

## ALGEBRA INCOME TRUST CORPORATE APPLICATION FORM

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

SECTION A. CATEGORY OF BUSINESS					
Sole Proprietorship Partnership Limited Liability Company Associations Charities / NGOs Other(Please Specify)					
	SECTION B. E	SUSINESS DETAILS			
COMPANY / BUSINESS NAME					
CERT OF INCORPORATION NUMBER					
DATE OF INCORPORATION/REGISTRATION	DD MM YYYY License I	Viimber			
JURISIDICTION OF INCORPORATION		apany's Country of Incorporation (if any)			
TYPE / NATURE OF BUSINESS	Turent don	Sector / Industry	<u>'</u>		
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:			
CONTACT NONDER 1.		GONTAGT NOWIDER 2.			
	SECTION	C. TURNOVER			
MONTHLY TURNOVER (GHS):					
Below 10,000	10,000-100,000	Above 100,000	Above 10 million		
ANNUAL TURNOVER (GHS):		, <u> </u>			
Below 10,000	10,000-100,000	Above 100,000	Above 10 million		
		_			
	SECTION D. ST.	ATEMENT SERVICES			
MODE OF STATEMENT DELIVERY	E	Mail By Post	SMS		
STATEMENT FREQUENCY	Quart	erly Other(Please Specify)			
	SECTION E. CLIENT	T INVESTMENT PROFILE			
INVESTMENT OBJECTIVE					
RISK TOLERANCE	LOW MEDI	UM HIGH			
INVESTMENT HORIZON S.	HORT TERM MEDIUM TE	RM LONG TERM	]		
INVESTMENT KNOWLEDGE	LOW MEDI	UM HIGH	]		
SECTION F. EXPECTED ACCOUNT ACTIVITY					
SOURCE OF FUNDS	Proceeds from business	Other(Please Specify)			
INITIAL INVESTMENT AMOUNT					
ANTICIPATED INVESTMENT ACTIVITY					
TOP UPS	MONTHLY QUARTER	RLY SEMI-ANNUAL	ANNUAL		
WITHDRAWALS	MONTHLY QUARTER	RLY SEMI-ANNUAL	ANNUAL		
REGULAR TOP U	UP AMOUNT REG	ULAR WITHDRAWAL AMOUNT			
SECTION G. KEY CONTACT PERSON					
SURNAME		FIRST NAME			
OTHER NAME(S)					
DATE OF BIRTH	DD MM YYYY GENI	DER Male	Female		
RESIDENTIAL STATUS					
Resid	lent Ghanaian Non-Resident Ghana	aian			
Resid	ent Foreigner Non-Resident Foreig	<b>=</b>			

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IF COUNTRY OF ORIGIN IS NOT GHANA, PLEAS	E PROVIDE THE FOLLWING:			
REISDENT PERMIT NUMBER		PERMIT ISSUE DATE		
PLACE OF ISSUE		PERMIT EXPIRY DATE		
TYPE OF ID	Passport Voter's ID National ID	Duiring License	ID Number	
	Passport Voter's ID National ID	Driving License	ID Nulliber	
JOB TITLE				
EMAIL ADDRESS				
Contact Number 1:		Contact Number 2:		
		ALTONY DETLAY 6.4		
	SECTION H. ACCOUNT SIGN			
SURNAME		FIRST NAME		
OTHER NAME(S)				
DATE OF BIRTH	DD MM YYYY GENDER	Male	Female	
RESIDENTIAL STATUS	_			
Resider	nt Ghanaian Non-Resident Ghanaian			
Residen	t Foreigner Non-Resident Foreigner			
IF COUNTRY OF ORIGIN IS NOT GHANA, PLEAS	E PROVIDE THE FOLLWING:			
REISDENT PERMIT NUMBER		PERMIT ISSUE DATE		
PLACE OF ISSUE		PERMIT EXPIRY DATE		
TYPE OF ID	Passport Voter's ID National ID	Driving License	ID Number	
	Passport Voter's ID National ID	Driving License	ID Number	
JOB TITLE				
EMAIL ADDRESS				
Contact Number 1:		Contact Number 2:		
	SECTION I. ACCOUNT SIGNA	ATORY DETAILS 2		
SURNAME		FIRST NAME		
OTHER NAME(S)				
DATE OF BIRTH	DD MM YYYY GENDER	Male	Female	
RESIDENTIAL STATUS				
Resider	nt Ghanaian Non-Resident Ghanaian			
Residen	nt Foreigner Non-Resident Foreigner	]		
IF COUNTRY OF ORIGIN IS NOT GHANA, PLEAS		1		
REISDENT PERMIT NUMBER		PERMIT ISSUE DATE		
PLACE OF ISSUE		PERMIT EXPIRY DATE		
			_	
TYPE OF ID	Passport Voter's ID National ID	Driving License	ID Number	
JOB TITLE				
EMAIL ADDRESS				
Contact Number 1:		Contact Number 2:		
	SECTION J. ACCOUNT SIGNA	ATORY DETAILS 3		
SURNAME	·	FIRST NAME		
OTHER NAME(S)				
DATE OF BIRTH	DD MM YYYY GENDER	Male	Female	
	DD WIN 1111 GENDER	ividie	remate	
RESIDENTIAL STATUS		1		
	nt Ghanaian Non-Resident Ghanaian	1		
	nt Foreigner Non-Resident Foreigner			
IF COUNTRY OF ORIGIN IS NOT GHANA, PLEAS	E PROVIDE THE FOLLWING:	_		
REISDENT PERMIT NUMBER		PERMIT ISSUE DATE		
PLACE OF ISSUE		PERMIT EXPIRY DATE		
TYPE OF ID	Passport Voter's ID National ID	Driving License	ID Number	
JOB TITLE				
EMAIL ADDRESS				
Contact Number 1:		Contact Number 2:		
Contact Number 1.		Contact Number 2:		

