



INDIVIDUAL APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS AND TICK “√” THE APPROPRIATE BOX

SECTION A. ACCOUNT TYPE

Individual Joint ITF PRODUCT

SECTION B (i). PERSONAL DETAILS OF APPLICANT

TITLE Mr. Mrs. Miss Other

SURNAME FIRST NAME

OTHER NAME (S) MOTHER'S MAIDEN NAME

DATE OF BIRTH GENDER Male Female

TYPE OF ID Passport Voter's ID Ghana Card Driver's License ID Number

ID DETAILS Issue Date Expiry Date Issuing Authority

RESIDENTIAL ADDRESS

H. No. Street Town City

Region District

POSTAL ADDRESS GPS Address

EMAIL ADDRESS

MARITAL STATUS Single Married Other

CONTACT NUMBER(S) Mobile Residence Office

NATIONALITY Country of Residence

EDUCATIONAL LEVEL Basic Secondary Tertiary Other(Specify)

OCCUPATION DATE EMPLOYED

NAME OF CURRENT EMPLOYER/BUSINESS

POSTAL ADDRESS OF EMPLOYER/BUSINESS

PHYSICAL LOCATION

TELEPHONE NUMBER(S)

NATURE OF EMPLOYMENT Salaried Self-Employed Other

EMPLOYER TYPE (For salaried workers) Government Local Firm Multinational Firm
Other

NATURE OF BUSINESS (For Self Employed) Retailer Wholesaler Service Other

MONTHLY INCOME (GHS-Select a range) 1-300 301-500 501-1000 1001-2000 2001-3000
3001-5000 >5000

SECURITY QUESTION (Client to State the Question and provide the answer)

SECTION C (i). RISK ASSESSMENT QUESTIONNAIRE

1.1 What percentage of your savings is being invested?

1.2 Do you have an emergency fund equal to 6 months of your income? Yes No

1.3 Do you intend to withdraw more than 30% of your investments? Yes No

1.4 If Yes, When?

1.5 On a scale of 1 to 10 how would you evaluate your knowledge of investments

1.6 On scale of 1 to 10 how would you rate your appetite for risk

SECTION B (ii). PERSONAL DETAILS OF APPLICANT

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SECURITY QUESTION (Client to State the Question and provide the answer)

SECTION D. INVESTMENT INSTRUCTIONS

INITIAL INVESTMENT DEPOSIT Figures Words

FREQUENCY OF DEPOSITS Monthly Quarterly Annual Others

MODE OF FUNDING Direct Debit Cheques Standing Orders Expected Amt

SOURCE OF FUNDS Salary Inheritance/Gifts Personal Savings Proceeds from Business Others

SECTION D. INVESTMENT INSTRUCTIONS

INITIAL INVESTMENT DEPOSIT Figures Words

FREQUENCY OF DEPOSITS Monthly Quarterly Annual Others

MODE OF FUNDING Direct Debit Cheques Standing Orders Expected Amt

SECTION E. BANK ACCOUNT DETAILS

BANK NAME ACCOUNT NAME

BANK BRANCH ACCOUNT NUMBER

SECTION F. CHECKLIST

PASSPORT-SIZED PHOTOGRAPHS (ACCOUNT HOLDERS/BENEFICIARIES) PROOF OF IDENTITY

PROOF OF IDENTITY OF ACCOUNT BENEFICIARY PROOF OF ADDRESS

EMAIL INDEMNITY (FOR CLIENTS WITH EMAIL ADDRESS) SPECIMEN SIGNATURE(S)

PROOF OF FOREIGN ADDRESS (FOR NON-RESIDENT CLIENTS)

RESIDENT/WORK PERMIT (FOR NON-GHANAIS)

EXECUTED MANAGEMENT AGREEMENT (STRICTLY FOR HIGH NET WORTH CLIENTS)

SECTION G. DECLARATION AND CONFIRMATION

I/We hereby declare that I/we fully comply with all the relevant laws in Ghana and that all information provided is true and complete
 I/We agree to inform ALGEBRA Capital Management Limited immediately of any change of particulars or information to me/us.
 I/We also pledge to provide ALGEBRA with the relevant information necessary to satisfy ALGEBRA Know Your Client (KYC) requirements whenever it is required.

Signature/Thumbprint: Signature/Thumbprint:

Name: Name:

Date: Date:

SECTION H. ILLITERATE/BLIND CUSTOMER RATIFICATION

I declare that, I filled the form on behalf of the owner of this account due to his/her literacy/physical status. I completed the forms with only information provided by the individual without any amendment. By this declaration, I can not be held responsible for any misinformation given by the account owner.

SECTION M. STATEMENT SERVICES

MODE OF STATEMENT DELIVERY EMAIL BY POST SMS COLLECTION

STATEMENT FREQUENCY QUARTERLY SPECIFY ANY OTHER ADDITIONAL STATEMENT FREQUENCY

SECTION K i. IN TRUST FOR

TITLE Mr. Mrs. Miss Other

SURNAME FIRST NAME

OTHER NAME (S) MOTHER'S MAIDEN NAME

DATE OF BIRTH GENDER Male Female

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SECTION L i. BENEFICIARY

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SECTION L ii. BENEFICIARY

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SECTION I. CLIENT ADDITIONAL INFORMATION

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON(PEP)

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** Ghana

If yes to any of the above, please specify name (if not the applicant) 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

If yes to any of the above, please specify name (if not the applicant) and nature of the position.

SECTION J. CLIENT ADDITIONAL INFORMATION

NB: THE FOLLOWUNG QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON REPORTING STANDARDS AS WELL AS FATCA (Foreign Account Tax Compliance Act)

Are you a citizen of any foreign country (besides Ghana)?

Do you hold passport of any foreign country (besides Ghana)?

Do you hold a green card of any foreign country)besides Ghana)?

Are you a resident in any foreign country?

Have you spent more than 183 days in a foreign country?

If the responses to any of the above questions Yes, please provide the following information:

Full Name:

Full Residential Address:

ACCOUNT MANDATE

Signature/ Thumbprint

A:

Signature/ Thumbprint

B:

Name:

Name:.....

Date:

Date:.....

Instructions:

Either to sign

A only to sign

Both to sign

B only to sign

APPROVAL

ACCOUNT OPENED BY	<input type="text"/>	NAME OF COMPLIANCE OFFICER	<input type="text"/>
NAME OF LICENSED OFFICER	<input type="text"/>	POSITION	<input type="text"/>
POSITION	<input type="text"/>	SIGNATURE	<input type="text"/>
SIGNATURE	<input type="text"/>	DATE	<input type="text" value="DD/MM/YYYY"/>
DATE	<input type="text" value="DD/MM/YYYY"/>		

**Accounts of High Risk Nature must be jointly approved by CEO/Executive/Senior Manager and Compliance Officer*
High risk account authorized/approved by Executive / CEO

NAME OF EXECUTIVE	<input type="text"/>
SIGNATURE	<input type="text"/>
COMMENTS	<input type="text"/>