

ALGEBRA INCOME TRUST  
CORPORATE APPLICATION FORM

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

**SECTION A. CATEGORY OF BUSINESS**

Sole Proprietorship  Partnership  Limited Liability Company   
Associations  Charities / NGOs  Other(Please Specify)

**SECTION B. BUSINESS DETAILS**

COMPANY / BUSINESS NAME

CERT OF INCORPORATION NUMBER

DATE OF INCORPORATION/REGISTRATION  License Number

JURISDICTION OF INCORPORATION  Parent Company's Country of Incorporation (if any)

TYPE / NATURE OF BUSINESS  Sector / Industry

PRINCIPAL BUSINESS ADDRESS

H. No.  Street  Town  City

Region  District

POSTAL ADDRESS  GPS Address

EMAIL ADDRESS

WEBSITE ADDRESS

TIN

CONTACT NUMBER 1:  CONTACT NUMBER 2:

**SECTION C. TURNOVER**

MONTHLY TURNOVER (GHS):  
Below 10,000  10,000-100,000  Above 100,000  Above 10 million

ANNUAL TURNOVER (GHS):  
Below 10,000  10,000-100,000  Above 100,000  Above 10 million

**SECTION D. STATEMENT SERVICES**

MODE OF STATEMENT DELIVERY  E Mail  By Post  SMS

STATEMENT FREQUENCY  Quarterly  Other(Please Specify)

**SECTION E. CLIENT INVESTMENT PROFILE**

INVESTMENT OBJECTIVE

RISK TOLERANCE LOW  MEDIUM  HIGH

INVESTMENT HORIZON SHORT TERM  MEDIUM TERM  LONG TERM

INVESTMENT KNOWLEDGE LOW  MEDIUM  HIGH

**SECTION F. EXPECTED ACCOUNT ACTIVITY**

SOURCE OF FUNDS Proceeds from business  Other(Please Specify)

INITIAL INVESTMENT AMOUNT

ANTICIPATED INVESTMENT ACTIVITY

TOP UPS MONTHLY  QUARTERLY  SEMI-ANNUAL  ANNUAL

WITHDRAWALS MONTHLY  QUARTERLY  SEMI-ANNUAL  ANNUAL

REGULAR TOP UP AMOUNT  REGULAR WITHDRAWAL AMOUNT

**SECTION G. KEY CONTACT PERSON**

SURNAME  FIRST NAME

OTHER NAME(S)

DATE OF BIRTH  GENDER Male  Female

RESIDENTIAL STATUS

Resident Ghanaian  Non-Resident Ghanaian   
Resident Foreigner  Non-Resident Foreigner

IF COUNTRY OF ORIGIN IS NOT GHANA, PLEASE PROVIDE THE FOLLOWING:

REISIDENT PERMIT NUMBER	<input type="text"/>	PERMIT ISSUE DATE	<input type="text"/>
PLACE OF ISSUE	<input type="text"/>	PERMIT EXPIRY DATE	<input type="text"/>
TYPE OF ID	Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> National ID <input type="checkbox"/> Driving License <input type="checkbox"/> ID Number <input type="text"/>		
JOB TITLE	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>		
Contact Number 1:	<input type="text"/>	Contact Number 2:	<input type="text"/>

**SECTION H. ACCOUNT SIGNATORY DETAILS 1**

SURNAME	<input type="text"/>	FIRST NAME	<input type="text"/>
OTHER NAME(S)	<input type="text"/>		
DATE OF BIRTH	<input type="text" value="DD MM YYYY"/>	GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
RESIDENTIAL STATUS	Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/>		

IF COUNTRY OF ORIGIN IS NOT GHANA, PLEASE PROVIDE THE FOLLOWING:

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PLACE OF ISSUE	<input type="text"/>	PERMIT EXPIRY DATE	<input type="text"/>
TYPE OF ID	Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> National ID <input type="checkbox"/> Driving License <input type="checkbox"/> ID Number <input type="text"/>		
JOB TITLE	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>		
Contact Number 1:	<input type="text"/>	Contact Number 2:	<input type="text"/>

