Capstone Capital Limited

INDIVIDUAL APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS AND TICK "√" THE APPROPRIATE BOX

SECTION A. ACCOUNT TYPE

Individual ☐ Joint ☐ ITF ☐ PRODUCT

SECTION B (i). PERSONAL DETAILS OF APPLICANT

TITLE Mr. ☐ Mrs. ☐ Miss ☐ Other

SURNAME FIRST NAME

OTHER NAME (S) MOTHER'S MAIDEN NAME

DATE OF BIRTH GENDER Male ☐ Female ☐

TYPE OF ID Passport ☐ Voter's ID ☐ Ghana Card ☐ Driver's License ☐ ID Number

ID DETAILS Issue Date Expiry Date Issuing Authority

RESIDENTIAL ADDRESS

H. No. Street Town City

Region District

POSTAL ADDRESS GPS Address

EMAIL ADDRESS

MARITAL STATUS Single ☐ Married ☐ Other

CONTACT NUMBER(S) Mobile Residence Office

NATIONALITY Country of Residence

EDUCATIONAL LEVEL Basic ☐ Secondary ☐ Tertiary ☐ Other(Specify)

OCCUPATION DATE EMPLOYED

NAME OF CURRENT EMPLOYER/BUSINESS

POSTAL ADDRESS OF EMPLOYER/BUSINESS

PHYSICAL LOCATION

TELEPHONE NUMBER(S)

NATURE OF EMPLOYMENT Salaried ☐ Self-Employed ☐ Other

EMPLOYER TYPE (For salaried workers) Government ☐ Local Firm ☐ Multinational Firm ☐

Other

NATURE OF BUSINESS (For Self Employed) Retailer ☐ Wholesaler ☐ Service ☐ Other

MONTHLY INCOME (GHS-Select a range) 1-300 ☐ 301-500 ☐ 501-1000 ☐ 1001-2000 ☐ 2001-3000 ☐

3001-5000 ☐ >5000 ☐

SECURITY QUESTION (Client to State the Question and provide the answer)

SECTION C (i). RISK ASSESSMENT QUESTIONAIRE

1.1 What percentage of your savings is being invested?

1.2 Do you have an emergency fund equal to 6 months of your income? Yes ☐ No ☐

1.3 Do you intend to withdraw more than 30% of your investments? Yes ☐ No ☐

1.4 If Yes, When?

1.5 On a scale of 1 to 10 how would you evaluate your knowledge of investments

1.6 On scale of 1 to 10 how would you rate your appetite for risk

SECTION B (ii). PERSONAL DETAILS OF APPLICANT

TITLE Mr. ☐ Mrs. ☐ Miss ☐ Other

SURNAME FIRST NAME

OTHER NAME (S) MOTHER'S MAIDEN NAME

DATE OF BIRTH GENDER Male ☐ Female ☐

RELATIONSHIP WITH ACCOUNT APPLICANT

TYPE OF ID Passport ☐ Voter's ID ☐ Ghana Card ☐ Driver's License ☐ ID Number

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NATIONALITY Country of Residence

EDUCATIONAL LEVEL Basic ☐ Secondary ☐ Tertiary ☐ Other(Specify)

OCCUPATION DATE EMPLOYED

NAME OF CURRENT EMPLOYER/BUSINESS

POSTAL ADDRESS OF EMPLOYER/BUSINESS

PHYSICAL LOCATION

TELEPHONE NUMBER(S)

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EMPLOYER TYPE (For salaried workers) Government ☐ Local Firm ☐ Multinational Firm ☐

Other

NATURE OF BUSINESS (For Self Employed) Retailer ☐ Wholesaler ☐ Service ☐ Other

MONTHLY INCOME (GHS-Select a range) 1-300 ☐ 301-500 ☐ 501-1000 ☐ 1001-2000 ☐ 2001-3000 ☐

3001-5000 ☐ >5000 ☐

SECURITY QUESTION (Client to State the Question and provide the answer)

SECTION D. INVESTMENT INSTRUCTIONS

INITIAL INVESTMENT DEPOSIT Figures Words

FREQUENCY OF DEPOSITS Monthly ☐ Quarterly ☐ Annual ☐ Others

MODE OF FUNDING Direct Debit ☐ Cheques ☐ Standing Orders ☐ Expected Amt

SOURCE OF FUNDS Salary ☐ Inheritance/Gifts ☐ Personal Savings ☐ Proceeds from Business ☐ Others ☐

