



CDH Securities Limited

Wisdom!

(Licensed Dealing Member of the Ghana Stock Exchange)

INDIVIDUAL ACCOUNT OPENING FORM

Depository Participant No.

Title: Mr / Mrs / Miss / Master / Dr Surname

Maiden Name: Other Names

Company Name

Address

Town Country

Date of birth Nationality

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

Tel. No.(Home) Office Fax. No.

Email Occupation

I.D (Tick one) National ID Passport Birth Certificate NHIS Voter's ID Driver's license

ID No. Place of Issue Expiry Date

Tick where applicable Local Individual Foreign Individual Resident Foreigner Local Junior Foreign Junior

Bank information of the investor for Dividend, Interest and Maturity Disposal Instructions

Bank Name Branch

Account No.

Send statement by (tick where applicable)

Particulars of next of Kin Email Text message via mobile phone

Full Name Relation with applicant

Address Tel. No.

DECLARATION

I/We hereby:

- (i) request to open and maintain a Security Account in my/our name
- (ii) affirm that all information in the forms are correct
- (iii) undertake to notify this Depository Participant of any change of particulars or information provided by me in this form

1. Name Signature

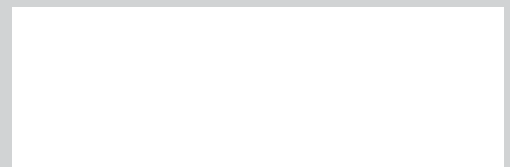
(Security Account Holder / Authorised Signatory / Guardian) Date

For Depository Participant Use Only

Verified by Name Signature

Date

Securities Acct.No.



Seal

CDH SECURITIES LIMITED

CDH House, No. 36 Independence Avenue, North-Ridge

P. O. Box 14911, Accra, Ghana | Tel: 030 267 1050

Email: cdhsecurities@cdhgroup.co | Website: securities.cdhgroup.co

ADDITIONAL INFORMATION

(A) INDIVIDUAL INFORMATION

How long have you worked with current employer:	No. of children:
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow / Widower <input type="checkbox"/> Separated	
Name of employer	Employer's Address
Educational level <input type="checkbox"/> Basic level <input type="checkbox"/> Middle level <input type="checkbox"/> Tertiary level	

INCOME

1. Your annual gross income is (GH¢)

5,000 and below 5,000 - 20,000 21,000 - 50,000 50,000 - 100,000 Over 100,000

2. Source of income:

Personal Savings Salary Inheritance / Gift Other (specify)

(B) INVESTMENT BACKGROUND

Which of these investments have you owned before?

Treasury bills Shares Bonds
 Mutual funds Other(specify)

Preferred investment instrument

Treasury bills Fixed deposit Shares Bonds

How long do you intend to keep the investment?

Less than 1yr 4yrs – 10yrs
 1yr – 3yrs More than 10yrs

What is your investment objective?

Fund retirement To build wealth Home improvement
 Finance child's education Other (specify)

What is your risk tolerance level?

Low Moderate High

What is your overall knowledge of investment?

Low Moderate High

Your initial investment amount?

(1) What Ghana Cedi amount are you considering for this investment type? GH¢

(2) Are you registering your share certificates? Yes No

ACCOUNT MANDATE:

Discretionary Non-discretionary

If discretionary, please fill the discretionary agreement and power of attorney forms.

Note: All clients who want to use email as official communication for their transactions should fill the email indemnity form

I/We hereby

- request to open and maintain an account for securities in my/our name(s)
- affirm that all information on the form are correct
- undertake to notify CDH Securities Ltd of any change of particulars or information provided by me/us in this form.

I/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 the form. That the information provided solely serves as a guide to CDH Securities Limited on my/our preferences in providing me/us with investment advice. Investment decisions are my/our prerogative without sole reliance on investment advice received from CDH Securities Ltd. CDH Securities Limited 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 brokerage account(s) by virtue of my/our trade orders shall be settled accordingly.

Name	Signature	Date
------	-----------	------

DD / MM / YYYY

(C) SIGNATURE SPECIMEN

Name	Signature

(D) FOR OFFICE USE ONLY

Account opening requirement:

ID of account holder ID of account beneficiary Passport size pictures Signature specimen

Received by

Name

Signature