



CORPORATE

[illegible]

ACCOUNT OPENING FORM - CORPORATE

Please Complete in **CAPITAL LETTERS**

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

* TYPE OF BUSINESS

- ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Associations ☐ Charities/NGOs/Trusts
- ☐ Government Institutions If Other, Please Specify

* BUSINESS DETAILS

- Business Name:
- Registration Number:
- Date of Incorporation: DD MM YY YY YY YY License No
- Country of Incorporation:
- TIN
- Type / Nature of Business:
- Sector / Industry:
- Office Location:
- Postal Address:
- Digital Address
- Phone No.: Mobile No.:
- Email Address:
- Website (if any):

* KEY CONTACT PERSON(S)

- Full Name:
- Email Address:
- Phone No.: Mobile No.:
- Full Name:
- Email Address:
- Phone No.: Mobile No.:

* INVESTMENT INFORMATION

- | | | | | |
|---------------------------|----------------------------------------|--------------------------------------------|-----------------------------------------------|-------------------------------------------|
| • Investment Objective: | Safety <input type="checkbox"/> | Income <input type="checkbox"/> | Balance <input type="checkbox"/> | Growth <input type="checkbox"/> |
| • Risk Tolerance: | Low <input type="checkbox"/> | Medium <input type="checkbox"/> | High <input type="checkbox"/> | Speculation <input type="checkbox"/> |
| • Investment Horizon: | Short Term <input type="checkbox"/> | Medium Term <input type="checkbox"/> | Long Term <input type="checkbox"/> | |
| • Investment Knowledge: | Sophisticated <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Novice <input type="checkbox"/> |
| • Monthly Turnover (GHS): | Below 10,000 <input type="checkbox"/> | 10,000-100,000 <input type="checkbox"/> | 100,000 - 500,000 <input type="checkbox"/> | Above 500,000 <input type="checkbox"/> |
| • Annual Turnover (GHS): | Below 100,000 <input type="checkbox"/> | 100,000-1,000,000 <input type="checkbox"/> | 1million - 10million <input type="checkbox"/> | Above 10 million <input type="checkbox"/> |

STATEMENT SERVICES

- Mode of Statement Delivery: Email ☐ By post ☐ SMS ☐ Collection ☐

* PARTICULARS OF AUDITORS

- Name of Firm:
- Address:
- Office Location:
- Phone No. Mobile No.:
- Email Address:
- *License No.

*** AUTHORISED SIGNATORIES & MANDATE (Please use extra card where necessary)**

- Full Name
- Designation
- Email Address:
- Phone No. Mobile No.:
- Signature Specimen

PICTURE

- Full Name
- Designation
- Email Address:
- Phone No. Mobile No.:
- Signature Specimen

PICTURE

- Full Name
- Designation
- Email Address:
- Phone No. Mobile No.:
- Signature Specimen

PICTURE

- One to sign ☐ Any two to sign ☐ All to sign ☐ Others

AFFILIATIONS

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

BANK ACCOUNT DETAILS

- Bank Name Account Name
- Account No. Bank Branch

*** SHAREHOLDING INFORMATION (Please give details of shareholding of 10% and above)**

- Full Name
- Nationality
- ID Type: Passport ☐ Voters ID ☐ Drivers License ☐ National ID ☐ Others
- ID No.
- Issue Date D D M M Y Y Y Y
- Expiry Date D D M M Y Y Y Y
- Place of Issue: TIN:
- Postal Address:
- Email Address:
- Phone No.: Mobile No.:

- Full Name
- Nationality
- ID Type: Passport ☐ Voters ID ☐ Drivers License ☐ National ID ☐ Others
- ID No.
- Issue Date
- Expiry Date
- Place of Issue: TIN:
- Postal Address:
- Email Address:
- Phone No.: Mobile No.:

- Full Name
- Nationality
- ID Type: Passport ☐ Voters ID ☐ Drivers License ☐ National ID ☐ Others
- ID No.
- Issue Date
- Expiry Date
- Place of Issue: TIN:
- Postal Address:
- Email Address:
- Phone No.: Mobile No.:

- Full Name
- Nationality
- ID Type: Passport ☐ Voters ID ☐ Drivers License ☐ National ID ☐ Others
- ID No.
- Issue Date
- Expiry Date
- Place of Issue: TIN:
- Postal Address:
- Email Address:
- Phone No.: Mobile No.:

IN CASE SHAREHOLDER IS A BODY CORPORATE

- Company Name:
- Registration Number:
- Date of Incorporation:
- Country of Incorporation:
- TIN
- Type / Nature of Business:
- Postal Address:
- Phone No.: Mobile No. 2:
- Email Address:
- Website (if any):

* DIRECTORS

- Full Name
- Nationality
- ID Type: Passport ☐ Voters ID ☐ Drivers License ☐ National ID ☐ Others
- ID No. TIN:

Postal Address:
Email Address:
Phone No.: Mobile No.:

- Full Name
- Nationality
- ID Type: Passport ☐ Voters ID ☐ Drivers License ☐ National ID ☐ Others
- ID No. TIN:
- Date of Birth Date Appointed
- Postal Address:
- Email Address:
- Phone No.: Mobile No.:

- Full Name
- Nationality
- ID Type: Passport ☐ Voters ID ☐ Drivers License ☐ National ID ☐ Others
- ID No. TIN:
- Date of Birth Date Appointed
- Postal Address:
- Email Address:
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- Phone No.: Mobile No.:

- Full Name
- Nationality
- ID Type: Passport ☐ Voters ID ☐ Drivers License ☐ National ID ☐ Others
- ID No. TIN:
- Date of Birth Date Appointed
- Postal Address:
- Email Address:
- Phone No.: Mobile No.:

POLITICALLY EXPOSED PERSONS (PEPs)

PEPs are persons who currently hold/have held public positions (including political appointment) as well as their close associates /relatives.
Do any of your Directors or Shareholders fall under the above definition? Yes ☐ No ☐

EMAIL INDEMNITY CLAUSE

Client agrees that, whereas Account Information and Mandate require written and signed confirmation of all instructions, it would be convenient if the client could at any time and from time to time, send instructions to WAICA Re Capital via e-mail, scan or telephone. Any such Instructions will thereafter be regarded as binding to the Account and indemnifies WAICA Re Capital from any legal consequences arising from the Instruction.

DECLARATION

We declare that the information provided is true and accurate. We authorize WAICA Re Capital Limited to comply with all relevant laws.
We undertake to inform WAICA Re Capital Limited of any changes therein immediately in case any of the information is found to be false or untrue or misleading or misrepresenting. I/We may be held liable for it.

Authorised Signatory

Date:

D	D	M	M	Y	Y	Y	Y
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Authorised Signatory

Date:

D	D	M	M	Y	Y	Y	Y
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Authorised Signatory

Date:

D	D	M	M	Y	Y	Y	Y
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FOR OFFICIAL USE ONLY

CUSTOMER RISK PROFILE

- Client Verification / Screening
- Level of Risk Low ☐ Medium ☐ High ☐
- Nature of Risk: PEP ☐ Non-Resident ☐
High Risk Business (Refer Guide) ☐ State Nature of Business
High Risk Country ☐ State Country

- Received and checked by

Signature

Date:

- Approved by

Signature

Date:

- Compliance Officer

Signature

Date:

CHECKLIST

SN.	Documents Required	Verified
1	Passport-Size Photographs (Authorized Signatories / Mandate)	<input type="text"/>
2	Proof of Identity of all Signatories	<input type="text"/>
3	Proof of Company Address	<input type="text"/>
4	Specimen Signature	<input type="text"/>
5	Email Indemnity	<input type="text"/>
6	Copy of Certificate of Incorporation & Certificate to commence Business	<input type="text"/>
7	Board resolution to open account and nomination of signatories	<input type="text"/>
8	Copy of Memorandum and Articles of Association (Forms A, 3, 17)	<input type="text"/>