



Your Structure, Your Wealth

INVESTMENT ACCOUNT OPENING FORM CORPORATE ACCOUNT

**FOR CORPORATIONS, PARTNERSHIPS, ASSOCIATIONS, NGOS
SOLE PROPRIETORSHIPS, INVESTMENT CLUBS, TRUSTS**

FOR OFFICE USE ONLY

Account Number

Initial Investment Amount

ACCOUNT OPENING

E Plaza 2 Building, Osu Badu Street, Dzorwulu, Accra, P.O.Box 7788, Accra-North, Ghana

Email: info@10thcapitalinvestments.com.gh, Website: www.10thcapitalinvestments.com.gh

Telephone: +233 (0)303 976 952, +233 (0)303 977 229

REQUIREMENTS FOR CORPORATE ACCOUNTS

1. Account Opening form fully completed
2. Sole Proprietorship: Business License and Certificate of Commencement if any
3. Partnership: Business License and Partnership Agreement
4. Corporations: Corporate Resolution, Certificate of Incorporation and Certificate of Commencement
5. Investment Clubs, Associations and Trusts: Introduction of Group on Letterhead; club/Association resolution specifying authorizing members of the club
6. NGOs: NGO Registration and License / Certificate
7. Signatories to the account must be clearly identified (minimum of two signatories)
8. Two recent passport-size photographs of each signatory to the account (with name and signature affixed at the back of the photograph)
9. Provision of valid national identity of each signatory to the account (Passport, Driver's License, Voter's ID card, NHIS card)
10. Minimum Initial Investment Amount
11. Two recent passport-sized photographs of at least two directors

RISK PROFILE AND INVESTMENT OBJECTIVE INQUIRY FORM

The ability to accept investment risk is determined by your investment goals, investment time horizon, spending requirements, liquidity needs and income expectations.

Investment Time Horizon

An important consideration is your investment time horizon — the length of time you will remain fully invested.

How long do you plan to hold this investment portfolio?

0- 1 year 2-3 years 3-5 years More than 5 years

Do you have an emergency fund? (Savings of three to six months after-tax income)

No Yes, but less than six months after-tax income Yes, I have adequate emergency funds

Income Needs

Your current need for income from your portfolio is an important factor in designing your portfolio. How much will you need to withdraw from your portfolio each year?

0% 0 -2% 2 - 4% 4 - 5% Over 5%

Your past investment experience can help determine your attitude towards investment risk

Has your institution made prior investment before?

No, and were uncomfortable with the risk if we did

No, but we would be comfortable with the risk if we did

Yes, but we were uncomfortable with the risk

Yes, and we felt comfortable with the risk

Volatility and reactions to Fluctuations

How would you react if an investment you had committed to lost 10% of its value during the first year?

We would maintain a long-term focus with the investments and wouldn't change investment plan

We would be very concerned, but probably wouldn't change investment plan

We would be concerned and may consider changing investment plan

We are not sure what we would do

Risk Tolerance: High Medium Low

Signature

Signature

APPLICATION FOR THE OPENING OF A CORPORATE ACCOUNT

INSTITUTION INFORMATION

Name of company

Nature of business

Registration number

Country of incorporation

Date of incorporation/registration

Account name

Address for correspondence:

Business address:

Corporate telephone no

Fax

Email

Annual turnover, if applicable (GH Cedis): 0-10,000 10,001-50,000 50,001-100,000

100,000-200,000 Over 200,000

List of directors:

Name 1

Name 2

Name 3

Name 4

Name 5

Name 6

Name 7

Name 8

Name 9

Name 10

Name of introducer/agent

Number of signatories (minimum of two)

SIGNATORY PERSONAL INFORMATION

AFFIX
PASSPORT
PICTURE
HERE

AFFIX
PASSPORT
PICTURE
HERE

Title	<input type="text"/>	Surname	<input type="text"/>
First & other names	<input type="text"/>		
Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Other <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality	<input type="text"/>	Country of residence	<input type="text"/>
Postal address	<input type="text"/>		
Residential address	<input type="text"/>		
Email	<input type="text"/>	Contact number	<input type="text"/>
Position held in company	<input type="text"/>		
Valid ID type:	Voter's ID <input type="checkbox"/>	Passport <input type="checkbox"/>	NHIS Card <input type="checkbox"/> National ID <input type="checkbox"/>
Other, please specify	<input type="text"/>		
ID number	<input type="text"/>	Expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Title	<input type="text"/>	Surname	<input type="text"/>
First & other names	<input type="text"/>		
Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Other <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality	<input type="text"/>	Country of residence	<input type="text"/>
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Email	<input type="text"/>	Contact number	<input type="text"/>
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