



**ANIDASO MUTUAL FUND
APPLICATION FORM
[INSTITUTIONAL]**

Sow today reap tomorrow...

Managed By: New Generation Investment Services (NGIS) Ltd.

First Floor, Cocobod Jubilee House, Adum,

P. O. Box Ks 8425, Kumasi

T: 03220 91608; 026 9740903

F: 03220 31286

E: info@ngis-group.com

W: www.ngis-group.com

NOTE: PORTIONS MARKED WITH * ARE COMPULSORY AND MUST BE COMPLETED

CORPORATE DETAILS. (BLOCK LETTERS PLEASE)

Affix Passport Photographs of signatories	Affix Passport Photographs of signatories	Affix Passport Photographs of signatories
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NEW ACCOUNT KYC UPDATE

***CATEGORY OF BUSINESS** (Please tick)

Limited Liability Company Partnership Enterprise Trust NGO/Charities Association

Other (Please Specify)

***Company/Business Name** (As per certificate of incorporation/registration)

***Date of Incorporation**

***Business Registration Number**

***Jurisdiction of Incorporation/Registration**

***Parent Company's Country of Incorporation (If any)**

***Type/Nature of Business**

***TIN**

***Principal Place of Business**

***Postal Address**

***Digital Address (Ghana Post GPS)**

***Contact Number 1**

Contact Number 2

***Email**

Fax

***TURNOVER**

Monthly Turnover(Gh¢): Below 10,000 Above 10,000-100,000 Above 100,000 Above 10 Million

Annual turnover (Gh¢): Below 10,000 Above 10,000-100,000 Above 100,000 Above 10 Million

***STATEMENT SERVICES**

Mode of Statement Delivery: Email By Post SMS Collection

Statement Frequency: Quarterly Specify any other additional statement frequency

***EXPECTED ACCOUNT ACTIVITY**

Sources of Fund: Proceeds from business Other (Please Specify)

Anticipated Investment Activity

Top-ups:		Withdrawal	
Daily	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	Bi-Annual	<input type="checkbox"/>
Annual	<input type="checkbox"/>	Annual	<input type="checkbox"/>
Other Frequency	<input type="checkbox"/>	Other Frequency	<input type="checkbox"/>

Anticipated Investment Amount

Regular Top-up Amount (Expected): Regular Withdrawal Amount (Expected):

*** INVESTMENT POLICY STATEMENT**

(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"/>

*** TRANSACTION DETAILS FOR INITIAL INVESTMENT:**

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

Amount (in words):.....

Mode of payment

Cash Transfer Cheque Cheque Details: No..... Bank:

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

***KEY CONTACT PERSON:**

Name (Indicate Surname First)

Date of Birth: / / (dd/mm/yyyy)

Gender: Male Female

Residential Status: Resident Ghanaian Non-Resident Ghanaian

Resident Foreigner Non-Resident Foreigner

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

Resident Permit Number: Permit Issue Date:
Place of Issue: Permit Expiry Date:
ID Type: Passport Voters ID Drivers Licence SSNIT Biometric Card National ID

Email Address:
Contact Number(s) :

***ACCOUNT SIGNITORY DETAILS 1**

Name (Indicate Surname First)

Date of Birth: / / (dd/mm/yyyy) **Gender:** Male Female

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

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

Resident Permit Number: Permit Issue Date:
Place of Issue: Permit Expiry Date:
ID Type: Passport Voters ID Driver license SSNIT Biometric Card National ID
Email Address:
Contact Number(s):

***ACCOUNT SIGNITORY DETAILS 2**

Name (Indicate Surname First)

Date of Birth: / / (dd/mm/yyyy) **Gender:** Male Female

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

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

Resident Permit Number: Permit Issue Date:
Place of Issue: Permit Expiry Date:
ID Type: Passport Voters ID Driver license SSNIT Biometric Card National ID
Email Address:
Contact Number(s):

***ACCOUNT SIGNITORY DETAILS 3**

Name (Indicate Surname First)

Date of Birth:

 / / (dd/mm/yyyy)

Gender:

Male

Female

Residential Status: Resident Ghanaian

Non-Resident Ghanaian

Resident Foreigner

Non-Resident Foreigner

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

Resident Permit Number:

Permit Issue Date:

Place of Issue:

Permit Expiry Date:

ID Type: Passport

Voters ID

Drivers Licence

SSNIT Biometric Card

National ID

Email Address:

Contact Number(s):

***DIRECTORS/EXECUTIVE/TRUSTEE/ADMIN**

Surname	Other Names	ID Type/Number	Status	Contact 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"/>	<input type="text"/>	<input type="text"/>

***BENEFICIAL OWNERSHIP**

Beneficial Owner

Surname	Other Names	ID Type/Number	PEP Status	Contact Number	Date of Birth	Home Address	Owner-ship%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***Directors**

Surname	Other Names	ID Type/Number	PEP Status	Contact Number	Date of Birth	Home Address	Owner-ship%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***AFFILIATIONS**

If a part of a group kindly state, all entities within the group structure

SUPPLEMENTARY INFORMATION:

What other services may you require from New Generation Investment Services (NGIS) Ltd?

- 1.
- 2.

***ACCOUNT MANDATE**

NAME OF SIGNATORY

SIGNATURE SPECIMEN

1.

2.

3.

One to sign Two to sign All to sign Others

***DECLARATION:**

I/We hereby apply for the NGIS Money Market Fund's shares under the terms and conditions set out in the Prospectus. In my/our knowledge, there is no other application being made for my/our benefit (or that of any person for whose benefit I/We have applied for on this list form). I/We certify that all statements made in this application are correct and that the responses are my/our own.

Name: Signature:
(Authorised Signatory) Date:...../...../.....(D/M/Y) Time:.....

Name: Signature:
(Authorised Signatory) Date:...../...../..... Time:

Name: Signature:
(Authorised Signatory) Date:...../...../..... Time:.....

PRODUCT DISCLOSURE AGREEMENT

The Anidaso Mutual Fund is an open-ended fund that seeks to provide growth of capital and current income. The Fund invests in high quality fixed income instruments and equities listed on regulated stock markets. 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 or less 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:

Name:

Signature:

Signature:

Date:

Date:

Address:

Address:

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

***CLIENT ADDITIONAL INFORMATION (1)**

Does the shareholders, directors, executives, senior management, administrators, trustees, and signatories 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:

***CUSTOMERS RISK PROFILE**

Client verification and screening:

Level of risk: Low Medium High

Nature of High Risk

Exposure: PEP Non-Resident

High Risk business State Nature of Business:

High Risk Country State Country:

FOR OFFICE USE ONLY

***APPROVALS**

Account opened by: Licenced Officer

Account Approved/authorized by compliance officer/AMLRO

Name:

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:

Kindly confirm the inclusion of the following documents (Tick as applicable):

1. Account opening form duly completed
2. Specimen signature card duly completed
3. Copy of Certificate of Incorporation
4. Board resolution to open account and nomination of signatories
5. Copy of Memorandum and Article of Association (Form a,3,17)
6. TIN
7. Partnership Deed (Where Applicable)
8. Constitution if unregistered Association
9. Act/Gazette for government agency (where applicable)
10. One passport size photograph of each signatory
11. Resident / work permit (non-Ghanaians)
12. Evidence of registration with other government Agencies
13. power of attorney
14. letter of indemnity
15. Proof of Company Address
16. Proof of indemnity of all signatories and representatives
17. Executive Management Agreement

