APPLICATION FORM - RETAIL

FIDELITY SECURITIES

CATEGORY OF INVESTMENT

Individual ◯ Joint ◯ ITF ◯

FUND TYPE

Fidelity Fixed Income Trust ◯ Fidelity Balanced Trust ◯ 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: 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 origins is not Ghana, please provide the following:

Resident Permit Number Permit Issue Date

Place of Issue Permit Expiry Date

Profession / Occupation:

Personal License No.
if applicable

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)/Next of Kin

Contact Name: Relationship to Client:

Contact Number: 0

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FIDELITY SECURITIES

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:

Personal License No.
if applicable

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: Relationship to Client:

Contact Number: 0

APPLICATION FORM - RETAIL

FIDELITY SECURITIES

PROOF OF IDENTITY

ID Type:

Ghana Card: ◯ Passport: ◯

Ghana Card Number: Issue Date: D D M M Y Y Y Y

Place of Issue: Expiry Date: D D M M Y Y Y Y

ACOUNT SERVICES

Statement Preference: Email ◯ Collection ◯ SMS ◯

Statement Frequency: Quarterly ◯ Bi-Annual ◯ Annual ◯ Monthly ◯

EMPLOYMENT / BUSINESS DETAILS

Employed ◯ Self Employed ◯ Unemployed ◯ Retired ◯ Student ◯

Length of Employment Years of current Employment Years of previous Employment

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

NB: Income includes salary and other income/cash inflows

Employer / Business Name:

Employer / Business Address:

Nearest Landmark: Digital Address (GhanaPost GPS):

City / Town: Nature of Business:

Office Contact Number 1 0 Office Email:

Office Contact Number 2 0

BENEFICIARY

Name

Contact Number Relationship

IN TRUST FOR

Title:

Last Name: First Name:

Other Name(s): Gender: Male ◯ Female ◯

Relationship to Account Applicant Valid ID (Ghana Card/ Birth Certificate for under 18

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FIDELITY SECURITIES

Date of Birth: D D M M Y Y Y Y Place of Birth:

Country of Origin: Country of Residence:

If above 18 years old, kindly provide the following details: 1. Reason for the IT account, mobile number and email address

*CLIENT INVESTMENT PROFILE

Risk Tolerance: ◯ High ◯ Medium ◯ Low

1. Investment Objective: What client intends to achieve from investment
2. When do you plan to withdraw a significant portion of your money? ◯ Less than 1 ◯ Year1 to 2 years ◯ 3 to 5 years ◯ More than 5 years
3. Do you have an emergency fund (i.e., 6 months of after-tax income)? ◯ Yes ◯ No ◯ Yes, but less than six months
4. What is the level of your investment knowledge? ◯ Limited ◯ Moderate ◯ Extensive
5. How much of a risk taker are you with investing? ◯ Low ◯ Low to Medium ◯ Medium ◯ Medium to High ◯ High
6. How would you react if an investment you had committed to for three or more years lost 10% of its value in the first year?
   - ◯ Extremely concerned; sell my investment
   - ◯ Concerned; consider selling my investment
   - ◯ Concerned; not consider selling my investment
   - ◯ Not overly concerned; I'm in it for the long term

EXPECTED ACCOUNT ACTIVITY

Account Operations: *(For Joint Account Only)* ◯ Singularly Operated ◯ Jointly Operated

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 ◯ Monthly If Other, specify

Withdrawals: ◯ Quarterly ◯ Bi-Annually ◯ Annually ◯ Monthly If Other, specify

Anticipated Investment Amount:

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

BANK ACCOUNT DETAILS

Bank Name	Account Name	Account Number	Bank Branch

TERMS AND CONDITIONS

i. Fidelity Securities LTD (FSL or Manager) is a subsidiary of Fidelity Bank Ghana LTD (FBGL). FSL is, however, separate and distinct from FBGL. An investment with FSL and/or in products offered by FSL IS **NOT** an investment with or in the products of FBGL (e.g. Fixed Deposits by the bank).

ii. Collective Investment Schemes (CIS), also known as Mutual Funds, are investment vehicles that pool money from multiple investors to collectively invest in a diversified portfolio of securities.

iii. Investors receive Units in the fund, and the value of these Units is directly linked to the performance of the underlying assets in the portfolio.

iv. Unitization within CIS involves pooling contributions from multiple investors into a unified fund, with each investor receiving units representing his/her share of the overall fund's value. The unit price is determined by dividing the total asset value by the total number of units.
v. Unit holders may experience capital gains if the scheme's portfolio value increases under favorable conditions, and capital losses if market conditions are not favourable. Past performance is not an indication of future performance.
vi. The Manager does not guarantee capital gains or return on the portfolio. Investing in a CIS is not the same as buying a fixed deposit with a bank or depositing cash at the bank.
vii. Upon the submission of a withdrawal request, the units will be liquidated at prevailing market prices to facilitate the requested payment. Unitholders will bear the inherent risk associated with the investment.
viii. There are no fees for entering or exiting any of the CIS.

