



INDIVIDUAL DUE DILIGENCE FORM



**Algebra
Capital
Management
Limited**

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ALGEBRA INDIVIDUAL DUE DILIGENCE FORM

We would like to know you even better in this application. We appreciate the time you are taking to provide your information which will give us a comprehensive understanding of your investment needs and assist us in building wealth for you.

PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS AND TICK "✓" THE APPROPRAITE BOX

SECTION A. PLEASE TELL US ABOUT YOURSELF

TITLE	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="text"/>
SURNAME	<input type="text"/>	FIRST NAME	<input type="text"/>		
OTHER NAME(S)	<input type="text"/>				
TYPE OF ID	Passport <input type="checkbox"/>	Voter's ID <input type="checkbox"/>	NHIS Card <input type="checkbox"/>	Driving License <input type="checkbox"/>	ID NUMBER <input type="text"/>
DATE OF BIRTH	<input type="text"/>	GENDER	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
NATIONALITY	<input type="text"/>				
MARITAL STATUS	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Other <input type="text"/>		

SECTION B. PLEASE GIVE US YOUR CONTACT DETAILS

RESIDENTIAL ADDRESS	<input type="text"/>						
H. No.	<input type="text"/>	Street	<input type="text"/>	Town	<input type="text"/>	City	<input type="text"/>
Region	<input type="text"/>						
POSTAL ADDRESS	<input type="text"/>						
TELEPHONE NUMBER(S)	Mobile	<input type="text"/>	Office	<input type="text"/>			
EMAIL ADDRESS	<input type="text"/>						

SECTION C. PLEASE PROVIDE DETAILS OF YOUR EMPLOYMENT

OCCUPATION	<input type="text"/>	DATE EMPLOYED	<input type="text"/>	
NAME OF CURRENT EMPLOYER/BUSINESS	<input type="text"/>			
POSTAL ADDRESS OF EMPLOYER/BUSINESS	<input type="text"/>			
PHYSICAL LOCATION	<input type="text"/>			
TELEPHONE NUMBER(S)	<input type="text"/>			
NATURE OF EMPLOYMENT	Salaried <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Other <input type="text"/>	
EMPLOYER TYPE (For salaried workers)	Government <input type="checkbox"/>	Local Firm <input type="checkbox"/>	Multinational Firm <input type="checkbox"/>	
	Other <input type="text"/>			
NATURE OF BUSINESS (For self employed)	Retailer <input type="checkbox"/>	Wholesaler <input type="checkbox"/>	Service <input type="checkbox"/>	Other <input type="text"/>
MONTHLY INCOME (GHS-Select a range)	1-300 <input type="checkbox"/>	301-500 <input type="checkbox"/>	501-1000 <input type="checkbox"/>	1001-2000 <input type="checkbox"/>
	2001-3000 <input type="checkbox"/>	3001-5000 <input type="checkbox"/>	> 5000 <input type="checkbox"/>	

PLEASE SKIP TO SECTION G IF THIS IS NOT A JOINT/ITF APPLICATION

SECTION D. PLEASE PROVIDE PERSONAL DETAILS FOR JOINT / ITF INDIVIDUAL

TITLE Mr. Mrs. Miss Ms. Other

FIRST NAME **OTHER NAME**

SURNAME

TYPE OF ID Passport Voter's ID NHIS Card Driving License ID Number

DATE OF BIRTH **GENDER** Male Female

NATIONALITY

MARITAL STATUS Single Married Other

SECTION E. PLEASE PROVIDE US WITH SECOND APPLICANT'S CONTACT DETAILS

RESIDENTIAL ADDRESS

Hse. No Street Town City

Region

POSTAL ADDRESS

TELEPHONE NUMBER(S) Mobile Office

EMAIL ADDRESS

SECTION F. PLEASE PROVIDE SECOND APPLICANT'S EMPLOYMENT DETAILS

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

SECTION G. INVESTMENT DETAILS

TYPE OF INVESTMENT Fixed Term Deposit

CURRENCY GHS Other **AMOUNT**

DEPOSIT TERM 30 Day 60 Day 91 Day 182 Day 1 Year 2 Year

INVESTMENT OPTIONS Roll Over Redeem at Maturity Pay Interest Monthly

Pay Interest Quarterly Pay Interest at Maturity Provide details for a Standing Order

SECTION H. CHECKLIST

PASSPORT/ DRIVING LICENSE/ VOTER'S ID/ NHIS CARD

PASSPORT PICTURE FOR APPLICANT(S)

SECTION I. 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 ALGEBRA Capital Management Limited immediately of any change of particulars or information to me/us. I/We also pledge to provide ALGEBRA with the relevant information necessary to satisfy ALGEBRA Know Your Client (KYC) requirements whenever it is required.

Signature:

Name:

Date:

Signature:

Name:

Date:

FOR OFFICE USE:

Signature:

Authorised Signature

Date:

Name: