

ACCOUNT OPENING FORM

DECLARATION

Please read the following carefully before completing the application form. Do sign it and return it to the CAL Asset Management representative once you are sure you fully understand the provisions. If you have any further enquiries, please do not hesitate to contact a CAL Asset Management representative.

1. Purchase of an Investment

Every day, all investments will be purchased. Cheque investments, on the other hand, will be made using the share price on the day the check clears.

2. Policy on Disclosure

In all its dealings with customers, CAMCOL aims for transparency. As a result, we'll take the time to go over all the risks, constraints, opportunities, and facts associated with the investment you're about to make. If you have any questions, please ask a CAMCOL representative for any explanations or information you need to make an informed decision.

3. Assurance of Performance

The value of the entire CAMCOL Unit Trust may fluctuate. Past results are no guarantee of future results. Gains/losses are only realized when the investment is sold. Before investing, please read the Scheme Particulars of the Appropriate Trust(s). All scheme details can be found at www.calassetmanagement.net.

PLEASE SIGN AND DATE BELOW YOUR PREFERRED UNIT TRUST(S):

☐ CAL ADVANTAGE BALANCED UNIT TRUST

The CAL Advantage Balanced Unit Trust aims to increase income and capital growth in order to generate medium-to long-term value while maintaining high security and safety of invested funds for investors. The Unit Trust is dedicated to assist you save for retirement by investing in both equities and fixed income instruments. Returns are not guaranteed.

Fund Details:

CAL Advantage Balanced Unit Trust:	Fixed Income and Equity
Minimum starting amount:	GHC 100
Minimum monthly top-up:	GHC 100
Minimum balance:	GHC 100

Exit load: Year 2 (1% of the withdrawal amount exceeding a quarter of the investment value). Year 1 (2% of the withdrawal amount exceeding a quarter of the investment)

Signature:

Date:

☐ CAL BENEFIT FIXED INCOME UNIT TRUST

The Fund invests in high-quality Fixed Income Instruments that will help you reach your short to medium term goals, preserving the capital of individuals and institutions. The Unit Trust is committed to assisting you preparing for any unexpected occurrences while adding value to your investment on an ongoing basis.

Fund Details:

CAL Benefit Fixed Income Unit Trust:	Fixed Income Fund
Minimum starting amount:	GHC 100
Minimum monthly top-up:	GHC 100
Minimum balance:	GHC 100

Initial Charges: No charges

Signature:

Date:

NOTE: PORTIONS MARKED WITH "*" ARE MANDATORY

NOTE: PORTIONS MARKED WITH "*" ARE MANDATORY

CATEGORY OF INVESTMENT

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT	<input type="checkbox"/> ITF	<input type="checkbox"/> BROKERAGE
<input type="checkbox"/> HNI	<input type="checkbox"/> CIS	<input type="checkbox"/> FIXED INCOME	<input type="checkbox"/> CSD NO: <input type="text"/>
<input type="checkbox"/> CAL Advantage Balanced Unit Trust	<input type="checkbox"/> CAL Benefit Fixed Income Unit Trust		

*PERSONAL INFORMATION

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Other (Please Specify) <input type="text"/>
*Surname:	<input type="text"/>			*First Name:	<input type="text"/>	
*Other Name(s):	<input type="text"/>			Maiden Name:	<input type="text"/>	
*Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married		*Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
*Date of Birth:	<input type="text"/>			*Place of Birth:	<input type="text"/>	
Mother's Maiden Name:	<input type="text"/>					
Residential Status:	Resident Ghanaian <input type="checkbox"/>	Non-Resident Ghanaian <input type="checkbox"/>		*Country of Origin:	<input type="text"/>	
	Resident Foreigner <input type="checkbox"/>	Non-Resident Foreigner <input type="checkbox"/>			<input type="text"/>	

If country of origin is not Ghana, please provide the following:

Resident Permit Number	<input type="text"/>	Permit Issue Date	<input type="text"/>
Place of Issue	<input type="text"/>	Permit Expiry Date	<input type="text"/>
*Occupation:	<input type="text"/>	*Profession:	<input type="text"/>
Prof. License No: (If Applicable)		<input type="text"/>	

*TIN/GUIN:	<input type="text"/>															
*Level of Education:	<input type="checkbox"/> Basic	<input type="checkbox"/> JHS	<input type="checkbox"/> Other (Specify)	<input type="text"/>												
	<input type="checkbox"/> SHS	<input type="checkbox"/> University														
*Educational Qualification:	<input type="checkbox"/> BECE	<input type="checkbox"/> SSCE	<input type="checkbox"/> POSTGRADUATE													
	<input type="checkbox"/> HND	<input type="checkbox"/> DEGREE														

*CONTACT DETAILS

*Residential Address:	<input type="text"/>		
*Nearest Landmark:	<input type="text"/>	*Digital Address:	<input type="text"/>
*City/Town:	<input type="text"/>	*Email:	<input type="text"/>
Postal Address:	<input type="text"/>		
*Contact Number 1:	<input type="text"/>	Contact Number 2:	<input type="text"/>
Emergency Contact Details:			
*Name:	<input type="text"/>	*Phone:	<input type="text"/>
*Relationship to Client:	<input type="text"/>		

*PROOF OF IDENTITY:

Type of ID:	<input type="checkbox"/> Passport	<input type="checkbox"/> Voters ID	<input type="checkbox"/> Driver's License	<input type="checkbox"/> SSNIT Biometric Card	<input type="checkbox"/> National ID	
*ID Number:	<input type="text"/>				*Issue Date:	<input type="text"/>
*Place of Issue:	<input type="text"/>				*Expiry Date:	<input type="text"/>

NOTE: PORTIONS MARKED WITH "*" ARE MANDATORY

*STATEMENT SERVICES:

*Mode of Statement Delivery: ☐ Email ☐ Non-Resident Ghanaian

*Statement Frequency: ☐ Quarterly ☐ Custom (Please specify)

*EMPLOYMENT/BUSINESS DETAILS:

*Status: ☐ Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student

*Years of Employment: *Years of Current Employment: *Years of Previous Employment:

*Total Monthly Income Range (GHS): ☐ Below 1,000 ☐ 1,001 – 5,000
☐ 5,000 – 10,000 ☐ Above 10,000

NB: income includes salary and other income/ cash inflows

*Employer / Business / School Name:

*Nature of Business:

*Address:

*Nearest Landmark: *Digital Address:

*City/Town: *Contact Number 1:

*Email: Contact Number 2:

IN TRUST FOR (DETAILS OF TRUSTEE):

*Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Prof. ☐ Dr. ☐ Other (Please Specify)

*Full Name:

Other Name(s):

*Relationship with Applicant: *Country of Origin:

*Marital Status: ☐ single ☐ Married *Country of Residence:

*Gender: ☐ Male ☐ Female *Date of Birth:

*Place of Birth:

*Type of ID: ☐ Passport ☐ Voters ID ☐ Driver's License ☐ SSNIT Biometric Card ☐ National ID

*ID Number: *Issue Date:

*Place of Issue: *Expiry Date:

*ULTIMATE BENEFICIARY DETAILS:

*Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Prof. ☐ Dr. ☐ Other (Please Specify)

*Full Name:

*Relationship with Applicant: *Country of Origin:

*Marital Status: ☐ single ☐ Married *Country of Residence:

*Gender: ☐ Male ☐ Female *Date of Birth:

*Place of Birth:

*Type of ID: ☐ Passport ☐ Voters ID ☐ Driver's License ☐ SSNIT Biometric Card ☐ National ID

*ID Number: *Issue Date:

*Place of Issue: *Expiry Date:

NOTE: PORTIONS MARKED WITH "*" ARE MANDATORY

*CLIENT INVESTMENT PROFILE:

1. Investment Objective: ☐ Capital Growth ☐ Aggressive Capital Growth
☐ Income Generation ☐ Aggressive Capital Growth & Income Generation
2. Risk Tolerance: ☐ Low ☐ Medium ☐ High
3. Investment Knowledge: ☐ Low ☐ Medium ☐ High
4. Investment Horizon: ☐ Short Term ☐ Medium Term ☐ Long term
5. How would you react in case you lose all or part of your investment?: ☐ Acceptable ☐ Slightly Unacceptable ☐ Unacceptable

*EXPECTED ACCOUNT ACTIVITY:

Source of Funds:

☐ Salary ☐ Personal Savings ☐ Proceeds from Business

☐ Inheritance/ Gifts ☐ Others (Specify)

Anticipated Investment Activity:

Top-Ups: ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Custom (Please specify)

Withdrawals: ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Custom (Please specify)

Anticipated Investment Amount (GHS):

Regular Top-Up Amount (Expected):

Regular Withdrawal Amount (Expected):

Initial Investment Amount:

*BANK ACCOUNT DETAILS:

Bank Name:

Account Name:

Branch:

Account Number:

*ACCOUNT MANDATE

CAL Asset Management Company Limited (Fund Manager)

NAME SAMPLE	SAMPLE SIGNATURE 1	SAMPLE SIGNATURE 2
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ One Applicant to sign

☐ Two Applicants to sign

☐ Three Applicants to sign

☐ Other

***EMAIL AND FAX INDEMNITY**

We/I [.....], of [.....],
 instruct and mandate CAL Asset Management Company Limited and carry out all banking instructions given by us/me
 through email via the following address [.....] or fax number [.....].

In the event that we/I send an email or fax message to you, that email or fax message shall bear the signature and name of
 the signatory(s) of our/my bank account namely; [.....]

That we/I shall call you on telephone and confirm our/my instructions to you within Twenty (20) minutes of giving banking
 instructions to you through email via the following address [.....] or fax number
 [.....]. We'll instruct and mandate you after receiving our/my confirmation to deal with our/my bank
 account and carry out all banking instructions given you by us/me through our/my said email address of fax number.

That in dealing with our/my bank account and carrying out all banking instructions given to you through email or fax, WE/I
 UNDERTAKE to completely indemnify and hold harmless and absolve you, CAL Asset Management Company Limited from
 all forms of loss, liability, claim or damage that might be incurred by or made against you and/ or us/ me as a result of
 instructing you through my/our email or fax.

