



INDIVIDUAL INVESTMENT MANAGEMENT ACCOUNT

Client's Code

Client's Details

Title: Mr. Mrs. Miss Other (Specify)

Surname: First Name:

Other Names: In Trust For:

Date of Birth: Nationality:.....

Country of Residence: Email Address:

Residential Address:

Postal Address:

Telephone (Fixed line):..... Mobile No:

Bank: Branch:

Account No:

Investment Details

I / We wish to invest an amount of GHS.....for a period of

91-Days 182-Days 1 Year 2 Years Other (specify)

Investment Options

Roll Over Redeem at maturity Pay Interest (Monthly Quarterly At Maturity)

Other (Provide details for a Standing Order)

*PLEASE NOTE THAT MONTHLY OR QUARTERLY INTEREST PAID BEFORE MATURITY SHALL BE AT A DISCOUNT RATE

OBJECTIVE / PURPOSE:

RISK TOLERANCE LEVEL: LOW MEDIUM HIGH

How did you get to know about this product? Please tick below

Friend ACML Staff Electronic Media Print Media Other (specify)

Signature mandate for joint / group or corporate accounts, an order is valid with the following signatures

ANY SIGNATORY TO SIGN BOTH SIGNATORIES TO SIGN ACCOUNT HOLDER TO SIGN

NEXT OF KIN

1. TITLE: Mr. Mrs. Miss Other (Please Specify) _____

SURNAME: _____ FIRST NAME: _____

OTHER NAMES: _____ DATE OF BIRTH: DD / MM / YY

RELATION: _____ PERCENTAGE (%): _____

2. TITLE: Mr. Mrs. Miss Other (Please Specify) _____

SURNAME: _____ FIRST NAME: _____

OTHER NAMES: _____ DATE OF BIRTH: DD / MM / YY

RELATION: _____ PERCENTAGE (%): _____

DECLARATION

I / WE CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND AUTHORISE ALGEBRA TO MAKE ANY ENQUIRIES IF NECESSARY. I/WE AGREE THAT I/WE HAVE UNDERSTOOD THIS APPLICATION AND ITS CONTENT AND I/WE AGREE TO BE BOUND BY THEM.

.....
SIGNATURE OF APPLICANT

DD / MM / YY
.....
DATE

.....
SIGNATURE OF APPLICANT

DD / MM / YY
.....
DATE

FOR OFFICE USE ONLY

Agreed Rate (%)..... Date of deposit:

Account Type (Please tick): Individual Joint In trust For

Name of Officer: _____ Signature: _____ Date: _____