

NAME Surname Other Names

Gender Male Female Age Date of birth dd/mm/yy

E-mail Tel/mobile

Postal Address

Residential Address

ID TYPE National ID Drivers Licence Passport Voter's ID If other, please specify

ID NUMBER

MARITAL STATUS Married Single Widow / widower Name of spouse

EMPLOYMENT RECORD Employer Occupation

SOURCE OF INCOME Business Salary Investment Inheritance/Gift If other, please specify

Social Security No. No. of years with Employer

Employer's Address

Tel/Fax E-Mail

INVESTMENT KNOWLEDGE Advanced Average Limited

What is your primary financial goal/objective? Retirement Investment Income Fund Future Liability Other

If other please specify

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*

BENEFICIARY(IES) DETAILS

NAME	AGE	RELATIONSHIP	% SHARE	CONTACT/ADDRESS

Client Signature

Date DD/MM/YYYY

FOR OFFICIAL USE ONLY

Investment Officer's Signature

Date DD/MM/YYYY

Approved by

Date DD/MM/YYYY