

 Residence Permit Number: _____ Permit Issue Date: City/Town: _____

 Place of Issue : _____ Permit Expiry Date:

 Job Title _____ Mobile Number:

 TIN / PIN (GHA): Marital Status: Single Married Divorced

Spouse Name : _____

Mother's Maiden Name: _____

***ACCOUNT SIGNATORY DETAILS 2**

 Title: Mr. Mrs Ms. Prof. Dr. Rev. Other (Please Specify): _____ Gender: M F

Surname: _____

First Name : _____

Other Name(s): _____

Maiden Name (If any): _____

 Date of Birth: D M Y Place of birth: _____

Country of Origin: _____ Country of Residence: _____

 Residential Status: Resident Ghanaian Non-Resident Ghanaian Digital Address: _____

 Resident Foreigner Non-Resident Foreigner Nearest Landmark: _____

IF COUNTRY OF ORIGIN IS NOT GHANA, PLEASE PROVIDE THE FOLLOWING:

 Residence Permit Number: _____ Permit Issue Date: City/Town: _____

 Place of Issue : _____ Permit Expiry Date:

 Job Title _____ Mobile Number:

 TIN / PIN (GHA): Marital Status: Single Married Divorced

Spouse Name : _____

Mother's Maiden Name: _____

***ACCOUNT SIGNATORY DETAILS 3**

 Title: Mr. Mrs Ms. Prof. Dr. Rev. Other (Please Specify): _____ Gender: M F

Surname: _____

First Name : _____

Other Name(s): _____

Maiden Name (If any): _____

 Date of Birth: D M Y Place of birth: _____

Country of Origin: _____ Country of Residence: _____

 Residential Status: Resident Ghanaian Non-Resident Ghanaian Digital Address: _____

 Resident Foreigner Non-Resident Foreigner Nearest Landmark: _____

IF COUNTRY OF ORIGIN IS NOT GHANA, PLEASE PROVIDE THE FOLLOWING:

 Residence Permit Number: _____ Permit Issue Date: City/Town: _____

 Place of Issue : _____ Permit Expiry Date:

 Job Title _____ Mobile Number:

 TIN / PIN (GHA): Marital Status: Single Married Divorced

Spouse Name : _____

Mother's Maiden Name: _____

***DIRECTORS / EXECUTIVES / TRUSTEES / ADMINISTRATORS**

| Surname | Other names | ID Type/ID Number | Status | Contact Number |
|---------|-------------|-------------------|--------|----------------|
| | | | | |
| | | | | |
| | | | | |

BENEFICIAL OWNERS:
***BENEFICIAL OWNERSHIP**

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

FOREIGNERS ONLY:

Resident Permit Number _____ Place of Issue _____

***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:

TERMS AND CONDITIONS

1. **Application forms not duly completed or not accompanied by a passport size photograph(s) and a valid ID (Ghana Card) will not be processed.**
2. **In the event of withdrawal, payment will be made within five (5) working days.**
3. **No guaranteed rate for CIS investments.**

***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 | | |
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| 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 <input type="checkbox"/> |
|-----|--|--|
| 1. | Account Opening Form Duly Completed. | 12. Evidence of registration with other Government Agencies |
| 2. | Specimen Signature Card Duly Completed. | 13. Power of Attorney (where applicable) |
| 3. | Copy Of Certificate Of Incorporation And Certificate To Commence Business. | 14. Letter of Indemnity |
| 4. | Board Resolution To Open Account And Nomination Of Signatories. | 15. Proof of Company Address |
| 5. | Copy of Memorandum and Articles of Association (Forms A, 3, 17) | 16. Proof of Identity of all signatories and representatives |
| 6. | TIN PIN (Ghana Card) | 17. Investment Management Agreement |
| 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 | |

INDEMNITY FOR HONOURING INSTRUCTIONS SENT VIA ELECTRONIC MEANS

 Date:

In consideration of you, Prudential Securities Ltd (hereinafter called PSL) agreeing to honor my/our instructions, including funds transfer instructions and act upon any instruction, communications and documents sent by facsimile (fax), telephone, e-mail, letters issued according to my/our mandate as I/We may from time to time advise you in writing via e-mail.

The following shall be my/our e-mail address _____

I/We _____ hereby confirm and declare that:

1. PSL is authorized to accept and act upon any instructions, communications and documents sent electronically by facsimile (fax), telephone, e-mail and letters issued according to my/our mandate.
2. I/We hereby irrevocably undertake to indemnify PSL and hold it harmless from and against all cost (including without limitation legal fees and expenses, claims, losses, liabilities, damages and proceedings) whatsoever PSL may suffer or incur or that may arise as a result of PSL's accepting or acting upon such instructions, communication or documents.
3. In the event that I/We suffer any loss as a result of your honoring such instructions, communications, e-mail instruction, etc., I/ we shall have no claim or redress against you, whatsoever.
4. I/We hereby agree to pay all fees and charges which PSL may impose from time to time in connection with these services in the manner stipulated by PSL.
5. I/We agree that you may at any time without notice to me/us, set off or transfer any sum or sums standing to the credit of any one or more of my/our accounts with you in or towards the satisfaction of my/our liabilities to you arising out of your honoring the instructions on my/our behalf.
6. It is not my/our intention that the instruction referred to above should be confirmed in writing or by telephone and I/we hereby ratify and confirm all that you shall do on my/our behalf by virtue of such instructions provided only that you acted in good faith.
7. PSL shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile, e-mail or letters or instructions received by telephone and/or to request verification of documents and instructions received by such means.
8. That all authorizations I/we have given and certified to PSL is now governing the operation of my/our account(s) with PSL are hereby confirmed to be in full force and effect, except as the same may be supplemental or modified by the foregoing part of this authorization.
9. That PSL may continue to rely upon this authorization unless and except to the extent that it is revoked or modified by subsequent authorization from me/us and until a certified hard copy of such subsequent authorization has been received by PSL, and a written acknowledgement of the revocation 'Sent to me/us'.

Dated this _____ day of _____ 20_____

IN THE CASE OF A CORPORATE ENTITY

Signed, Sealed and Delivered by the within Named Customer

Director

Secretary

IN THE CASE OF A NON-CORPORATE ENTITY

Name _____

Signature (1): _____

Signature (2): _____