We/I shall at our/my own expense, defend any action or claim that any third party or person may bring against you in the
 event that you rely on our instructions and there is any loss.

DATED THIS DAY OF

SIGNED AND DELIVERED BY;

Name:

Address:

Occupation:

Signature

IN THE PRESENCE OF;

Name

Address

Occupation

Signature

JURAT (For Non-literate and Blind Customers Only)

I, Hereby confirm that the contents herein have been read and explained to me in the
 language by and I perfectly understand and approve of and in testimony of
 which I hereby set my mark below;

APPEND SIGNATURE / THUMBPRINT / MARK HERE

Name of Client

Name of Interpreter

***CLIENT ADDITIONAL INFORMATION (1)**

Do you, your spouse, or any immediate family member, including parents, in-laws, siblings and dependents fall under the following:

- | | | |
|--|------------------------------|-----------------------------|
| • Head of State/ Government | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Politician | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Senior Public Official | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Senior Military Official | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Senior Public Corporation Officer | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • High Ranking Political Party <u>IN</u> Ghana | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

- | | | |
|---|------------------------------|-----------------------------|
| • Head of State/ Government | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Politician | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Senior Public Official | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Senior Military Official | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Senior Public Corporation Officer | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • High Ranking Political Party <u>OUTSIDE</u> Ghana | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

***CLIENT ADDITIONAL INFORMATION (2)**

If YES to any of the below, kindly state country;

- | | | | |
|--|------------------------------|-----------------------------|--|
| • Are you a citizen of any foreign country (besides Ghana)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> |
| • Do you hold the passport of any foreign country (besides Ghana)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> |
| • Do you hold a green card of any foreign country (besides Ghana)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> |
| • Are you resident in any foreign country? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> |
| • Have you spent more than 183 days in any foreign country? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> |

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

Full Name:

Country of Residence:

Foreign Residential Address:

Foreign Contact No:

Foreign Tax ID/ Social Security/ National ID No:

I / We,, Hereby confirm the information provided above is true, accurate and complete.

Signature:

Date:

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 required 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:

CLIENT ADDITIONAL INFORMATION (3)**MEMBER RESIDENCE / LOCATION CONFIRMATION:**

Member's residential / Location Address (as stated in the account opening form):

Brief Description of Member's Residential Location Address with important landmarks:

--

GENERAL FAIR PROCESSING NOTE

We process your personal information for the purposes of providing our banking products and services to you. We may also share your information as required by law and/or for other purposes stated in our Privacy Policy. You however, have rights that you can exercise as set out in the applicable data protection law. if you wish to exercise these rights in relation to the use of your information, please contact us at calassetmanagement@calbank.net.

You may also visit our website at www.calassetmanagement.net for more details on our Privacy Policy.

DECLARATION

I/We,..... hereby declare that all the information submitted by myself/us in this form is correct, true and valid, that by my/our request, to open and maintain securities account(s) in my/our name and undertake to notify (CAL Asset Management Company Limited) of any changes to my/our particulars or information as may be necessary.

I/We also declare that we have read thoroughly and understood the contents of this application and have given my/our consent by virtue of my/our signature(s) on this form. I/We consent that investment decisions are my/our prerogative without sole reliance on the investment advice received from (CAL Asset Management Company Limited). (CAL Asset Management Company Limited) accepts no liability for any direct or consequential loss arising from my/our decision.

I/We also declare that all debits incurred on my/our securities account(s) by virtue of my/our trade orders shall be settled by me/us accordingly.

Full Name:

Signature:

Date:

For High Networth Individuals (HNI) only.

Kindly find CSD Form attached for your completion;

OFFICIAL USE***CUSTOMER RISK PROFILE**

Client Verification / Screening:

1. Lexis Nexis:	<input type="checkbox"/>	Listed	<input type="checkbox"/>	Unlisted
2. GVIVE:	<input type="checkbox"/>	Valid	<input type="checkbox"/>	Invalid
3. AML:	<input type="checkbox"/>	Listed	<input type="checkbox"/>	Unlisted

Level of Risk: ☐ Low ☐ Medium ☐ High

Nature of High Risk Exposure: ☐ PEP ☐ Non – Resident

☐ High Risk Business

State Nature of Business:

☐ High Risk Country:

State Country:

Name of Receiving Officer (CAMCOL):

Signature:

***APPROVALS**

Account Opened By:

Name of Licensed Officer:

Position:

Signature and Date:

***Account Approved/ Authorized by Compliance Officer/ AMLRO:**

Name:

Position:

Signature and Date:

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

Name:

Signature:

Date:

Comments:

CHECKLIST (MANDATORY):*Required Documents**

- ☐ Passport – sized photographs (Account holders/ Beneficiaries)
- ☐ Proof of Identity
- ☐ Proof of Identity of Account Beneficiary
- ☐ Proof of Address
- ☐ Specimen Signatures
- ☐ 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)
- ☐ Security Account Opening Form (CSD Form 1)