



ANIDASO MUTUAL 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

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:
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/ 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:

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)