



**ACCOUNT OPENING FORM
INDIVIDUAL/JOINT/ITF(In-trust-for)**

Account Name:

Account Number:

REQUIREMENTS FOR OPENING AN ACCOUNT FOR INDIVIDUAL/JOINT ACCOUNT/ITF

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.

INDIVIDUAL / JOINT APPLICANT

- 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. PIN (Ghana Card)**

TRUST ACCOUNT (ITF)

- 1. A Duly Completed Form**
- 2. One Passport Picture**
- 3. A valid ID**
- 4. Proof of Residence**
- 5. PIN (Ghana Card)**
- 6. Birth Certificate (Minor)**

Designated Non-Financial Business and Professions (DNBFs) are high risk and must be rated as such. They are listed below:

- 1. Real Estate Agents.**
- 2. Dealers In Precious Metals**
- 3. Dealers In Precious Stones.**
- 4. Lawyers, Notaries, Other Independent Legal Professionals And Accountants.**
- 5. Trust And Company Service Providers.**
- 6. Casinos And Other Gambling Service Providers**



INTEGRITY FUND MANAGEMENT LTD.

ACCOUNT OPENING FORM - INDIVIDUAL/JOINT/ITF (In-trust-for)

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

CATEGORY OF INVESTMENT

Individual Joint ITF

Fixed Income CIS Product 1 Product 2

Product 3 Product 4

* PERSONAL INFORMATION 1

* Title: Mr. Mrs. Ms. Prof. Dr. Other (Please specify)

* Surname: * First Name:

Other Name(s): Maiden Name:

* Marital Status: Married Single Divorced *Gender: Male Female

* Date of Birth: D D M M Y Y Y Y *Place of Birth:

Mother's Maiden Name:

Residential Status: Resident Ghanaian Non-Resident Ghanaian
Resident Foreigner Non-Resident Foreigner

* Country of Origin: * Country of Residence:

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

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

*Occupation: Profession Input Professional License Number (If Applicable)

*TIN:

* PERSONAL INFORMATION 2

* Title: Mr. Mrs. Ms. Prof. Dr. Other (Please specify)

* Surname: * First Name:

Other Name(s): Maiden Name:

* Marital Status: Married Single Divorced *Gender: Male Female

* Date of Birth: D D M M Y Y Y Y *Place of Birth:

Mother's Maiden Name:

Residential Status: Resident Ghanaian Non-Resident Ghanaian
Resident Foreigner Non-Resident Foreigner

* Country of Origin: * Country of Residence:

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

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

* Occupation: Profession Input Professional License Number (If Applicable)

* TIN:

CONTACT DETAILS 1

* Residential Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City / Town:

Postal Address:

Email Address:

* Mobile Number 1:

Mobile Number 2:

* Contact Details (In case of emergency):

Contact Name:

Relationship to client:

* Contact Number:

* PROOF OF IDENTITY 1 (Must be completed by each applicant)

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

ID Number: D D M M Y Y Y Y

Place of Issue: D D M M Y Y Y Y

CONTACT DETAILS 2

* Residential Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City / Town:

Postal Address:

Email Address:

* Mobile Number 1:

Mobile Number 2:

* Contact Details (In case of emergency)

Contact Name:

Relationship to client:

* Contact Number:

*** PROOF OF IDENTITY 2 (Must be completed by each applicant)**

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

ID Number:

Place of Issue:

* Issue Date: D D M M Y Y Y Y

* Expiry Date: D D M M Y Y Y Y

*** STATEMENT SERVICES**

Mode of Statement Delivery: Email By post SMS Collection

Statement Frequency: Quarterly Specify any other additional statement frequency

*** EMPLOYMENT / BUSINESS DETAILS 1**

Status: Employed Self-Employed Others Specify

Years of Employment: Years of Current Employment: Years of Previous Employment:

Total Monthly Income Range: Below 1,000 Between 5,000 - 10,000 Between 1,000 - 5,000 Above 10,000

NB: Income includes salary and other income/cash inflows

Employer / Business / School Name:

Employer / Business / School Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City / Town: * Nature of Business:

Business/School/Office Contact Number 1: Business/School/Office Email:

Business/School/Office Contact Number 2:

*** EMPLOYMENT / BUSINESS DETAILS 2**

Status: Employed Self-Employed Others Specify

Years of Employment: Years of Current Employment: Years of Previous Employment:

Total Monthly Income Range: Below 1,000 Between 5,000 - 10,000 Between 1,002 - 5,000 Above 10,000

NB: Income includes salary and other income/cash inflows

Employer / Business / School Name:

Employer / Business / School Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City / Town: * Nature of Business:

Business/School/Office Contact Number 1: Business/School/Office Email:

Business/School/Office Contact Number 2:

IN TRUST FOR

* Title: Mr. Mrs. Ms. Prof. Dr. Other (Please specify) _____

* Surname: _____ * First Name: _____

Other Name(s): _____ Maiden Name: _____

Relationship with Account Applicant: _____

Marital Status: Single Married Gender: Male Female

* Date of Birth: D D M M Y Y Y Y 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: D D M M Y Y Y Y