**SECTION I. ACCOUNT SIGNATORY DETAILS 2**

SURNAME	<input type="text"/>	FIRST NAME	<input type="text"/>
OTHER NAME(S)	<input type="text"/>		
DATE OF BIRTH	<input type="text" value="DD MM YYYY"/>	GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
RESIDENTIAL STATUS	Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/>		

IF COUNTRY OF ORIGIN IS NOT GHANA, PLEASE PROVIDE THE FOLLOWING:

REISIDENT PERMIT NUMBER	<input type="text"/>	PERMIT ISSUE DATE	<input type="text"/>
PLACE OF ISSUE	<input type="text"/>	PERMIT EXPIRY DATE	<input type="text"/>
TYPE OF ID	Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> National ID <input type="checkbox"/> Driving License <input type="checkbox"/> ID Number <input type="text"/>		
JOB TITLE	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>		
Contact Number 1:	<input type="text"/>	Contact Number 2:	<input type="text"/>

**SECTION J. ACCOUNT SIGNATORY DETAILS 3**

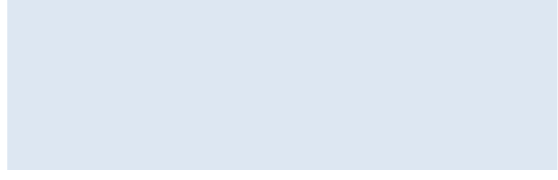
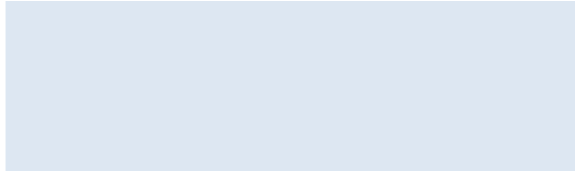
SURNAME	<input type="text"/>	FIRST NAME	<input type="text"/>
OTHER NAME(S)	<input type="text"/>		
DATE OF BIRTH	<input type="text" value="DD MM YYYY"/>	GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
RESIDENTIAL STATUS	Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/>		

IF COUNTRY OF ORIGIN IS NOT GHANA, PLEASE PROVIDE THE FOLLOWING:

REISIDENT PERMIT NUMBER	<input type="text"/>	PERMIT ISSUE DATE	<input type="text"/>
PLACE OF ISSUE	<input type="text"/>	PERMIT EXPIRY DATE	<input type="text"/>
TYPE OF ID	Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> National ID <input type="checkbox"/> Driving License <input type="checkbox"/> ID Number <input type="text"/>		
JOB TITLE	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>		
Contact Number 1:	<input type="text"/>	Contact Number 2:	<input type="text"/>



ACCOUNT MANDATE

A		B	
Signature/ Thumbprint A:		Signature/ Thumbprint B:	
Name: .....		Name: .....	
Date: .....		Date: .....	
<b>Instructions:</b>	Either to sign <input type="checkbox"/>	A only to sign <input type="checkbox"/>	
	Both to sign <input type="checkbox"/>	B only to sign <input type="checkbox"/>	

FOR OFFICE USE:

Signature: ..... Name: .....  
 Title: Investment Representative  
 Date: .....  
 Signature: ..... Name: .....  
 Title: CEO  
 Date: .....

**SECTION Q. CLIENT ADDITIONAL INFORMATION**

Does the shareholders, directors, executives, senior management, administrators, trustees and signatories 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. YES / NO

If yes to any above, please specify name 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. YES / NO

If yes to any above, please specify name and nature of the position:

**SECTION R. CLIENT RISK PROFILE**

LEVEL OF RISK LOW  MEDIUM  HIGH

NATURE OF HIGH RISK EXPOSURE PEP  HIGH RISK COUNTRY  STATE COUNTRY