



# MANAGED INVESTMENT ACCOUNT APPLICATION FORM [INSTITUTIONAL]

*...Invest, Secured.*

**New Generation Investment Services (NGIS) Ltd.**

First Floor, Cocobod Jubilee House, Adum,

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

**CORPORATE DETAILS. (BLOCK LETTERS PLEASE)**

Affix Passport  
Photographs  
of signatories

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Photographs  
of signatories

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Photographs  
of signatories

**\*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(Ghc):** Below 10,000  Above 10,000-100,000  Above 100,000  Above 10 Million

**Annual turnover (Ghc):** 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**

Investment Plan	Top-ups:	Withdrawal
Automatic Re-investment <input type="checkbox"/>	Monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Redeem Return <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Quarterly <input type="checkbox"/>
Redeem Principal <input type="checkbox"/>	Bi-Annual <input type="checkbox"/>	Bi-Annual <input type="checkbox"/>
Redeem Principal + Return <input type="checkbox"/>	Annual <input type="checkbox"/>	Annual <input type="checkbox"/>
Income Payout Plan <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):

**\* CHOICE OF INVESTMENT**

**How will you like to invest?**

a. Select my own type of investment (Self Direct)  b. Discretionary (By Fund Manager)

Please select one of the following:

Managed Account  Premium Investment Plan  Call

**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:**

Investment Duration: Call  91 Days  182 days  1 year  2 years  3-Year

Other (specify):.....

Amount to invest (in figures): GHC.....

Amount (in words):.....

**Mode of Payment** (Please tick)

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

Mobile Money

**Mode of Payment of Income**

Cheque

Pay into Bank Account

**If to be paid into Bank Account please provide details**

Name of Bank: .....

Branch: .....

Account Number: .....

Account Name: .....

**\*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	Ownership%
<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	Ownership%
<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 SIGNITORY	SIGNATURE SPPECIMEN
1.	
2.	
3.	

One to sign  Two to sign  All to sign  Others

**\*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: .....  
(Authorised Signatory) Date:...../...../.....(D/M/Y) Time:.....

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

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

**New Generation Investment Services (NGIS) Limited – Investment Management Agreement**

**General Terms and Conditions**

- The effective date or value date\* of your investment shall be the date on which these funds are reflective in the Company’s account. This is usually the same business day if monies are paid in cash and two business days if paid by cheque.
- Return on your investment account will be paid at periodic intervals agreed by the two parties.
- Return on your investment purchased on your behalf are subject to change upon maturity of investment.
- A Client must give NGIS power of Attorney to enable the company do investments on his/her behalf.
- Redemption of funds at maturity do not attract any charge, however a partial or full redemption before maturity will attract a discounting charge that is dependent third-party conditions.
- Payments at maturity shall be made to the customer by transfer/cheque within Seven (7) working days.
- This agreement may be modified or amended by the Company from time to time without notice, except as may be required by law. You may terminate your use of the Investment account if you do not agree with any modification or amendment. If you however continue or roll-over the investment after the effective date of an amendment or modification, you will be deemed to have accepted that amendment or modification.
- You may not assign this Agreement to any other party.

**\*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.

NEW ACCOUNT

KYC Update

Account Opening Officer’s Name: ..... Signature: .....

**\*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:**

**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: .....



**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

