



ASSET & WEALTH MANAGEMENT

INDIVIDUAL ACCOUNT OPENING FORM

(KNOW YOUR CLIENT - KYC)

Account Name:

ITF (in Trust For)

Branch:

Account Number:

please use BLACK INK to fill this form

A - TERMS & CONDITIONS

1. This Account Opening form must be completed by an adult of 18 years and above. Form filled by proxies must have an accompanied letter of authorization.
2. Accounts opened are for financial instruments; not for cash deposits. Discuss with your Fund Manager on settlement times for disinvestments.
3. Pent Assets and Wealth Management reserves the right to turn down an application or to close an account where management is of a reasonable conviction that the account does not comply with statutory requirements, or is used for fraud, money laundering and other vices that are against the laws of the Republic of Ghana.
4. All accounts and information about each account holder are held in strictest confidence and protected from third parties unless by order of a competent court.

B - Where did you hear about us?

Word-of-Mouth TV Radio Internet Others (please specify)

C - PERSONAL INFORMATION

Title: MR. MRS. MS. DR. Others (please specify)

Surname:

First name: Middle name:

Date of Birth: Male: Female:

Are you: Married: Single: Divorced: Separated: Widow/Widower:

Nationality: Country of Residence:

Postal Address:

Residential Address:

Contact Number: Office Mobile

Email Address:

Type of ID: ID Number:

Your Mother's maiden name:

(This will serve as a security question to help us identify you when we speak to you on phone)

D - JOINT ACCOUNT HOLDER (if applicable)

Title: MR. MRS. MS. DR. Others (please specify)

Surname:

First name: Middle name:

Are you: Married: Single: Divorced: Separated: Widow/Widower:

Nationality: Country of Residence:

Postal Address:

Residential Address:

Contact Number:

Email Address:

Type of ID: ID Number:

Your Mother's maiden name:

(This will serve as a security question to help us identify you when we speak to you on phone)

E - YOUR EMPLOYMENT DETAILS

Name of Employer:

Level: Senior Manager Middle Manager Senior Staff Junior Staff

No. of years with employer: Do you have other sources of income: Yes No

Salary Interval: Weekly Bi weekly Monthly Others:

Occupation:

Companies Full Address:

F - NEXT OF KIN

Name(s)	Relationship	Date of Birth			Contact No.	% of Assets
		dd	mm	yyyy		
1.						
2.						
3.						
4.						
5.						
6.						

G - APPLICANT DECLARATION

I/We have carefully read the Terms & Conditions for opening an Investment Account with Pent Assets and Wealth Management, and declare my/our acceptance of all conditions enshrined. I/We shall maintain this account in compliance with statutory and regulatory requirements related to my investments. I/We also declare that Pent Assets and Wealth Management shall exercise discretion to ensure that my/our account is compliant.

Applicant's Name:

Applicant's Signature

Date:

dd	mm	yyyy
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Witness' Name:

Witness' Signature

Date:

dd	mm	yyyy
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H - MANDATE

Name:

Signature (or mark)

Name:

Signature (or mark)

Name:

Signature (or mark)

Name:

Signature (or mark)

One to sign

Two to sign

Three to sign

All to sign

Other(s)

I - OFFICIAL USE ONLY

Receiving Officer:

Branch:

Signature

Date:

dd

mm

yyyy

Official Seal:



- Corporate Finance
- Investment Advisory Services
- Asset Finance
- Private Equity Placement
- Fund Management
- Pension Fund Management

.....*Doing it Right*

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