



**NGIS MONEY MARKET FUND  
APPLICATION FORM  
[INDIVIDUAL]**

**TYPE OF ACCOUNT: (Please Tick)**

Individual  ITF  Joint

**Passport  
Photograph**

**\*PERSONAL DETAILS. This section is compulsory. For joint applications, fill a copy of Page 1 for each individual (BLOCK LETTERS PLEASE)**

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

\*Surname:  \* First Name:

\*Other Names:  Maiden Name:

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

\*Date of Birth:  /  /  (D/M/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

TIN:  Occupation:

Profession:  Input Professional Licence Number (if applicable.)

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

Resident Permit Number:  Permit Issue Date:  /  /  (D/M/Y)

Place of Issue:  Permit Expiry Date:  /  /  (D/M/Y)

**\*CONTACT DETAILS**

\*Residential Address:

Nearest Landmark:

Digital Address:  City/Town:

Postal Address:

Email Address:

\*Mobile Number 1:  Mobile Number 2:

**\*Proof of Identity**

\*ID Type: Passport  Voters ID  Drivers license  SSNIT Biometric Card  National ID

ID Number:  Issue Date:  /  /  (D/M/Y)

Place of Issue:  Expiry Date:  /  /  (D/M/Y)

**\*STATEMENT SERVICES**

**\*Mode of Statement Delivery:** Email  By Post  SMS  Collection   
**Statement Frequency:** Quarterly  Half Yearly  Specify Additional Statement

**\*EMPLOYMENT/BUSINESS DETAILS**

**Status:** Employed  Self-Employed  Unemployed  Retired  Student   
**Year of Employment**

**Total Monthly Income Range(Gh¢):** Below 1,000  Above 1,001-5,000   
Above 5,000-10,000  Above 10,000

NB: Income includes salary and other incomes/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 1:**  **Business/School / Office  
Contact 2:**

**Business/School /Office  
Email:**

**IN TRUST FOR**

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

**\*Surname:**  **\*First Name:**

**\*Other Names:**  **Maiden Name:**

**Relationship with  
Account Applicant:**

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

**\*Date of Birth:**  /  /  (D/M/Y) **\*Place of Birth:**

**\*Country of Origin**  **\*Country of Residence:**

**ID Type:** Passport  Voters ID  Drivers licence  SSNIT Biometric Card  National ID

**ID Number:**  **Issue Date:**  /  /  (D/M/Y)

**Place of Issue:**  **Expiry Date:**  /  /  (D/M/Y)

**Contact Number 1:**  **Contact Number:**

**NEXT OF KIN**

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

**\*Surname:**  **\*First Name:**

**\*Other Names:**  **Maiden Name:**

**Relationship with Account Applicant:**

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

**\*Date of Birth:**  /  /  (D/M/Y) **\*Place of Birth:**

**\*Country of Origin:**  **\*Country of Residence:**

**Contact Number 1:**  **Contact Number 2:**

**ID Type:** Passport  Voters ID  Drivers licence  SSNIT Biometric Card  National ID

**ID Number:**  **Issue Date:**  /  /  (D/M/Y)

**Place of Issue:**  **Expiry Date:**  /  /  (D/M/Y)

**BENEFICIARY**

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

**\*Surname:**  **\*First Name:**

**\*Other Names:**  **Maiden Name:**

**Relationship with Account Applicant:**

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

**\*Date of Birth:**  /  /  (D/M/Y) **\*Place of Birth:**

**\*Country of Origin:**  **\*Country of Residence:**

**Contact Number 1:**  **Contact Number 2:**

**ID Type:** Passport  Voters ID  Drivers licence  SSNIT Biometric Card  National ID

**ID Number:**  **Issue Date:**  /  /  (D/M/Y)

**Place of Issue:**  **Expiry Date:**  /  /  (D/M/Y)

**CLIENT INVESTMENT PROFILE**

(Please tick the applicable option)

Investment objectives	Risk tolerance level	Level of investment Knowledge
Security <input type="checkbox"/>	Conservative <input type="checkbox"/>	Naive <input type="checkbox"/>
Income <input type="checkbox"/>	Moderately Conservative <input type="checkbox"/>	Average <input type="checkbox"/>
Balance <input type="checkbox"/>	Moderately Aggressive <input type="checkbox"/>	Professional <input type="checkbox"/>
Growth <input type="checkbox"/>	Aggressive <input type="checkbox"/>	Sophisticated <input type="checkbox"/>

**\*EXPECTED ACCOUNT ACTIVITY**

**\*Source of Fund:** Salary  Proceeds from Business  Inheritance/Gift  Personal Savings   
Investment Income  Retirement Income  Trust  Household/Family Income   
Other (Please Specify) .....

**Anticipated Investment Activity:**

**Top-ups:** Monthly  Quarterly  Bi-Annual Annual  Other (Please Specify)

**Withdrawals** Monthly  Quarterly  Bi-Annual Annual  Other (Please Specify)

**Anticipated Investment Amount:**

Regular top-up Amount (Expected):  Regular withdrawal Amount (Expected):

**Investment plan:** Automatic Re-investment  Redeem Principal + Return  Income Payout Plan

**If Income payout plan is selected, please indicate the period:**

Monthly  Quarterly  Semi-Annually  Annually

**Mode of Payment of Income**

Cheque  Pay into Bank Account

**\*BANK ACCOUNT DETAILS**

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

**\*INITIAL TRASACTION DETAILS**

**Initial Amount:**

Amount to invest (in figures): GH¢..... Amount (in words):.....

