



## ACCOUNT OPENING FORM – CORPORATE

Account Name: .....

Account Number: .....

**REQUIREMENTS FOR OPENING AN ACCOUNT FOR CORPORATE INSTITUTION**

**Please complete all relevant portions of the application form and return this package along with the originals for sighting only and copies of the following documents.**

**CORPORATE ACCOUNT DOCUMENT REQUIREMENT**

- 1. Account opening form duly completed**
- 2. Specimen signature card duly completed**
- 3. Copy of Certificate of Incorporation and Certificate 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-Ghanaian)**
- 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**



# INTEGRITY FUND MANAGEMENT LTD.

## ACCOUNT OPENING FORM - CORPORATE

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

INTEGRITY Fund Management Limited

**\* CATEGORY OF INVESTMENT**

Fixed Income  CIS  Product 1

Product 2  Product 3  Product 4

**\* 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: D  D  M  M  Y  Y  Y  Y 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:

**\* TURNOVER**

Monthly Turnover(GHS): Below 10,000  Above 10,000-100,000  Above 100,000  Above 10 million

Annual Turnover(GHS): Below 10,000  Above 10,000-100,000  Above 100,000  Above 10 million

**\* STATEMENT SERVICES**

Mode of Statement Delivery: Email  By post  SMS

Statement Frequency: Quarterly  Specify any other additional statement frequency

NB: Please note that statements must be provided a least quarterly according to law

**\* CLIENT INVESTMENT PROFILE**

1 Investment Objective:  (What client intends to achieve from investment)

Risk Tolerance: Low  Medium  High

2 Investment Horizon: Short Term  Medium Term  Long Term

3 Investment Knowledge: Low  Medium  High

**\* 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-Annual  Annual  Other Frequency

Withdrawals: Monthly  Quarterly  Bi-Annual  Annual  Other Frequency

Anticipated Investment Activity:

Regular Top-up Amount (Expected):  Regular Withdrawal Amount (Expected):

**\* KEY CONTACT PERSON**

Surname:

First Name:

Other Name(s):

\* Date of Birth: D  D  M  M  Y  Y  Y  Y Gender: Male  Female

Residential Status: Resident Ghanaian  Non-Resident Ghanaian

Resident Foreigner  Non-Resident Foreigner

If country of origin is not Ghana, Please provide the following:



# INTEGRITY FUND MANAGEMENT LTD.

Resident Permit Number	Permit Issue Date
Place of Issue	Permit Expiry Date

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

Job Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Contact Number 1: \_\_\_\_\_  
 Contact Number 2: \_\_\_\_\_

### ACCOUNT SIGNATORY DETAILS 1

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Other Name(s): \_\_\_\_\_  
 Date of Birth:  D  D  M  M  Y  Y  Y  Y Gender: Male  Female   
 Residential Status: Resident Ghanaian  Non-Resident Ghanaian   
 Resident Foreigner  Non-Resident Foreigner

If country of origin is not Ghana, please provide the following:

Resident Permit Number	Permit Issue Date
Place of Issue	Permit Expiry Date

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

Job Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Contact Number 1: \_\_\_\_\_  
 Contact Number 2: \_\_\_\_\_

### ACCOUNT SIGNATORY DETAILS 2

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Other Name(s): \_\_\_\_\_  
 Date of Birth:  D  D  M  M  Y  Y  Y  Y Gender: Male  Female   
 Residential Status: Resident Ghanaian  Non-Resident Ghanaian   
 Resident Foreigner  Non-Resident Foreigner

If country of origin is not Ghana, please provide the following:

Resident Permit Number	Permit Issue Date
Place of Issue	Permit Expiry Date

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

Job Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Contact Number 1: \_\_\_\_\_  
 Contact Number 2: \_\_\_\_\_

### ACCOUNT SIGNATORY DETAILS 3

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Other Name(s): \_\_\_\_\_  
 Date of Birth:  D  D  M  M  Y  Y  Y  Y Gender: Male  Female   
 Residential Status: Resident Ghanaian  Non-Resident Ghanaian   
 Resident Foreigner  Non-Resident Foreigner

If country of origin is not Ghana, please provide the following:

Resident Permit Number	Permit Issue Date
Place of Issue	Permit Expiry Date

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

Job Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Contact Number 1: \_\_\_\_\_  
 Contact Number 2: \_\_\_\_\_



# INTEGRITY FUND MANAGEMENT LTD.

**\* DIRECTORS / EXECUTIVE / TRUSTEE / ADMIN**

Surname	Other names	ID Type / ID Number	Status	Contact Number

**\* BENEFICIAL OWNERSHIP**

**Beneficial Owner**

Surname	Other names No.	ID Type / No	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %

**Directors**

Surname	Other names No.	ID Type / No	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %

**\* AFFILIATIONS**

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

**\* BANK ACCOUNT DETAILS**

Bank Name	Account Name	Account Number	Bank Branch

**\* EMAIL / TELEPHONE / FAX INDEMNITY**

Where requested, IFML may provide E-Alert/SMS Alerts / E-mail Alert /Telephone Calls or other similar service to provide information on transactions. The service is provided. 'As Available' and without any warranty of fitness for a specific purpose. IFML does not warrant that this service will always be uninterrupted, or that any information provided is accurate and current as at the time it is received. IFML disclaims responsibility for any defect, corruption, virus or related problems attributed to your telecom equipment or the service provided by any network provider.

