

## ALGEBRA INCOME TRUST INDIVIDUAL APPLICATION FORM

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

### SECTION A. ACCOUNT TYPE

Individual ☐

Joint ☐

ITF ☐

### SECTION B (i). PERSONAL DETAILS OF APPLICANT

TITLE                      Mr. ☐                      Mrs. ☐                      Miss ☐                      Ms. ☐                      Other

SURNAME                       FIRST NAME

OTHER NAME(S)

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 QUESTIONNAIRE

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 SECOND APPLICANT

TITLE Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other

SURNAME  FIRST NAME

OTHER NAME(S)

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 (ii). RISK ASSESSMENT QUESTIONNAIRE

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 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. BENEFICIARY DETAILS

FULL NAME	RELATIONSHIP TO APPLICANT	CONTACT	PERCENTAGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### SECTION F. CHECKLIST

PASSPORT/ DRIVING LICENSE/ VOTER'S ID/ GHANA CARD ☐

PASSPORT PICTURE FOR APPLICANT(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 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/Thumbprint: ..... Signature/Thumbprint: .....

Name: ..... Name: .....

Date: ..... Date: .....

#### SECTION H. ILLITERATE / BLIND CUSTOMER RATIFICATION

I ..... declare that, I filled the form on behalf of 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 amendment. By this declaration, I can not be held responsible for any misinformation given by the account owner.

#### FOR OFFICE USE

Signature: ..... Name: .....

Title: Investment Representative

Date: .....

Signature: ..... Name: .....

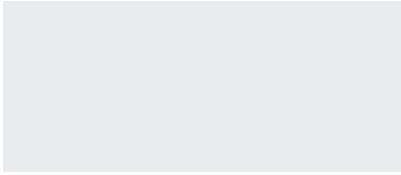
Title: CEO

Date: .....

ACCOUNT MANDATE

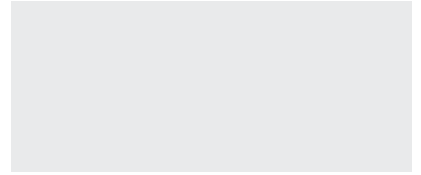
Signature/ Thumbprint

A:



Signature/ Thumbprint

B:



Name: .....

Name:.....

Date: .....

Date:.....

**Instructions:**

Either to sign ☐

Both to sign ☐

A only to sign ☐

B only to sign ☐