

Know Your Client Form: Individual

New Client
 Client Update

Client first contact established through

Advertising Referral Walk in Personal Contact Other _____

Account Type

<input type="checkbox"/> Single Account	<input type="checkbox"/> Joint Account	<input type="checkbox"/> ITF Name:
Mandate:	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Non-Discretionary

Category Of Investment

Wealth Builder <input type="checkbox"/>	Bonds <input type="checkbox"/>	Equity <input type="checkbox"/>
CSD No:		

Client Information

Account Holder	Joint Account Holder
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr.	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr.
First Name:	First Name:
Middle Name:	Middle Name:
Last Name:	Last Name:
Residential Address:	Residential Address:
Postal Address:	Postal Address:
Nationality:	Nationality:
Telephone (Mobile):	Telephone (Mobile):
Telephone (Residential):	Telephone (Residential):
E-mail:	E-mail:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Digital Address (GhanaPost GPS):	Digital Address (GhanaPost GPS):
Residential Status: Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/>	Residential Status: Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/>
Country of Origin:	Country of Origin:
Country of Residence:	Country of Residence:
If country of origin is not Ghana, please provide the following: Resident Permit Number: Place of issue: Permit Issue Date: Permit Expiry Date:	If country of origin is not Ghana, please provide the following: Resident Permit Number: Place of issue: Permit Issue Date: Permit Expiry Date:
TIN:	TIN:

Proof of Identity

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"/>	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"/>
ID Number:	ID Number:
Issue Date:	Issue Date:
Place of Issue:	Place of Issue:
Expiry Date:	Expiry Date:

Employment/Business Details	
Status: Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/>	Status: Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/>
Years of Current Employment:	Years of Current Employment:
Employer / Business / School Name:	Employer / Business / School Name:
Employer / Business /School Address:	Employer / Business /School Address:
Nearest Landmark:	Nearest Landmark:
Digital Address (GhanaPost GPS):	Digital Address (GhanaPost GPS):
City / Town:	City / Town:
*Nature of Business:	*Nature of Business:
Business/School/Office Contact Number 1:	Business/School/Office Contact Number 1:
Business/School/Office Contact Number 2:	Business/School/Office Contact Number 2:
Business/School/ Office Email	Business/School/ Office Email

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

Family Information	
Spouse Name:	
Spouse Telephone Number:	Contact Details (In case if emergency):
Spouse Email Address:	Contact Name:
Contact Number:	Relationship to client:

Financial Information	
Gross Annual Income(s)	
<input type="checkbox"/> Under GH¢1,000	<input type="checkbox"/> GH¢7,000.00 - 8,999.99
<input type="checkbox"/> GH¢1,000.00 - 2,999.99	<input type="checkbox"/> GH¢9,000.00 - 10,999.99
<input type="checkbox"/> GH¢3,000.00 - 4,999.99	<input type="checkbox"/> GH¢11,000.00 - 14,999.99
<input type="checkbox"/> GH¢5,000.00 - 6,999.99	<input type="checkbox"/> GH¢15,000.00 - 19,999.99
	<input type="checkbox"/> Over GH¢20,000.00
Source of funds for this Investment:	
Expected Account Activity	
*Anticipated Investment Activity: Top-ups: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other	
If Other, please specify:	
Withdrawals: Top-ups: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other	
If Other, please specify:	
Anticipated Investment Amount:	
Regular Top-up Amount (Expected): _____ Regular Withdrawal Amount (Expected): _____	

Statement Services

Mode of Statement Delivery: Email Collection

Mode Frequency: Quarterly Specify any other additional statement frequency:

In Trust For

Name:

Relationship with Account Applicant:

Marital Status: Single Married Gender: Male Female

Date of Birth: Place of Birth:

Country of Origin: Country of Residence:

ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID

ID Number: Issue Date:

Place of Issue: Expiry Date:

Beneficiary

Name:

Name:

Percentage (%):

Percentage (%):

Relationship with Account Applicant:

Relationship with Account Applicant:

Marital Status: Single Married

Marital Status: Single Married

Gender: Male Female

Gender: Male Female

Date of Birth: Date of Birth:

Place of Birth: Place of Birth:

Country of Origin: Country of Origin:

Country of Residence: Country of Residence:

Tel No. Tel No.

ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID ID Type: Passport Voters ID Drivers License SSNIT Biometric Card National ID

ID Number: ID Number:

Issue Date: Issue Date:

Expiry Date: Expiry Date:

Place of Issue: Place of Issue:

Client Investment Profile

Investment Objective:

Risk Tolerance: Low Medium High

Investment Horizon: Short Term Medium Term Long Term

Investment Knowledge: Low Medium High

Other Investment: Treasury Bill Mutual Funds Bond Stocks Life Insurance Other

Portfolio Preference

Banking and Insurance Breweries Manufacturing Oil & Petroleum

Agro-Processing Tobacco Pharmaceutical Portfolio Mix

Others _____

Dividend

I want all my dividends from these investments re-invested I want my dividends sent to me at my address above

Payment Policy (Wealth Builder Clients only)

I wish to make regular payments of GH¢ _____ by Cash Cheque

Standing Order (if you check this box please fill the attached form)

Direct Debit Instruction

I/We authorize my/our Bankers _____

Bank Name

Branch

to transfer an amount of GH¢ _____

From my account number _____

on _____ of every month Quarterly Basis Other (Please Specify) _____ Until/we instruct otherwise

To

UMB Wealth Builder Account Number: _____

Bank: _____

Branch: _____

Please note UMB SBL is not liable for the said account until it reaches our account. Charges may apply for the transaction from your Bankers

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

Name of Signatory: _____

Name of Signatory: _____

Signature Specimen: _____

Signature Specimen: _____

One to sign

Either to sign

Both to sign

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 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 **YES / NO**

If yes to any 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 **YES / NO**

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

***Client Additional Information (2)**

NB: THE FOLLOWING 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)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold passport of any foreign country (besides Ghana)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold green card of any foreign country (besides Ghana)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you resident in any foreign country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you spent more than 183 days in any foreign country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Full Name:

Foreign Residential Address:

Foreign Mailing Address:

Foreign Telephone Number:

Foreign Tax Identification Number (TIN)/Social Security Number (SSN)/National Identity Number:

I/We, Hereby confirm the information provided above is true, accurate and complete

Signature:	Date:
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UNDERTAKING TO BE SIGNED ONLY BY THOSE WHO RESPONDED 'YES' TO THE FIRST SET OF QUESTIONS ABOVE

Subject to the applicable local laws, I hereby give consent to the Institution to share my information with foreign tax authorities where necessary to establish my tax liability. Where required by domestic or foreign tax authorities, I give my consent and agree that the Institution may withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

Signature:	Date:
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***Client Additional Information (3)**

For Depository Participant Use Only

Tick where applicable

Local Individual (LI) Local Junior (LJ)

Foreign Individual (FI) Foreign Junior (FJ)

Resident Foreigner (FR)

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

Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stamp:
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Client CSD Securities Account Number:

For Official Use Only

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	

Application Requirements: Individual

SN	Documents Required	Verified
1.	*Passport-sized photographs (Account holders / Beneficiaries)	
2.	*Proof of Identity	
3.	*Proof of Identity of Account Beneficiary	
4.	*Proof of Address	
5.	*Specimen Signature(s)	
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.	*Executed Management Agreement (Strictly for High Net Worth Clients)	

Risk Assessment Table

RISK FACTOR	ASSESSMENT		
	Low(1)	Med(2)	3(High)
Nationality Ghanaian, Non Ghanaian, High Risk national			
Country of Residence Ghana, Other Country, High risk			
Political Exposure Not Politically Exposed , Reluctant To Disclose, Politically Exposed			
Occupation Public Company , Verifiable Company, Non Verifiable			
Transaction Amount Less than GH¢ 20,000.00 , GH¢ 20,000.00 - GH¢ 50,000.00 , Greater than GH¢ 50,000.00			
Provision of Supporting Documents All , 50% , Less than 50%			
TOTAL SCORE			
	Risk Rate		
	Low 6		
	Medium 6-12		
	High >12		

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
Website: www.umbcapital.com

