

CATEGORY OF INVESTMENT

Individual Joint ITF

FUND TYPE

Fidelity Fixed Income Trust Fidelity Balanced Trust

PERSONAL INFORMATION - INDIVIDUAL

Mr. Mrs. Miss. Hon. Dr. Prof. Rev. Other (specify)

Last Name: First Name:

Other Name(s): Maiden Name:

Marital Status: Single Married Gender: Male Female

Date of Birth: Place of Birth:

Country of Origin: Country of Residence:

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

Profession / Occupation:

TIN:

CONTACT DETAILS

Residential Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City / Town:

Postal Address:

Email Address:

Mobile Number 1:

Mobile Number 2:

Contact Details (In case of emergency):

Contact Name:

Contact Number:

ACCOUNT OPENING FORM - RETAIL



PERSONAL INFORMATION - JOINT

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Hon.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.	<input type="checkbox"/> Rev.	<input type="checkbox"/> Other (specify)	<input type="text"/>		
Last Name:				First Name:						
Other Name(s):				Maiden Name:						
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Gender:		Male <input type="checkbox"/>	Female <input type="checkbox"/>				
Date of Birth:	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	Place of Birth:	<input type="text"/>
Country of Origin:	<input type="text"/>				Country of Residence:	<input type="text"/>				
<i>Residential Status:</i>										
Resident Ghanaian	<input type="checkbox"/>	Non-Resident Ghanaian	<input type="checkbox"/>	Resident Foreigner	<input type="checkbox"/>	Non-Resident Foreigner	<input type="checkbox"/>			
<i>If country of origin is not Ghana, please provide the following:</i>										
Resident Permit Number					Permit Issue Date					
<input type="text"/>					<input type="text"/>					
Place of Issue					Permit Expiry Date					
<input type="text"/>					<input type="text"/>					
Profession / Occupation: <input type="text"/>										
TIN:	<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"/>

CONTACT DETAILS

Residential Address:	<input type="text"/>										
Nearest Landmark:	<input type="text"/>					Digital Address (GhanaPost GPS):	<input type="text"/>				
City / Town:	<input type="text"/>										
Postal Address:	<input type="text"/>										
Email Address:	<input type="text"/>										
Mobile Number 1:	<input type="text"/> 0	<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"/>	
Mobile Number 2:	<input type="text"/> 0	<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"/>	
Contact Details (In case of emergency):											
Contact Name:	<input type="text"/>										
Contact Number:	<input type="text"/> 0	<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"/>	

PROOF OF IDENTITY

ID Type: Passport Voters ID Drivers License SSNIT Card National ID

ID Number: Issue Date:

Place of Issue: Expiry Date:

ACCOUNT SERVICES

Statement Preference: Email Collection

Statement Frequency: Quarterly Bi-Annual Annual

EMPLOYMENT / BUSINESS DETAILS

Employed Self Employed Unemployed Retired Student

Length of Employment:

Monthly Salary Range: 0 - 1,000 1,000 - 5,000 5,000 - 10,000 10,000 and above

Employer / Business Name:

Employer / Business Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City / Town: Nature of Business:

Office Contact Number 1:

Office Contact Number 2:

NEXT OF KIN

Name:

Contact Number: Relationship:

IN TRUST FOR

Last Name: First Name:

Other Name(s): Gender: Male Female

ACCOUNT OPENING FORM - RETAIL



Date of Birth: Place of Birth:

Country of Origin: Country of Residence:

CLIENT INVESTMENT PROFILE

1 Investment Objective:

2 Risk Tolerance: Low Medium High

3 Investment Horizon: Short Term Medium Term Long Term

4 Investment Knowledge:

EXPECTED ACCOUNT ACTIVITY

Source of Funds:

Salary Proceeds from business Inheritance / Gifts Personal Savings Other

If Other, please specify:

Initial Investment Amount:

Anticipated Account Activity:

Topups: Quarterly Bi-Annually Annually

Withdrawals: Quarterly Bi-Annually Annually

Anticipated Investment Amount:

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

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: Signature:

Date: Date:

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.

ACCOUNT MANDATE

Name of Signatory

Signature Specimen

One to sign

Either to sign

Both to sign

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:

Name:

Signature:

Signature:

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ILLITERATE / BLIND CUSTOMER RATIFICATION

I declare that the contents of this form as well as terms and conditions governing this relationship have been fully read and explained to the Customer and the Customer seemed perfectly to understand and approve same before making his mark. The contents herein were explained to the Customer in the language by:

Name:

Address:

Signature

OFFICIAL USE ONLY

Referral Code

CUSTOMER RISK PROFILE

Client Screening:

Level of Risk: Low Medium High

Nature of High Risk Exposure:

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	Passport-sized photographs (Account holders / Beneficiaries)	<input type="checkbox"/>
2	Proof of Identity	<input type="checkbox"/>
3	Proof of Identity of Account Beneficiary	<input type="checkbox"/>
4	Proof of Address	<input type="checkbox"/>
5	Specimen Signature(s)	<input type="checkbox"/>
6	Email Indemnity (for clients with email address)	<input type="checkbox"/>
7	Proof of Address (for Non-Resident clients)	<input type="checkbox"/>
8	Resident / Work Permit (for Non-Ghanaians)	<input type="checkbox"/>