



OPPORTUNITY FUND

INDIVIDUALS

ACCOUNT No.

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ACCOUNT OPENING FORM - INDIVIDUAL/JOINT/ITF (In-trust-for)Please Complete in **CAPITAL LETTERS**

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

*** ACCOUNT TYPE**

- ☐ Individual ☐ Joint ☐ In-trust-for

*** FIRST APPLICANT**

Mr ☐ Mrs ☐ Dr ☐ Others

• Surname

• First Name

• Other Name(s)

Date of Birth: Place of Birth

• Gender: Male ☐ Female ☐ Marital Status: Married ☐ Single ☐

• Nationality

• Country of Residence

• For Resident Forigner)Resident Permit No.: Permit Issue Date:

• Place of Issue: Permit Expiry Date:

• Occupation:

• ID Type: Passport ☐ Voter's ID ☐ Driver's License ☐ National ID ☐ Others

• ID No.: Issue Date Expiry Date:

• Place of Issue: TIN:

• Postal Address:

• Residential Address:

• Digital Address:

• Email Address:

• Mobile No. 1: Mobile No. 2:

PICTURE

*** SECOND APPLICANT (If Joint Account)**

Mr ☐ Mrs ☐ Dr ☐ Others

• Surname

• First Name

• Other Name(s)

Date of Birth: Place of Birth

• Gender: Male ☐ Female ☐ Marital Status: Married ☐ Single ☐

• Nationality

• Country of Residence

• For Resident Forigner)Resident Permit No.: Permit Issue Date:

• Place of Issue: Permit Expiry Date:

• Occupation:

• ID Type: Passport ☐ Voter's ID ☐ Driver's License ☐ National ID ☐ Others

• ID No.: Issue Date Expiry Date:

• Place of Issue: TIN:

• Postal Address:

• Residential Address:

• Digital Address:

• Email Address:

• Mobile No. 1: Mobile No. 2:

PICTURE

* STATEMENT SERVICES

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

* EMPLOYMENT / BUSINESS DETAILS

- Status: Employed ☐ Self-employed ☐ Unemployed ☐ Retired ☐ Student ☐
- Years of Employment
- Employer / Business / School Name:
- Employer / Business / School Address:
- Nearest Landmark:
- Digital Address:
- City / Town:
- Business/School/Office Mobile No. 1: Mobile No. 2:

* INVESTMENT PROFILE

- Investment Objective: Safety ☐ Income ☐ Balance ☐ Growth ☐ Speculation ☐
- Risk Tolerance: Low ☐ Medium ☐ High ☐
- Investment Horizon: Short Term ☐ Medium Term ☐ Long Term ☐
- Investment Knowledge: Sophisticated ☐ Good ☐ Fair ☐ Novice ☐
- Gross annual Income (Including Salaries and Other Income)
Below GHc10,000 ☐ GHc10,000 - GHc50,000 ☐ GHc50,001-GHc100,000 ☐ Above GHc100,000 ☐

* INTRUST FOR

- Mr ☐ Mrs ☐ Dr ☐ Others
- Surname
 - First Name
 - Other Name(s)
 - Relationship with Account Applicant:
 - Marital Status: Single ☐ Married ☐ Gender: Male ☐ Female ☐
 - Date of Birth: Place of Birth:
 - ID Type: Passport ☐ Voter's ID ☐ Driver's License ☐ Birth Certificate ☐ National ID ☐ Others
 - ID No.:
 - Nationality Country of Residence
 - Postal / Residential Address:
 - Digital Address:
 - Email Address:
 - Mobile No. 1: Mobile No. 2:

* NEXT OF KIN

- Mr ☐ Mrs ☐ Dr ☐ Others
- Surname
 - First Name
 - Other Name(s)
 - Relationship with Account Applicant:
 - Date of Birth: Gender: Male ☐ Female ☐
 - Postal / Residential Address:
 - Digital Address:
 - Email Address:
 - Mobile No. 1: Mobile No. 2:

*** FIRST BENEFICIARY**

Mr ☐ Mrs ☐ Dr ☐ Others Shares %

• Surname

• First Name

• Other Name(s)

Relationship with Account Applicant:

Mobile No. 1: Mobile No. 2:

SECOND BENEFICIARY

Mr ☐ Mrs ☐ Dr ☐ Others

• Surname

• First Name

• Other Name(s)

Relationship with Account Applicant:

Mobile No. 1: Mobile No. 2:

THIRD BENEFICIARY

Mr ☐ Mrs ☐ Dr ☐ Others

• Surname

• First Name

• Other Name(s)

Relationship with Account Applicant:

Mobile No. 1: Mobile No. 2:

*** EXPECTED ACCOUNT ACTIVITY**

• Source of Funds: Proceeds from business ☐ Salary ☐ Gifts ☐ Personal Savings ☐ Others

• Initial Investment Amount:

Anticipated Investment Activity:

Top-ups: Monthly ☐ Quarterly ☐ Annual ☐ Other Frequency

Regular Top-up Amount (Expected):

Withdrawals: Monthly ☐ Quarterly ☐ Annual ☐ Others

Regular Withdrawal Amount (Expected): Anticipated Investment Amount:

*** BANK ACCOUNT DETAILS**

• Bank Name Account Name

• Account No. Bank Branch

CLIENT ADDITIONAL INFORMATION (1)

• Do you, your spouse or any other member of your family including parents in-laws 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 in 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

- | | | |
|--|------------------------------|-----------------------------|
| Are you a citizen of any foreign country (besides Ghana)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Do you hold passport of any foreign country (besides Ghana)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Do you hold green card of any foreign country (besides Ghana)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Are you resident in any foreign country? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Have you spent more than 183 days in any foreign country? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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 No:
- Foreign Tax Identification Number (TIN)/Social Security Number (SSN)/National Identity Number:

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 & MANDATE

- I/We declare that the information provided is true and accurate. I/We authorize WAICA Re Capital Limited to comply with all relevant laws. I/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.

- | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| <ul style="list-style-type: none">• First Applicant
<table border="1" style="width: 100%; height: 1.2em;"></table>• Specimen Signature
<table border="1" style="width: 100%; height: 40px;"></table>• Date: <table border="1" style="width: 100%; height: 1.2em; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y | <ul style="list-style-type: none">• Second Applicant
<table border="1" style="width: 100%; height: 1.2em;"></table>• Specimen Signature
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| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | |
| <ul style="list-style-type: none">• Signing Instruction: Only one to sign <input type="checkbox"/> Either to sign <input type="checkbox"/> Both to sign <input type="checkbox"/> Others <table border="1" style="width: 150px; height: 1.2em;"></table> | | | | | | | | | | | | | | | | | |

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 (Account Holder / Beneficiary)	<input type="text"/>
2	Passport-Size Photographs	<input type="text"/>
3	Proof of Identity of Account Beneficiary	<input type="text"/>
4	Proof of Address	<input type="text"/>
5	Specimen Signature	<input type="text"/>
6	Email Indemnity (for Clients with Email Address)	<input type="text"/>
7	Proof of Foreign Address (for Non-Resident Clients)	<input type="text"/>
8	Resident / Work Permit (for Non-Ghanaians)	<input type="text"/>
9	Executed Management Agreement	<input type="text"/>