**\* ACCOUNT MANDATE**

Name of Signatory	Signature Specimen

One to Sign     Either to sign     All to sign     Others

If other, please specify:

**\* TERMS AND CONDITIONS**

**PRIVACY**

**Keeping Us Informed**

INTEGRITY FUND MANAGEMENT accepts instructions for transactions from investors/clients: in writing, by telephone, by email, and verbally - only for placing funds for investments. We will accept instructions only from signatures to an account. INTEGRITY FUND MANAGEMENT reserves the right to determine which form of instructions to accept. Instructions other than in writing would be accepted with an indemnity in the standard form provided. We maintain a record about you which is part of our Know Your Customer (KYC) obligations. KYC remains important to our service delivery. Kindly inform us in writing (signed by the authorized signatory/signatories) of any changes to details which we have of you. INTEGRITY FUND MANAGEMENT will send you a written confirmation of any changes made to your account - as request. For all correspondence, please quote your investor number.

**COLLECTING AND USING YOUR INFORMATION**

We collect information for the following purposes:

1. To process your application if you have any complaints, your Relationship Manager will usually be best placed to receive your complaint and our suggestions and work with you for risk resolution of the matter. If your complaint is not satisfactorily resolved please write to or call:

The non-discretionary investment management service is for clients who wish to retain more day-to-day control over their investments. After agreeing on an investment strategy with you.

we will conduct regular reviews of your portfolio and make appropriate investment recommendations to help you decide on how best to achieve your objective. However, we will need your consent to undertake any transactions on your behalf for accounts held with us or third parties. You are therefore ultimately responsible for the performance of your portfolio.

If a third party is to operate your investment account on your behalf, you may appoint an agent with specific powers.

INTEGRITY FUND MANAGEMENT must be advised in writing of your agents' powers.

- ii. To administer your investment and provide you with reports.
- iii. To monitor and improve the quality of service provided to you.
- iv. To comply with regulatory or legal requirements, including but not limited to the Securities Industry Acts, 2016 (Act 929); Unit Trust and Mutual Funds Regulations, L.I. 1695 and Securities and Exchange Commission Regulations, 2003 L.I. 1728; Foreign Exchange Act, 2006 Act 723 and Anti-Money Laundering Act, 2020 Act 1044.

**OPERATING INVESTMENT ACCOUNT WITH INTEGRITY FUND MANAGEMENT**

INTEGRITY FUND MANAGEMENT shall not be liable for any loss and damages resulting from our failure to detect falsification, forgery or other defect in signature, authentication or legal capacity, save the extent that it results from our negligence, willful misconduct and/or fraud on our part.

**TRUST ACCOUNTS**

Trust accounts can be opened and operated where a trust arrangement is established between individuals or corporate bodies/institutions. Trust accounts can also be opened for individuals less than eighteen (18) years of age. For trust accounts operated for minors, the account operator is automatically the personal for whom the account is held in trust. The beneficiary can access the account from age 18 onwards.

**GIVING INSTRUCTIONS**

INTEGRITY FUND MANAGEMENT accepts instructions for transactions from investors/clients: in writing, by telephone, by email, by facsimile; and verbally- only for placing funds for investment. We will accept instructions only from signatories to an account. INTEGRITY FUND MANAGEMENT reserves the right to determine which form of instructions to accept. Instructions other than in writing would be accepted with an indemnity in the standard form provided.

**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 on an investment strategy with you, we will conduct regular reviews of your portfolio and make appropriate investment recommendations to help you decide on how best to achieve your objective. However, we will need your consent to undertake any transactions on your behalf for accounts held with us or third parties. You are therefore ultimately responsible for the performance of your portfolio.

**DISCLAIMER CLAUSE**

IFML shall not be liable for any funds/ assets deposited by customer which are subsequently found to have been derived from illegal sources or activities. The customer confirms that the funds/assets deposited are not derived from any illegal sources or activities.

**\* DECLARATION**

I/we.....hereby declare that all the information submitted by me/us in this form is correct, true and valid, that by my/our request, to open and maintain securities account(s) in my/our name and undertake to notify (company name) of any changes to my/our particulars or information as may be necessary. I/We also declare that we have read thoroughly and understood the contents of this application and have given my/our consent by virtue of my/our signature on this form I/we consent that investment decisions are my/our prerogative without sole reliance on the investment advice received from (company name). (Company name) accepts no liability for any direct or consequential loss arising from my/our decision.  
I/We also declare that all debits incurred on my/our securities account(s) by virtue of my/our trade orders shall be settled by me/us accordingly.

Name:	Signature:	Date:
Name:	Signature:	Date:

**\* TERMS OF DECLARATION**

To be drafted based on company's operations

**OFFICIAL USE ONLY**

**\* CLIENT ADDITIONAL INFORMATION**

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

Does the shareholders, directors, executives, senior management, administrations, 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 in Ghana YES /NO

If yes to any above, please specify name and nature of the position:

**\* CUSTOMER RISK PROFILE**

Client Verification / Screening:  Indicate platform or media through which client ID and Name was screened

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

**APPROVALS**

Account opened by

Name of Licensed Officer

Position:

Signature:

Date:

Account approved/authorized by Compliance Office/AMLRO:

Name:

Position:

Signature:

Date:

*\* 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:

Signature:

Date:

Comments:





# **INTEGRITY FUND MANAGEMENT LIMITED**

**.....Loyalty & Timeliness**