



**PRUDENTIAL  
SECURITIES LTD.**

*...Your key to financial success*

**PSL FIXED INCOME UNIT TRUST  
APPLICATION FORM  
(JOINT)**

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 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:    

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 DETAILS**

Status: 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: \_\_\_\_\_

**PERSONAL INFORMATION 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:    

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 DETAILS**

Status: 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: \_\_\_\_\_



**NEXT OF KIN (SIGNATORY 1 CONTINUED)**

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

 ID Number: \_\_\_\_\_ Issue Date:      

 Place of Issue : \_\_\_\_\_ Expiry Date:      
**BENEFICIARY (SIGNATORY 1)**

 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:      
**NEXT OF KIN (SIGNATORY 2)**

 \*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 (SIGNATORY 2)**

 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: \_\_\_\_\_



**BENEFICIARY (SIGNATORY 2 CONTINUED)**

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

 ID Number: \_\_\_\_\_ Issue Date:      

 Place of Issue : \_\_\_\_\_ Expiry Date:      
**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		
<b>TOTAL</b>			

**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): \_\_\_\_\_