



# INVESTMENT

 **APPLICATION FORM**

---

FOR INDIVIDUAL INVESTORS

# ACCOUNT OPENING FORM – INDIVIDUAL

## CATEGORY OF INVESTMENT (Please tick)

Nimed Fixed Income Fund

Nimed Lifetime Plan

Cash Plan

Private Wealth Management

Other, please specify

## PERSONAL INFORMATION

Mr.  Mrs.  Miss  Other, please specify

SURNAME  FIRSTNAME

OTHER NAME  MAIDEN NAME

MARITAL STATUS: Single  Married  Divorced  Widowed

DATE OF BIRTH 

D	D	M	M	Y	Y	Y	Y

 GENDER: Male  Female

PLACE OF BIRTH

NATIONALITY  COUNTRY OF RESIDENCE

**RESIDENTIAL STATUS:** Resident Ghanaian  Non-Resident Ghanaian   
Resident Foreigner  Non-Resident Foreigner

**If country of origin is not Ghana, please provide the following:**

Resident Permit Number  Permit Issue Date

Place of Issue  Permit Expiry Date

Profession/ Occupation

TIN 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## CONTACT DETAILS

Resident Address

Nearest Landmark  City/ Town

Digital Address (Ghana Post Code) 

--	--	--	--	--	--	--	--

 - 

--	--	--	--	--	--

Postal Address

Email

Mobile No. (1) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Mobile No. (2) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Contact Details (In case of emergency):**

Contact Name

Contact No. (1) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Contact No. (2) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## PROOF OF IDENTITY

ID TYPE: Passport  Voter ID  Driver License  SSNIT Card  National ID

ID Number:  Issue Date: 

D	D	M	M	Y	Y	Y	Y

Place of Issue:  Expiry Date Date: 

D	D	M	M	Y	Y	Y	Y

## ACCOUNT SERVICES

STATEMENT PREFERENCE: Email  Collection by Hand  Post

STATEMENT FREQUENCY: Monthly  Quarterly

## EMPLOYMENT / BUSINESS DETAILS

Employed  Self Employed  Unemployed  Retired  Student

Length of Employment

MONTHLY SALARY RANGE: 0 - 1,000  1,001 - 5,000  5,001 - 10,000  Above 10,000

EMPLOYER / BUSINESS NAME

EMPLOYER / BUSINESS ADDRESS

Nearest Landmark  City/ Town

Digital Address (Ghana Post Code)  -

Nature of Business

Office No. (1)  Office No. (2)

## BENEFICIARY INFORMATION / IN TRUST FOR

Mr.  Mrs.  Miss  Other, please specify

SURNAME  FIRSTNAME

OTHER NAME  MAIDEN NAME

MARITAL STATUS: Single  Married  Divorced  Widowed

DATE OF BIRTH 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 GENDER: Male  Female

PLACE OF BIRTH

NATIONALITY  COUNTRY OF RESIDENCE

## CLIENT INVESTMENT PROFILE

1. INVESTMENT OBJECTIVE: Income  Growth  Balance   
Other, please specify

2. RISK TOLERANCE: Low  Medium  High

3. INVESTMENT HORIZON: Short Term  Medium Term  Long Term

4. INVESTMENT KNOWLEDGE: Fair  Good  Advance  Novice

## EXPECTED ACCOUNT ACTIVITY

**SOURCE OF FUNDS** Income  Proceeds From Business  Inheritance / Gifts   
Personal Savings  Other, please specify

Initial Investment Amount

Anticipated Account Activity Monthly  Quarterly  Bi-annually  Annually

Regular Topup Amount (Expected)

## BANK ACCOUNT DETAILS

BANK NAME  ACCOUNT NAME   
ACCOUNT NUMBER  BRANCH

## TERMS AND CONDITIONS

### Completing The Form:

The Account Opening Form must be completed by an adult-age 18 years and above. Please use block letters.

### Privacy:

Keeping Us Informed

We maintain a record about you which is part of our Know Your Customer (KYC) obligations. KYC remains important to our service delivery. Kindly inform us in writing (signed by the authorized signatory/signatories) of any changes to details which we have of you. Nimed Capital will send you a written confirmation of any changes made to your account - as requested. For all correspondence please quote your investor number.

### Collecting and Using Your Information:

We collect information for the following purposes:

- To process your application
- To administer your investment and provide you with reports
- To monitor and improve the quality of service provided to you
- To comply with regulatory or legal requirements, including but not limited to the Securities Industry Act, 2016 (Act 929); Unit Trust and Mutual Funds Regulations, L.I. 1695 and Securities and Exchange Commission Regulations, 2003 L.I. 1728; Foreign Exchange Act, 2006 Act 723 and Anti-Money Laundering Act, 2008 Act 749

### Operating Investment Account With NIMED CAPITAL

Nimed Capital shall not be liable for any loss and damages resulting from our failure to detect falsification, forgery or other defect in signature, authentication or legal capacity, save the the extent that it results from our negligence, willful misconduct and /or fraud on our part.

### Trust Accounts

Trust accounts can be opened and operated where a trust arrangement is established between individuals or corporate bodies/institutions. Trust accounts can also be opened for individuals less than eighteen (18) years of age. For trust accounts operated for minors, the account operator is automatically the person for whom the account is held in trust. The beneficiary can access the account from age 18 onwards.

## ACCOUNT MANDATE

### NAME OF SIGNATORY

### SIGNATURE SPECIMEN (upload your signature)

One to Sign

Either to Sign

Both to Sign

## DECLARATION

I/we \_\_\_\_\_ have carefully read the Account Terms for opening an investment account with Nimed Capital and declare my/our acceptance of all conditions above. I/we declare that I/we shall maintain this account in compliance with all statutory and regulatory requirements related to my/our investments. I/we also declare that Nimed Capital may exercise discretion to ensure that my/our account is compliant.

upload your signature

upload your signature

## OFFICIAL USE ONLY

### CUSTOMER RISK PROFILE

Client Screening:

Level of Risk: Low  Medium  High

Nature of High Risk Exposure:

(Indicate category of high risk)

## APPROVALS

\*Accounts of High Risk Nature must be jointly approved by Executive / CEO and Compliance Officer

### EXECUTIVE / CEO

NAME:

SIGNATURE

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

COMMENTS

### COMPLIANCE OFFICER

NAME:

SIGNATURE

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

COMMENTS

## CHECKLIST

### SN. Documents Required

1. Passport-sized photographs (Account holders / Beneficiaries)
2. Proof of Identity
3. Proof of Identity of Account Beneficiary
4. Proof of Address
5. Specimen Signature(s)
6. Email Indemnity (for clients with email address)
7. Proof of Address (for Non-Resident clients)
8. Resident / Work Permit (for Non-Ghanaians)

## COMMENTS / OBSERVATIONS(optional):