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:

Signature:

Date D D M M Y Y Y Y

Name:

Signature:

Date: D D M M Y Y Y Y

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: D D M M Y Y Y Y

Signature:

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

APPLICATION FORM - RETAIL

FIDELITY SECURIT

*CLIENT ADDITIONAL INFORMATION (1)

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)

Do you, your spouse, or any other Immedlate family member, including parents, In-laws, siblings and dependants fall under the following:

1. 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 (if not the applicant) and nature of the position:

2. A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official outside Ghana ○ YES ○ NO

   If yes to any above, please specify name (if not the applicant) 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 (Foreign Account Tax Compliance Act)

1. Are you a citizen of any foreign country (besides Ghana)?
   ○ YES ○ NO
2. Do you hold passport of any foreign country (besides Ghana)?
   ○ YES ○ NO
3. Do you hold green card of any foreign country (besides Ghana)?
   ○ YES ○ NO
4. Are you resident in any foreign country?
   ○ YES ○ NO
5. Have you spent more than 183 days in any foreign country?
   ○ YES ○ NO

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 Number:

Foreign Tax Identification Number (TIN) /Social Security Number (SSN)/National Identity Number:

We, _____ hereby confirm the information provided above is true, accurate and complete.

Signature: _____ Date: D D M M Y Y Y Y

UNDERTAKING TO BE SIGNED ONLY BY THOSE WHO RESPONDED YES TO THE FIRST SET OF QUESTIONS ABOVE

Subject to the applicable local laws, I hereby give consent to the Institution to share my information with foreign tax authorities where necessary to establish my tax liability. Where requested by domestic or foreign tax authorities, I give my consent and agree that the institution may withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

Signature: _____ Date: D D M M Y Y Y Y

APPLICATION FORM - RETAIL

FIDELITY SECURITIES

OFFICIAL USE ONLY

Account opened by:

Name:

MIS Code *(if applicable)*

Signature

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: ◯ PEP ◯ Non-Resident ◯ Non face-to-face ◯ High risk country ◯ High risk business

For high-risk business or country, state the country or nature of business

APPROVALS

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

COMPLIANCE OFFICER / RELATIONSHIP MANAGER

Name:

Signature: Date: D D M M Y Y Y Y

Comments:

EXECUTIVE / CEO

Name:

Signature: Date: D D M M Y Y Y Y

Comments:

CHECKLIST

SN.	*Documents Required*	*Checked*
1	Passport-sized photographs (Account holders / Beneficiaries)	
2	Proof of Identity	
3	Proof of Identity of Account Beneficiary	
4	Proof of Address	
5	Specimen Signature(s)	
6	Email Indemnity (*for clients with email address*)	
7	Proof of Address (*for Non-Resident clients*)	
8	Resident / Work Permit (*for Non-Ghanaians*)	

DIRECT DEBIT TRANSFER FORM

FIDELITY SECURITIES

CUSTOMER INFORMATION

NAME:

ADDRESS:

PHONE NUMBER:

INVESTOR ID:

FUND TYPE: ◯ FIDELITY FIXED INCOME TRUST ◯ FIDELITY BALANCED TRUST ◯ FIDELITY MONEY MARKET TRUST

DIRECT DEBIT INSTRUCTIONS

CONTRIBUTION: GH¢

AMOUNT IN WORDS:

DATE OF FIRST DEDUCTION:

SUBSEQUENT DEDUCTIONS *Please Tick:* ◯ MONTHLY ◯ YEARLY ◯ QUARTERLY

SPECIFIC DATE FOR SUBSEQUENT DEDUCTIONS:

CLIENT'S BANK ACCOUNT DETAILS

NAME OF BANK:

BRANCH NAME:

ACCOUNT TYPE: ◯ CURRENT ◯ SAVINGS ◯ OTHER

ACCOUNT NAME:

SORT CODE:

I/WE THE UNDERSIGNED HEREBY AUTHORISE FIDELITY SECURITIES THROUGH ITS BANKERS FIDELITY BANK TO DEDUCT MY PERIODIC INVESTMENT CONTRIBUTION AS STATED ABOVE. SUBJECT TO THE PROTECTION PROVIDED BY THE DIRECT DEBIT SCHEME TERMS AND CONDITIONS STATED BELOW.

CLIENT SIGNATURE:

DATE:

CLIENT SIGNATURE:

DATE:

FOR OFFICE USE ONLY

VERIFIED BY:

DATE:

Terms and conditions of the Direct debit scheme

- The effectiveness of the Direct Debit scheme in supervised and protected by all parties involved.
- The client has the right to cancel a Direct Debit mandate before the deduction date stated above by writing to his/her bank and sending a copy of such cancellation to his insurer.
- If an error is made by any of the parties, the client is guaranteed a full and immediate refund to own bank account by the originator of the error.