

# Know Your Client Form: Corporate

Passport-Sized Photo

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## Category Of Investment

Wealth Builder  Bonds  Equity

CSD No:

## 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 / Registration:

Parent Company's Country of Incorporation (if any):

Type / Nature of Business:

Sector / Industry:

Principal Place of Business:

Company Postal Address:

Digital Address (GhanaPost GPS):

Email Address:

Website Address (if any):

TIN:

Contact Number 1:

Contact Number 2:

### Account Signatory Details 1

Surname:	
First name:	
Other Name(s):	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Status:	Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/>
If country of origin is not Ghana, please provide the following:	
Resident Permit Number:	Permit Issue Date:
Place of Issue:	Permit Expiry Date:
ID Type: Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Drivers License <input type="checkbox"/> SSNIT Biometric Card <input type="checkbox"/> National ID <input type="checkbox"/>	
Job Title:	
Email Address:	
Contact Number 1:	Contact Number 2:

### Account Signatory Details 2

Surname:	
First name:	
Other Name(s):	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Status:	Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/>
If country of origin is not Ghana, please provide the following:	
Resident Permit Number:	Permit Issue Date:
Place of Issue:	Permit Expiry Date:
ID Type: Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Drivers License <input type="checkbox"/> SSNIT Biometric Card <input type="checkbox"/> National ID <input type="checkbox"/>	
Job Title:	
Email Address:	
Contact Number 1:	Contact Number 2:

### Account Signatory Details 3

Surname:	
First name:	
Other Name(s):	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Status:	Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/>
If country of origin is not Ghana, please provide the following:	
Resident Permit Number:	Permit Issue Date:
Place of Issue:	Permit Expiry Date:
ID Type: Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Drivers License <input type="checkbox"/> SSNIT Biometric Card <input type="checkbox"/> National ID <input type="checkbox"/>	
Job Title:	
Email Address:	
Contact Number 1:	Contact Number 2:

## Directors / Executive / Trustee / Admin

Name: _____			
	Surname	First Name	Other Name(s)
ID Type:	ID Number:		
Status:	Contact Number:		

## Beneficial Ownership

Beneficial Owner 1	Beneficial Owner 2
*Name:	*Name:
ID Type:	ID Type:
ID Number:	ID Number:
Pep Status:	Pep Status:
Contact Number:	Contact Number:
Home Address:	Home Address:
Date of Birth:	Date of Birth:
Ownership %:	Ownership %:

## Details of Directors

Director 1	Director 2
*Name:	*Name:
ID Type:	ID Type:
ID Number:	ID Number:
PEP Status:	PEP Status:
Contact Number:	Contact Number:
Home Address:	Home Address:
Date of Birth:	Date of Birth:
Ownership %:	Ownership %:

## Affiliations

If a part of a group, kindly state all entities within the group structure

## Key Contact Person

Name:			
	Surname	First Name	Other Name(s)
Date of Birth:	/ / /	Gender:	
Residential Status:	Resident Ghanaian <input type="checkbox"/>	Non-Resident Ghanaian <input type="checkbox"/>	
	Resident Foreigner <input type="checkbox"/>	Non-Resident Foreigner <input type="checkbox"/>	
If country of origin is not Ghana, please provide the following:			
Resident Permit Number:		Permit Issue Date:	
Place of Issue:		Permit Expiry Date:	
ID Type:	Passport <input type="checkbox"/>	Voters ID <input type="checkbox"/>	Drivers License <input type="checkbox"/>
		SSNIT Biometric Card <input type="checkbox"/>	National ID <input type="checkbox"/>
Job Title:			
Email Address:			
Contact Number 1:		Contact Number 2:	

## Bank Account Details

Bank Name:
Account Name:
Account Number:
Bank Branch:

## Turnover

Monthly Turnover(GHs):	<input type="checkbox"/> Below 10,000	<input type="checkbox"/> Above 10,000-100,000	<input type="checkbox"/> Above 100,000	<input type="checkbox"/> Above 10 million
Annual Turnover(GHs):	<input type="checkbox"/> Below 10,000	<input type="checkbox"/> Above 10,000-100,000	<input type="checkbox"/> Above 100,000	<input type="checkbox"/> Above 10 million

## Statement Services

Mode of Statement Delivery:	<input type="checkbox"/> Email	<input type="checkbox"/> Collection
Statement Frequency:	<input type="checkbox"/> Quarterly	Specify any other additional statement frequency: _____

## Client Investment Profile

Investment Objective:			
Risk Tolerance:	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Investment Horizon:	Short Term <input type="checkbox"/>	Medium Term <input type="checkbox"/>	Long Term <input type="checkbox"/>
Investment Knowledge:	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>

NOTE: PORTIONS MARKED WITH \* ARE COMPULSORY SECTIONS AND MUST BE COMPLETED

## Expected Account Activity

Source of Funds: Proceeds from business  Other

If other, please specify:

Initial Investment Amount:

### Anticipated Investment Activity:

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

Withdrawals:  Monthly  Quarterly  Bi-Annually  Annual  Other Frequency

### Anticipated Investment Amount:

Regular Top-up Amount (Expected):

Regular Withdrawal Amount (Expected):

