

Purchase Order Form: Individual

Form Code _____

Client ID Number _____

I / We _____ of
(Title) (Last Name) (First Name) (Middle Name)
 _____ of
(Title) (Last Name) (First Name) (Middle Name)

Please complete the fields below if information has changed since your last transaction

Postal Address _____ Country of Residence _____
 Residential Address _____ Home Telephone _____
 _____ Cell Telephone _____
 Nationality _____ E-Mail _____

have on this _____ at _____
Day Month Year Time

deposited an amount of GH¢ _____ Mode of Payment: Cheque Cash Other

For the purchase of the following securities on these stated terms Market Best Effort Price Limit Discretionary

Security	Quantity	Price Range	Remarks

This order is valid until: Date: _____ Cancelled

 Client Signature (1)

 Client Signature (2)

A brokerage commission of 1.5% to 2.5% will be charged based on the value of the transaction according to the SEC/GSE commission schedule.

Official Use

Received by

(Officer Name)

(Officer Signature) _____
Date

Authorized by

(Officer Name)

(Officer Signature) _____
Date

ORDER TYPE

Client order

Non-Resident Foreign Order (NRF)

Professional Order (PRO)

Discretionary Account Order (DISC)