

CATEGORY OF INVESTMENT

Individual ☐ Joint ☐ ITF ☐

FUND TYPE

Fidelity Money Market 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:*I 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:

PERSONAL INFORMATION - JOINT

☐ 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:

D

D

M

M

Y

Y

Y

Y

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:

0

Mobile Number 2:

0

Contact Details (In case of emergency):

Contact Name:

Contact Number:

0

ACCOUNT OPENING FORM - RETAIL

PROOF OF IDENTITY

ID Type:													
Passport		Voters ID		Drivers License		SSNIT Card		National ID					
ID Number:					Issue Date:	D	D	M	M	Y	Y	Y	Y
Place of Issue:					Expiry Date:	D	D	M	M	Y	Y	Y	Y

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	0								
Office Contact Number 2	0								

NEXT OF KIN

Name												
Contact Number	0										Relationship	

IN TRUST FOR

Last Name:		First Name:				
Other Name(s):		Gender:	Male		Female	

ACCOUNT OPENING FORM - RETAIL



Date of Birth:	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Place of Birth:	<input type="text"/>
Country of Origin:	<input type="text"/>								Country of Residence:	<input type="text"/>

CLIENT INVESTMENT PROFILE

1	Investment Objective:	<input type="text" value="What client intends to achieve from investment"/>							
2	Risk Tolerance:	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>		
3	Investment Horizon:	Short Term	<input type="checkbox"/>	Medium Term	<input type="checkbox"/>	Long Term	<input type="checkbox"/>		
4	Investment Knowledge:	<input type="text" value="Extent to which client understands investments (Products / Markets)"/>							

EXPECTED ACCOUNT ACTIVITY

Source of Funds:									
Salary	<input type="checkbox"/>	Proceeds from business	<input type="checkbox"/>	Inheritance / Gifts	<input type="checkbox"/>	Personal Savings	<input type="checkbox"/>	Other	<input type="checkbox"/>
If Other, please specify:	<input type="text"/>								
Initial Investment Amount:	<input type="text"/>								
Anticipated Account Activity:									
Topups:	Quarterly	<input type="checkbox"/>	Bi-Annually	<input type="checkbox"/>	Annually	<input type="checkbox"/>			
Withdrawals:	Quarterly	<input type="checkbox"/>	Bi-Annually	<input type="checkbox"/>	Annually	<input type="checkbox"/>			
Anticipated Investment Amount:									
Regular Topup Amount (Expected):	<input type="text"/>				Regular Withdrawal Amount (Expected):	<input type="text"/>			

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:	<input type="text"/>	Signature:	<input type="text"/>														
Date:	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Date:	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

TERMS AND CONDITIONS

Fidelity Money Market Trust is a low-risk unit trust that serves as an investment alternative to a savings account to help you meet your short-term financial needs. Returns are not guaranteed as returns can be in form of gains or losses. Clients receive proceeds of their disinvestments within five (4) 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:

D

D

M

M

Y

Y

Y

Y

Comments:

COMPLIANCE OFFICER

Name:

Signature:

Date:

D

D

M

M

Y

Y

Y

Y

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"/>