## Declaration

I declare that the information provided is true and accurate. I authorize UMB Stockbrokers Ltd to use my personal information to evaluate my financial need(s) and comply with the Securities Industry Law, as amended. This information may be provided to other members of the Universal Merchant Bank Group.  Yes  No

## Account Mandate

Signature(s)	A.	B.	C.
Name(s)			
Date			
Signing instructions	One to sign <input type="checkbox"/>	Either to sign <input type="checkbox"/>	All to sign <input type="checkbox"/> Others <input type="checkbox"/>

If other, please specify:

## Client Additional Information (1)

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

**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:

## Client Additional Information (2)

### For Depository Participant Use Only

Tick where applicable: Local Company (LC)  Foreign Company

Verified by CSD Officer:  
(Name of Depository Participant Officer)

Signature:

Date:

Stamp:

Client CSD Securities  
Account Number:

## For Official Use Only

### Customer Risk Profile

Client Verification / Screening:

Level of Risk: Low  Medium  High

Nature of High Risk Exposure: PEP  Non-Resident  High Risk Business (Refer to guide)  High Risk Country

State nature of business:

State Country:

### Approvals

Account opened by:	Account authorized:
Name of Licensed Officer:	Name:
Position:	Position:
Signature:	Signature:
Date:	Date:

Approval by CEO:	Approval by Compliance Officer/AMRO:
Name:	Name:
Signature:	Signature:
Date:	Date:

Comments:

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

### Requirements: Corporate & Organizations

SN	Documents Required	Verified
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	
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 (for Non-Ghanaians)	
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.	Executed Management Agreement	

NOTE: PORTIONS MARKED WITH \* ARE COMPULSORY SECTIONS AND MUST BE COMPLETED

## The Terms of the Agreement Between You and UMB SBL

### ALL INVESTMENT ACCOUNTS

UMB SBL shall not be liable for any loss or damages resulting from our failure to detect falsification forgery or other defect in signature, authentication or legal capacity, save to the extent that it results from our negligence, willful default or fraud.

### IN TRUST FOR ACCOUNTS (ITF ACCOUNTS)

ITF accounts can be opened only for beneficiaries less than eighteen years (18 years) in age. For these accounts the next-of-kin is automatically the person for whom the account is held in trust for and he/she can access the account at age 18.

### JOINT ACCOUNTS

Unless otherwise agreed, where more than one person enters the Agreement, the account(s) will be treated as joint and will be operated as per signatory instruction given. Where we are advised of a dispute with anyone else with whom you entered into this Agreement and you wish to terminate this Agreement, we will write to the other account holder(s) advising them of your intentions and requesting their confirmation of the instructions.

### GIVING INSTRUCTIONS

For this account or service, we will accept instructions for transactions:

- in writing;
- verbally; only for placing funds for investments
- electronically (via internet banking).

We will accept instructions only from signatories to an account. UMB SBL reserves the right to determine which form of instruction to accept. Instructions other than in writing would be accepted with an indemnity in the standard form provided.

Seven (7) working days notice is required for the amendment of investment instructions prior to maturity.

### DISCRETIONARY INVESTMENT MANAGEMENT SERVICE

The Discretionary Investment Management Service is for clients who are happy to delegate the day-to-day running of their portfolio. After agreeing an investment strategy with you, we will manage your portfolio of assets at our own discretion while seeking to achieve that strategy's objective. We will not seek your consent prior to implementing investment decisions.

### NON-DISCRETIONARY INVESTMENT MANAGEMENT SERVICE

The Non-Discretionary Investment Management Service is for clients who wish to retain more day-to-day control over their investments. After agreeing an investment strategy with you, we will conduct regular reviews of your portfolio and make appropriate investment recommendations to help you to achieve your objective. However, we will need your express consent to undertake any transactions on your behalf for accounts you hold with us or third parties. You are therefore ultimately responsible for the performance of your portfolio.

### FATCA REQUIREMENTS

UMB SBL is registered with the United States Internal Revenue Service (IRS) under the Foreign Account Tax and Compliance Act (FATCA) as a participating foreign financial institution in Ghana required to provide account information on all US Citizens and Lawful Permanent Residents of the USA. Therefore if you are a Citizen or Lawful Permanent Resident of the USA, as indicated in section (9) of this form, please provide us with the following information:

- Completed IRS Form W-9 or W-8BEN
- Non-U.S. passport or similar documentation establishing foreign citizenship; and
- Written explanation regarding U.S. citizenship

### EMAIL / TELEPHONE INDEMNITY

UMB SBL may, but is not obliged to act on any instruction that claims to come from you since it is not possible for UMB SBL to confirm the authenticity of all email/telephone messages that claim to come from you. No email/telephone can be considered received by UMB SBL until you have either received a reply or read receipt from UMB SBL. You accept that unless otherwise advised in writing, UMB SBL shall communicate with you via electronic mail and you shall not hold UMB SBL liable for any losses, costs or legal consequences arising from such communication.

## COMPLAINTS

All complaints should be forwarded to your relationship manager  
If your complaint is not resolved to your satisfaction, kindly write to or call:

The General Manager  
UMB SBL, P. O. Box CT 1317, Cantonments, Accra  
Tel: +233(0) 302 251137/8 Fax: +233(0) 302 251 138  
Email: [info@umbcapital.com](mailto:info@umbcapital.com)  
Website: [www.umbcapital.com](http://www.umbcapital.com)

