



**PRUDENTIAL
SECURITIES LTD.**

...Your key to financial success

**PSL FIXED INCOME UNIT TRUST
APPLICATION FORM
(IN-TRUST-FOR)**

ACCOUNT NAME

ACCOUNT NUMBER

REQUIREMENTS FOR OPENING AN ACCOUNT

INDIVIDUAL / JOINT APPLICANT

1. A duly completed form
2. One Passport-sized photograph
3. Proof of Identity (Ghana Card or passport)
4. Tin Number/ PIN (Ghana Card)
5. Proof of residence
6. Proof of foreign address for Non-Resident clients
7. Email Indemnity for clients with email (optional)
8. Specimen signature
9. Investment Management Agreement

TRUST ACCOUNT (ITF)

1. A duly completed form
2. One passport-sized photograph
3. Proof of Identity (Ghana Card or passport)
4. Proof of Residence
5. PIN (Ghana Card)
6. Birth Certificate (Minor)

CUSTOMER STATUS

Which of the following describes your status?

Please indicate by ticking the appropriate box:

- | | |
|---|---|
| <input type="checkbox"/> Head of State of Government | <input type="checkbox"/> Senior Military Official |
| <input type="checkbox"/> Minister of State | <input type="checkbox"/> Senior Judicial Official |
| <input type="checkbox"/> Politician* | <input type="checkbox"/> Senior Public Officer |
| <input type="checkbox"/> Chief Executive of State Owned Corporation | |
| <input type="checkbox"/> Family Member or Close Associate of any of the above | |
| <input type="checkbox"/> Private Individual | |

*Politician includes Mps, Political Party Executives and other high ranking Political Party Officials

PERSONAL INFORMATION

 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:

Occupation: _____ Profession: _____

 TIN / PIN (GHA):

 Marital Status: Single Married Divorced

Spouse Name : _____

Mother's Maiden Name: _____

CONTACT DETAILS

 Mobile Number 1: Mobile Number 2:

Email Address: _____

Residential Address: _____ Nearest Landmark: _____

City / Town / Suburb _____

Postal Address: _____

CONTACT PERSON (IN CASE OF EMERGENCY):

Contact Name: _____

Relationship With Client: _____

 Contact Number:
PROOF OF IDENTITY

 ID Type: National ID Others (please specify) _____

 ID Number: _____ Issue Date:

 Place of Issue : _____ Expiry Date:

EMPLOYMENT / BUSINESS DETAILSStatus: Employed Self-employed Unemployed Retired Student Total Monthly Income Range: Below GH¢ 1,000 GH¢1,001- 5,000 GH¢5,001- 10,000 Above GH¢10,000

Employer/Business/School Name: _____

Employer/Business/School Name Address: _____

Nearest Landmark: _____ Digital Address: _____

City/Town: _____

Nature of Business: _____

Contact Number 1: Contact Number 2:

Employer/Business/School Name Email: _____

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

Surname: _____

First Name : _____

Other Name(s): _____

Maiden Name: _____

Marital Status: Single Married Divorced Date of Birth: D M Y Place of birth: _____ID Type: Passport Voters ID Driver's License SSNIT Biometric Card National ID ID Number: _____ Issue Date: Place of Issue : _____ Expiry Date: Mobile Number 1: Mobile Number 2:

Email Address: _____

Residential Address: _____

Nearest Landmark: _____

Digital Address: _____

Postal Address: _____

CONTACT DETAILS (IN CASE OF EMERGENCY):Contact Number:

Contact Name: _____

Relationship To Client: _____

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: Salary Proceeds from business Inheritance/Gifts
Personal Savings Others

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): _____

STATEMENT SERVICE

Mode of Statement Delivery: Email Collection

Statement Frequency: Quarterly Half Yearly

NEXT OF KIN

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

*Surname: _____ First Name: _____

Other Name(s): _____ Maiden Name: _____

Marital Status: Single Married Divorced

Relationship to Account Applicant: _____

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

*Country of Origin: _____ *Country of Residence: _____

*ID Type: Passport Voters ID Driver's License SSNIT Biometric Card National ID

ID Number: _____ Issue Date:

Place of Issue : _____ Expiry Date:

BENEFICIARY

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

*Surname: _____ First Name: _____

Other Name(s): _____ Maiden Name: _____

Marital Status: Single Married Divorced

Relationship to Account Applicant: _____

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

*Country of Origin: _____ *Country of Residence: _____

*ID Type: Passport Voters ID Driver's License SSNIT Biometric Card National ID

ID Number: _____ Issue Date:

Place of Issue : _____ Expiry Date:

BANK ACCOUNT DETAILS

Bank Name: _____

Account Name: _____

Account Number: Bank Branch: _____

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.

DECLARATION

I _____ hereby declare that all information submitted by me in this form is correct, true and valid, that by my request, to open and maintain securities account(s) in my name and I undertake to notify Prudential Securities Limited of any changes to my particulars or information as may be necessary.

I also declare that I have read thoroughly and understood the contents of this application and I have given my consent by virtue of my signature on this form.

I consent that investment decisions are my prerogative without sole reliance on the investment advice received from Prudential Securities Limited. Prudential Securities Limited accepts no liability for any direct or consequential loss arising from my decision.

Name: _____

Signature: _____ Date:

ILLITERATE / BLIND CUSTOMER RATIFICATION

I declare that the contents of this form as well as terms and condition governing this relationship have been fully read and explained to the Customer and the Customer seemed perfectly to understand and approve same before making his mark. The contents herein were explained to the Customer in the _____ Language by:

Name: _____

Signature: _____ Date:

CUSTOMER RISK PROFILE

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 <input type="checkbox"/>
1	*Passport-sized photographs (Account holders / Beneficiaries)	
2	*Proof of Identity	
3	*Proof of Identity of Account Beneficiary	
4	*Proof of Residence	
5	*Specimen Signature	
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	*Investment Management Agreement	

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): _____