SECTION D. INVESTMENT INSTRUCTIONS

INITIAL INVESTMENT DEPOSIT Figures ☐ Words ☐

FREQUENCY OF DEPOSITS Monthly ☐ Quarterly ☐ Annual ☐ Others ☐

MODE OF FUNDING Direct Debit ☐ Cheques ☐ Standing Orders ☐ Expected Amt ☐

SECTION E. BANK ACCOUNT DETAILS

BANK NAME ☐ ACCOUNT NAME ☐

BANK BRANCH ☐ ACCOUNT NUMBER ☐

SECTION F. CHECKLIST

PASSPORT-SIZED PHOTOGRAPHS (ACCOUNT HOLDERS/BENEFICIARIES) ☐

PROOF OF IDENTITY OF ACCOUNT BENEFICIARY ☐

EMAIL INDEMNITY (FOR CLIENTS WITH EMAIL ADDRESS ☐

PROOF OF FOREIGN ADDRESS (FOR NON-RESIDENT CLIENTS) ☐

RESIDENT/WORK PERMIT (FOR NON-GHANAIANS) ☐

EXECUTED MANAGEMENT AGREEMENT (STRICTLY FOR HIGH NET WORTH CLIENTS) ☐

PROOF OF IDENTITY ☐

PROOF OF ADDRESS ☐

SPECIMEN SIGNATURE(S) ☐

SECTION G. DECLARATION AND CONFIRMATION

I/We hereby declare that I/we fully comply with all the relevant laws in Ghana and that all information provided is true and complete

I/We agree to inform CAPSTONE CAPITAL LIMITED immediately of any change of particulars or information to me/us.

I/We also pledge to provide CAPSTONE with the relevant information necessary to satisfy CAPSTONE Know Your Cliet (KYC) requirements whenever it is required.

Signature/Thumbprint: .....

Name: .....

Date: .....

Signature/Thumbprint: .....

Name: .....

Date: .....

SECTION H. ILLITERATE/BLIND CUSTOMER RATIFICATION

I ..... declare that, I filled the form on behalf od the owner of this account due to his/her literacy/physical status. I completed the forms with only information provided by the individual without any ammendment. By this declaration, I can not be held responsible for any misinformation given by the account owner.

SECTION M. STATEMENT SERVICES

MODE OF STATEMENT DELIVERY EMAIL ☐ BY POST ☐ SMS ☐ COLLECTION ☐

STATEMENT FREQUENCY QUARTERLY ☐

SPECIFY ANY OTHER ADDITIONAL STATEMENT FREQUENCY ☐

SECTION K i. IN TRUST FOR

TITLE Mr. ☐ Mrs. ☐ Miss ☐ Other

SURNAME FIRST NAME

OTHER NAME (S) MOTHER'S MAIDEN NAME

DATE OF BIRTH GENDER Male ☐ Female ☐

RELATIONSHIP WITH ACCOUNT APPLICANT

TYPE OF ID Passport ☐ Voter's ID ☐ Ghana Card ☐ Driver's License ☐ ID Number

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SECTION K ii. IN TRUST FOR

TITLE Mr. ☐ Mrs. ☐ Miss ☐ Other

SURNAME FIRST NAME

OTHER NAME (S) MOTHER'S MAIDEN NAME

DATE OF BIRTH GENDER Male ☐ Female ☐

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SECTION L i. BENEFICIARY

TITLE Mr. ☑ Mrs. ☐ Miss ☐ Other

SURNAME FIRST NAME

OTHER NAME (S) MOTHER'S MAIDEN NAME

DATE OF BIRTH GENDER Male ☐ Female ☐

RELATIONSHIP WITH ACCOUNT APPLICANT

TYPE OF ID Passport ☐ Voter's ID ☐ Ghana Card ☐ Driver's License ☐ ID Number

ID DETAILS Issue Date Expiry Date Issuing Authority

SECTION L ii. BENEFICIARY

TITLE Mr. ☐ Mrs. ☐ Miss ☐ Other

SURNAME FIRST NAME

OTHER NAME (S) MOTHER'S MAIDEN NAME

DATE OF BIRTH GENDER Male ☐ Female ☐

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SECTION I. CLIENT ADDITIONAL INFORMATION

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 immediate family member, including parents, in-laws, siblings and dependants fall under the following:

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official **in** Ghana ☐

If yes to any of the above, please specify name (if not the applicant) and nature of the position. _____

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official **outside** Ghana ☐

If yes to any of the above, please specify name (if not the applicant) and nature of the position. _____

SECTION J. CLIENT ADDITIONAL INFORMATION

NB: THE FOLLOWUNG QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON REPORTING STANDARDS AS WELL AS FATCA (Foreign Account Tax Compliance Act)

Are you a citizen of any foreign country (besides Ghana)? ☐

Do you hold passport of any foreign country (besides Ghana)? ☐

Do you hold a green card of any foreign country)besides Ghana)? ☐

Are you a resident in any foreign country? ☐

Have you spent more than 183 days in a foreign country? ☐

If the responses to any of the above questions Yes, please provide the following information:

Full Name: _____

Full Residential Address: _____

ACCOUNT MANDATE

Signature/ Thumbprint

A:

Signature/ Thumbprint

B:

Name: ……..

Name:……..

Date: ……..

Date:……..

Instructions:

Either to sign ☐ A only to sign ☐

Both to sign ☐ B only to sign ☐

APPROVAL

ACCOUNT OPENED BY		**NAME OF COMPLIANCE OFFICER**	
NAME OF LICENSED OFFICER		**POSITION**	
POSITION		**SIGNATURE**	
SIGNATURE		**DATE**	DD/MM/YYYY
DATE	DD/MM/YYYY		

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

High risk account authorized/approved by Executive / CEO

NAME OF EXECUTIVE	
SIGNATURE	
COMMENTS	