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SECTION K. EXECUTIVE/TRUSTEE/ADMIN						
SURNAME		OTHER NAME	es —	ID TYPE / ID NUMBER	STATUS	CONTACT NUMBER
		SECTION L.	DIRECTORS/BEN	EFICIAL OWNERSHIP		
PHIL NAME	PEP /	DATE OF	ID TYPE /	HOME ADDRESS	OWNERSHIP	CONTRACT MILIMPED
FULL NAME	STATUS	BIRTH	ID NUMBER	HOME ADDRESS	(%)	CONTACT NUMBER
IF A PART OF A GROUP, KINDLY STATE ALI	L ENTITIES WITH	IN THE GROU	P STRUCTURE			
		SECTI	ON M. BANK ACC	COUNT DETAILS		
BANK NAME			ACCOUNT NAM	ME	ACCOUNT NUMBER	BANK BRANCH
		SECTION N	DECLARATION	AND CONFIRMATION		
		DEGITOR IV.	DECEMBRITION	AND CONTINUENTION		
I/We hereby declare that I/we fully comply with						
Limited immediately of any change of particular (KYC) requirements whenever it is required.	s or information to	me/us. I/We als	so pledge to provide	ALGEBRA with the relevant in	formation necessary to satisfy ALC	GEBRA Know Your Client
-,enever it is required.						
C:/TI. 1				Signatura/Thl		
Signature/Thumbprint:						
Name: Name:						
Date:						
	SEC	TION O. ILLI	ΓERATE / BLIND (	CUSTOMER RATIFICATION		
Istatus. I completed the forms with only information						
given by the account owner/owners.	tion provided by the	e marviduai/mc	iividuais without an	y animendment. By this declara	tion, I can not be neig responsible	ior any mismiormation
SECTION P. CHECKLIST						
			SECTION P. CH	EGALI31		
	COPY OF ID CARD					
COPY OF CERTIFICATE OF INCORPORATION & COMMENCE BUSINESS						
BOARD RESOLUTION TO OPEN ACCOUNT AND APPOINT SIGNATORIES						
COPY OF FORM A, 3 & 17						
ONE PASSPOR	ONE PASSPORT-SIZED PHOTOGRAPH OF EACH SIGNATORY					
RESIDENT/WORK PERMIT(for Non-Ghanaian)  PROOF OF COMPANY ADDRESS						

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Vialiagement					
ACCOUNT MANDATE					
A		В			
Signature/ Thumbprint A:		Signature/ Thumbprint B:			
Name:		Name:	Name:		
Date:		Date:			
Instructions:	Either to sign A only to sign B only to sign				



## FOR OFFICE USE:

Signature:			Name:				
Title:	Investment Representative						
Date:		•••••					
Signature:			Name:				
Title:	CEO						
Date:							
	SEC	TION Q. CLIENT ADDITIONA	L INFORMATION				
Does the shareholders, directors, exec	utives, senior management, admin	istrators, trustees and signatories	fall under the followi	ng:			
	C	g					
• A head of state/government, po	litician, senior public official, seni	or military official, senior public of	corporation officer, h	igh rank political party official in Ghana. YES / NO			
10 . 1 1	1						
If yes to any above, please specify nam	ne and nature of the position:						
A head of state/government, no	litician senior nublic official seni	or military official senior public o	corporation officer h	igh rank political party official outside Ghana			
• 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 nam	ne and nature of the position:						
SECTION R. CLIENT RISK PROFILE							
THE OF PLAY	T OW						
LEVEL OF RISK	LOW	MEDIUM	HIG	iH[]			
NATURE OF HIGH DICK EXPOSITE	DED	HICH DICK COUTDY	STATE COUNTE	DV			
NATURE OF HIGH RISK EXPOSURE	PEP	HIGH RISK COUTRY	STATE COUNTR				

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