* Place of Issue: _____ * Expiry Date: D D M M Y Y Y Y

BENEFICIARY 1

* Title: Mr. Mrs. Ms. Prof. Dr. Other (Please specify) _____

* Surname: _____ * First Name: _____

Other Name(s): _____ Maiden Name: _____

Relationship with Account Applicant: _____

Marital Status: Single Married Gender: Male Female

* Date of Birth: D D M M Y Y Y Y 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: D D M M Y Y Y Y

* Place of Issue: _____ * Expiry Date: D D M M Y Y Y Y

BENEFICIARY 2

* Title: Mr. Mrs. Ms. Prof. Dr. Other (Please specify) _____

* Surname: _____ * First Name: _____

Other Name(s): _____ Maiden Name: _____

Relationship with Account Applicant: _____

Marital Status: Single Married Gender: Male Female

* Date of Birth: D D M M Y Y Y Y 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: D D M M Y Y Y Y

* Place of Issue: _____ * Expiry Date: D D M M Y Y Y Y

*** CLIENT(S) INVESTMENT PROFILE**

1 * Investment Objective: _____

2 * Risk Tolerance: Low Medium High

3 * Investment Horizon: Short Term Medium Term Long Term

4 * Investment Knowledge: Low Medium High

*** EXPECTED ACCOUNT ACTIVITY**

* Source of Funds: Salary Personal Savings Proceeds from Business Others Inheritance/Gifts

If Other, please specify: _____

* Initial Investment Amount: _____

*** Anticipated Investment Activity:**

Top-ups: Monthly Quarterly Bi-Annually Annually Other

Withdrawals: Monthly Quarterly Bi-Annually Annually Other

If Other, please specify:

*** Anticipated Investment Amount**

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

*** BANK ACCOUNT DETAILS**

Bank Name	Account Name	Account Number	Bank Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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, viruses or related problems attributed to your telecom equipment or the service provided by any network provider.

*** TERMS AND CONDITIONS****TERMS AND CONDITION FOR INDIVIDUAL AND JOINT ACCOUNT
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 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.

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 requested. For all correspondence, please quote your investor number.

COLLECTING AND USING YOUR INFORMATION

We collect information for the following purposes:

i. To process your application

If you have any complaints, your Relationship Manager will usually be best placed to receive your complaint and or 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 Act, 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.****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 person for whom the account is held in trust. The beneficiary can access the account from age 18 onwards.

JOINT HOLDERS

Unless otherwise agreed, where more than one person enters an agreement to open and operate an account, the account(s) will be treated as joint and will be operated per the signing instructions given. In the event of dispute between parties to a joint account, INTEGRITY FUND MANAGEMENT will require the consent of all parties prior to making any changes to the account(s) held jointly.

Agency/Third Party Agreements 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.

In addition to the foregoing, in the case of joint accounts, the following shall apply if one of the holders dies; Any money for the time being standing to the credit of your joint account(s) shall be held to the order of the survivor (subject to the applicable legislation). Any liability incurred by joint account holders to IFML shall be joint and several. The joint account holders are jointly liable for the functioning and the balance of the account.

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 in not derived from any illegal sources or activities.

*** ACCOUNT MANDATE**

Name of Signatory

Signature Specimen

One to sign Either to sign Both to sign

*** 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(s) 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 director 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: _____

Name: _____ Signature: _____

ILLITERATE/VISUALLY IMPAIRED RATIFICATION

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and/or explained to me by a reader/interpreter. The language of interpretation is

Customer's Name..... Signature.....
 Interpreter's Name..... Signature.....
 Address of Reader/Interpreter.....
 Mobile No..... Date.....

How did you hear about the fund(s) you're investing in: Website Radio Family/Friend Others Specify _____

OFFICIAL USE ONLY

*** CLIENT ADDITIONAL INFORMATION (1a)**

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/govemment, politician, senior public official, senior inilitary 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/govemment, 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: _____

*** CLIENT ADDITIONAL INFORMATION (1b)**

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 completed

Signature: _____ Date: _____

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 with old from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

Signature: _____ Date: _____

*** CLIENT ADDITIONAL INFORMATION (2a)**

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/govement, 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/govement, 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:

*** CLIENT ADDITIONAL INFORMATION (2b)**

- Are you a citizen of any foreign country (besides Ghana)? YES NO
- Do you hold passport of any foreign country (besides Ghana)? YES NO
- Do you hold green card of any foreign country (besides Ghana)? YES NO
- Are you resident in any foreign country? YES NO
- Have you spent more than 183 days in any foreign country? YES NO

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 completed

Signature: Date:

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 with old from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

Signature: Date:

***CUSTOMER RISK PROFILE (1)**

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

***CUSTOMER RISK PROFILE (2)**

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	<input type="text"/>	Account approved/authorized by Compliance Officer/AMLRO:	
Name of Licensed Officer	<input type="text"/>	Name:	<input type="text"/>
Position:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

**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