**Mode of payment:** Cash  Transfer  Cheque  Cheque No:..... Bank:.....  
Mobile Money

Share price (GH¢):..... No. of shares purchased:..... Investment date:...../...../.....(D/M/Y)

**ACCOUNT MANDATE**

Name of signatory	Signature Specimen
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>

One to sign  Two to sign

**\*DECLARATION:**

I/We declare that the information on this completed application form is correct to the best of my/our knowledge. I/We declare that I am/We are over 18 years old and this application is made trusting New Generation Investment Services (NGIS) Limited in managing my investment(s). I/We understand that this application is subject to acceptance by NGIS. IF YOU PROVIDE INACCURATE INFORMATION, YOUR ABILITY TO DO BUSINESS WITH NGIS MAY BE TERMINATED.

Name: ..... Signature:.....  
*(First Account Holder)* Date:...../...../.....(D/M/Y) Time:.....

Name: ..... Signature: .....  
*(Joint Holder-if Applicable)* Date:...../...../..... Time:.....

Name: ..... Signature: .....  
*(Joint Holder-if Applicable)* Date:...../...../..... Time: .....

**PRODUCT DISCLOSURE AGREEMENT**

NGIS Money Market Fund (NGIS M-Fund) is an open-ended fund designed to create wealth for both individual investors from either formal or informal sectors of the economy and institutional investors. The Fund invests a higher percentage of its fund in high quality money market instruments and the rest on debt instruments and other securities approved by Securities & Exchange Commission. An annual management fee of not more than 2.5% of total asset value is charged by the Fund Manager. This charge is however embedded in the share price. The price at which shares in the Fund are redeemed may be more than the cost to shareholders depending on the price per share of the Fund at the time of redemption. Clients receive proceeds of their disinvestment within five working days. The regulations establishing the fund stipulates that a commission of between 1 to 3% is charged on redemptions made before 3 years.

**NB:** Past performance does not guarantee future returns.

**LIMITED POWER OF ATTORNEY**

By signing this form, you ("Client") hereby employ New Generation Investment Services (NGIS) Limited ("Advisor"), and Advisor agrees to serve, as Investment Advisor for the Account on the following terms and subject to the following conditions:

**Discretionary Authority:** Advisor will have full power and authority to supervise and direct the investment of the assets in the Account, including the power and authority to buy, sell, exchange, convert, and otherwise effect transactions in any stocks, bonds, and other securities, all without prior consultation with Client. Advisor will exercise this authority in accordance with objectives set forth in the Client Profile attached. Client may amend investment objectives from time to time, and in accordance with additional written guidelines provided by client from time to time. Client hereby appoints Advisor as Client's attorney-in-fact for purposes of exercising the forgoing power and authority and discharging Advisor's other obligations under this Agreement.

**Confidential Relationship:** All information and advice furnished by either of the parties to the other will be treated as confidential and will not be disclosed to third parties except as required by law.

**Account Holder:**

**Witness:**

Name: .....  
Signature: .....  
Date: .....  
Address: .....

Name: .....  
Signature: .....  
Date: .....  
Address: .....

\* Value date: - the day on which your investment begins to earn interest.

**CLIENT ADDITIONAL INFORMATION (1)**

Do you, your spouse, or any other immediate family member, including parents, in-laws, siblings, and dependents fall under the following:

A head of state/government, 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 and nature of the position:

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official outside Ghana **YES / NO**

If yes to any above, please specify name and nature of the position:

**CLIENT ADDITIONAL INFORMATION (2)**

**NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON REPORTING STANDARDS AS WELL AS FATCA (Foreign Account Tax Compliance Act)**

- 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 and complete

Signature: .....

Date: ..... (D/M/Y)

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

Signature:

Date:  (D/M/Y)

**FOR OFFICE USE ONLY**

New Account       KYC Update

Client Account Number: .....

Account Name: .....

Receiving officer's Name: ..... Signature: .....

**\* APPROVALS**

**Account opened by:**

**Account Approved/authorized by compliance officer/AMLRO**

Name of Licenced Officer: ..... Name: .....

Position: ..... Position: .....

Signature: ..... Signature: .....

Date: ..... Date: .....

*Account 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: .....

Comment: .....

**NEW GENERATION INVESTMENT SERVICES (NGIS) LTD.**

First Floor, Cocobod Jubilee House, Adum-Kumasi

P. O. Box KS 8425, Kumasi

Tel: +233- 03220 91608; 0269 740903 Fax: +233-0322 031286

E-mail: info@ngis-group.com Web: www.ngis-group.com

## CHECKLIST

### Documents Required

### Verified

1. \*Passport-sized photographs (Account holders / Beneficiaries)

2. \*Executed Management Agreement (Strictly for High-Net-Worth Clients)

3. \*Proof of Identity of Account Beneficiary

4. \*Proof of Address

5. \*Proof of Identity

6. \*Proof of Foreign Address (for Non-Resident clients)

7. \*Resident / Work Permit (for Non-Ghanaians)

8. \*Specimen Signature(s)

9. \*Email Indemnity (for clients with email address)