

FUND TYPE

Fidelity Fixed Income Trust☐

Fidelity Balanced Trust☐

CATEGORY OF BUSINESS

Sole Proprietorship☐

Partnership☐

Limited Liability Company☐

Associations☐

Charities / NGOs☐

Other☐

If Other, Please Specify

COMPANY DETAILS

Company / Business Name:

Certificate of Incorporation Number:

Certificate to Commence Business Number:

Date of Incorporation / Registration:

D

D

M

M

Y

Y

Y

Y

Jurisdiction of Incorporation / Registration:

Parent Company's Country of Incorporation (if any):

Type / Nature of Business:

Sector / Industry:

Principal Place of Business:

Company Postal Address:

Digital Address (GhanaPost GPS):

Email Address:

Website Address (if any):

TIN:

Contact Number 1:

0

Contact Number 2:

0

MONTHLY TURNOVER

GHS 0 - 9,999☐

GHS 10,000 - 49,999☐

GHS 50,000 - 99,999☐

GHS 100,000 and above☐

ACCOUNT SERVICES REQUIRED

Statement Preference:Email☐Collection☐

Statement Frequency:Quarterly☐Bi-Annual☐Annual☐

EXPECTED ACCOUNT ACTIVITY

Source of Funds:Proceeds from business☐Other☐

If Other, please specify:

Initial Investment Amount:

Anticipated Account Activity:

Topups:Monthly☐Quarterly☐Bi-Annually☐Annually☐

Withdrawals:Quarterly☐Bi-Annually☐Annually☐

Anticipated Investment Amount:

Regular Topup Amount (Expected):Regular Withdrawal Amount (Expected):

KEY CONTACT PERSON

Surname:

First Name:

Other Name(s):

Date of Birth:

D

D

M

M

Y

Y

Y

Y

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 License☐

SSNIT Card☐

National ID☐

Job Title:

Email Address:

Contact Number 1:

0

Contact Number 2:

0

ACCOUNT SIGNATORY DETAILS 1

Surname:

First Name:

Other Name(s):

Date of Birth:

D

D

M

M

Y

Y

Y

Y

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 License

SSNIT Card

National ID

Job Title:

Email Address:

Contact Number 1:

0

Contact Number 2:

0

ACCOUNT SIGNATORY DETAILS 2

Surname:

First Name:

Other Name(s):

Date of Birth:

D

D

M

M

Y

Y

Y

Y

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 License

SSNIT Card

National ID

Job Title:

Email Address:

Contact Number 1: 

0

Contact Number 2: 

0

ACCOUNT SIGNATORY DETAILS 3

Surname:

First Name:

Other Name(s):

Date of Birth: 

D

D

M

M

Y

Y

Y

Y

 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 License

SSNIT Card

National ID

Job Title:

Email Address:

Contact Number 1: 

0

Contact Number 2: 

0

DIRECTORS / EXECUTIVE / TRUSTEE / PROMOTER / ADMIN

Name	ID Type / ID Number	Status	Contact Number

# ACCOUNT OPENING FORM - CORPORATE

## BANK ACCOUNT DETAILS

Bank Name	Account Name	Account Number	Bank Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## EMAIL / FAX INDEMNITY

I hereby declare that transactions on my account would ordinarily be authorized by me in person or in writing with my original signature and ID. I however reserve the right to issue instructions for transactions on my account by fax, email or telephone call at the discretion of Fidelity Securities. I further wish to state that I am aware that fax, email and telephone authorizations are insecure and can be tampered with. By signing this form, I agree to indemnify or absolve Fidelity Securities Limited and all the companies in the Fidelity Group from any losses and all other liabilities that may result from electronic authorisations.

Signature:

Date:

Signature:

Date:

## ACCOUNT MANDATE

Name of Signatory	Signature Specimen
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
One to sign <input type="checkbox"/>	Both to sign <input type="checkbox"/>

## TERMS AND CONDITIONS

**Fidelity Fixed Income Trust** seeks to help you boost your income by offering you steady growth on your investment through high quality fixed income securities. Returns on the Fidelity Fixed Income Trust are in the form of gains or losses. Clients receive proceeds of their disinvestments within five (5) working days.

**Fidelity Balanced Trust** seeks to help you enjoy a unique blend of stability from the Fixed Income market and growth from equity market. Returns on the Fidelity Balanced Trust are in the form of gains or losses. Clients receive proceeds of their disinvestments within five (5) working days.

## DECLARATION

I/We hereby declare that all information given in respect of this account opening is correct and the funds deposited with Fidelity Securities Limited are from a legitimate source and not from an activity prohibited by law. I further undertake to indemnify Fidelity Securities Limited for any loss suffered as a result of any false information or error in the information provided.

Name:

Signature:

Date:

Name:

Signature:

Date:

OFFICIAL USE ONLY

Referral Code

CUSTOMER RISK PROFILE

Client Screening:

Indicate platform or media through which client ID and Name was screened

Level of Risk:

Low

☐

Medium

☐

High

☐

Nature of High Risk Exposure:

Indicate category of high risk

APPROVALS

*\*Accounts of High Risk Nature must be jointly approved by Executive / CEO and Compliance Officer*

EXECUTIVE / CEO

Name:

Signature:

Date:

Comments:

COMPLIANCE OFFICER

Name:

Signature:

Date:

Comments:

CHECKLIST

SN.	Documents Required	Checked
1	Account opening form duly completed	<input type="checkbox"/>
2	Specimen signature card duly completed	<input type="checkbox"/>
3	Copy of Certificate of Incorporation and Certificate to Commence Business	<input type="checkbox"/>
4	Board resolution to open account and nomination of signatories	<input type="checkbox"/>
5	Copy of Memorandum and Articles of Association (Forms A, 3, 17)	<input type="checkbox"/>
6	TIN Number	<input type="checkbox"/>
7	Partnership Deed (where applicable)	<input type="checkbox"/>
8	Constitution if unregistered association	<input type="checkbox"/>

CHECKLIST

SN.	Documents Required	Checked
9	Act / Gazette for Government Agency (where applicable)	<input type="checkbox"/>
10	One passport-sized photograph of each signatory	<input type="checkbox"/>
11	Resident / Work Permit ( <i>for Non-Ghanaians</i> )	<input type="checkbox"/>
12	Evidence of registration with other Government Agencies	<input type="checkbox"/>
13	Power of Attorney (where applicable)	<input type="checkbox"/>
14	Letter of Indemnity	<input type="checkbox"/>
15	Proof of Company Address	<input type="checkbox"/>
16	Proof of Identity of all signatories and representatives	<input type="checkbox"/>