

Know Your Client - CORPORATE

CORPORATE DETAILS	TAILS Company Name										
Date of Incorporation					Business Reg.No						
Tax Identification Number											
Source of income Business Salary Investment Inheritance/Gift Other											
TYPE OF BUSINESS Sole Proprietorship Limited Partnership Company Limited by Shares Company Limited by Guarantee											
Other If other, please specify											
Tel/Fax	E-Mail										
Postal Address											
BUSINESS STATUS Nature of Business						Industry					
Approximate Annual Turnover											
Residential Address											
MANDATE HOLDER DETAILS 1											
Surname								Other Names			
Position Gender Male Female											
Contact E-Mail											
ID TYPE National ID Drivers Licence Passport Voter's ID If other, please specify											
ID NUMBER								No. of years with company/organisation			
MANDATE HOLDER DETAILS 2 Surname Other Names											
Position Gender M F											
Contact E-Mail											
ID TYPE National ID Drivers Licence Passport Voter's ID If others, please specify											
No. of years with company/organisation ID NUMBER											
When do you wish to withdraw money from your investment? Below 1 year 1-2 years 3-5 years 5-10 years Over 15 years											
Which investment have you owned in the past in Ghana? Stocks Treasury Bills Bonds Other, please specify											
How do you want this investment managed? Discretionary Mandate* Non-discretionary Mandate											
* If discretionary, please complete a limited Power of Attorney to be attached to be attached to this form											
Client Signature					DD/MM/YYYY Date						
Client Signature	Client Signature					Date DD/MM/YYYY					
OFFICIAL USE ONLY	Y										
Investment Officer's Signature Supervising Manager's Signature											