



Investing for People Like You

A background image showing a woman in a dark blazer and white shirt shaking hands with a man in a dark suit. The image is overlaid with a semi-transparent blue gradient. A thick blue horizontal bar is positioned above the image, and a green horizontal bar is at the bottom.

INVESTMENT APPLICATION FORM

FOR CORPORATE INVESTORS

www.nimedcapital.com

ACCOUNT OPENING FORM – CORPORATE

CATEGORY OF INVESTMENT (Please tick)

Sole Proprietorship Partnership Limited Liability Company

Associations Charities / NGOs Other

Other, please specify

COMPANY DETAILS

COMPANY/ BUSINESS NAME

CERTIFICATE OF INCORPORATION NUMBER

CERTIFICATE TO COMMENCE BUSINESS NUMBER

DATE OF INCORPORATION/ REGISTRATION

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

JURISDICTION OF INCORPORATION / REGISTRATION

PARENT COMPANY'S COUNTRY OF INCORPORATION (If any)

TYPE / NATURE OF BUSINESS

SECTOR / INDUSTRY

PRINCIPAL PLACE OF BUSINESS

COMPANY POSTAL ADDRESS

Digital Address (Ghana Post Code) -

Email

Website (If any)

TIN

Mobile No. (1)

Mobile No. (2)

MONTHLY TURNOVER

GH¢ 0 - 9,999 GH¢ 10,000 - 49,999 GH¢ 50,000 - 99,999 GH¢ 100,000 and above

ACCOUNT SERVICES

STATEMENT PREFERENCE: Email Collection By Hand

STATEMENT PREFERENCE: Monthly Quarterly

EXPECTED ACCOUNT ACTIVITY

SOURCE OF FUNDS: Proceeds From Business Other

Other, please specify

Initial Investment Amount

ANTICIPATED ACCOUNT ACTIVITY

Monthly Quarterly
Bi-Annually Annually

Regular Topup Amount (Expected)

KEY CONTACT STATUS

Mr. Mrs. Miss Other, please specify

SURNAME FIRSTNAME

OTHER NAME MAIDEN NAME

DATE OF BIRTH

D	D	M	M	Y	Y

 GENDER: Male Female

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 Resident Permit Number

Place of Issue Permit Expiry Date

ID TYPE:
Passport Voter ID Driver License SSNIT CARD NATIONAL ID

ID Number: Issue Date

D	D	M	M	Y	Y

Place of Issue: Expiry Date

D	D	M	M	Y	Y

Job Title

Email Address:

Mobile No. (1)

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 Mobile No. (2)

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ACCOUNT SIGNATORY DETAILS

SURNAME FIRSTNAME

OTHER NAME MAIDEN NAME

DATE OF BIRTH

D	D	M	M	Y	Y

 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:

Resident Permit Number

Resident Permit Number

Place of Issue

Permit Expiry Date

ID TYPE:

Passport Voter ID Driver License SSNIT CARD NATIONAL ID

ID Number:

Issue Date

D	D	M	M	Y	Y

Place of Issue:

Expiry Date

D	D	M	M	Y	Y

Job Title

Email Address:

Mobile No. (1)

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Mobile No. (2)

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ACCOUNT SIGNATORY DETAILS 2

SURNAME

FIRSTNAME

OTHER NAME

MAIDEN NAME

DATE OF BIRTH

D	D	M	M	Y	Y

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:

Resident Permit Number

Resident Permit Number

Place of Issue

Permit Expiry Date

ID TYPE:

Passport Voter ID Driver License SSNIT CARD NATIONAL ID

ID Number:

Issue Date

D	D	M	M	Y	Y

Place of Issue:

Expiry Date

D	D	M	M	Y	Y

Job Title

Email Address:

Mobile No. (1)

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Mobile No. (2)

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ACCOUNT SIGNATORY DETAILS 3

SURNAME FIRSTNAME

OTHER NAME MAIDEN NAME

DATE OF BIRTH

D	D	M	M	Y	Y

 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:

Resident Permit Number Resident Permit Number

Place of Issue Permit Expiry Date

ID TYPE:

Passport Voter ID Driver License SSNIT CARD NATIONAL ID

ID Number: Issue Date

D	D	M	M	Y	Y

Place of Issue: Expiry Date

D	D	M	M	Y	Y

Job Title

Email Address:

Mobile No. (1) Mobile No. (2)

DIRECTORS / EXECUTIVE / TRUSTEE / PROMOTER / ADMIN

NAME	ID TYPE / ID NUMBER	STATUS	CONTACT
<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"/>

BANK ACCOUNT DETAILS

BANK NAME ACCOUNT NAME

ACCOUNT NUMBER BRANCH

ACCOUNT MANDATE

NAME OF SIGNATORY

SIGNATURE SPECIMEN (upload your signature)

One to Sign

Either to Sign

Both to Sign

TERMS AND CONDITIONS

Kindly read the Terms and Conditions on the next page before signing the Declaration below.

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

Date

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

NIMED Capital accepts instructions for transactions from investors/clients: in writing, by telephone, by email, by facsimile; and verbally- only for placing funds for investments. We will accept instructions only from signatories to an account. NIMED Capital reserves the right to determine which form of instructions to accept. Instructions other than in writing would be accepted with an indemnity in the standard form provided.

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:

a. To process your application

If you have any complaints, your Relationship Manager will usually be best placed to receive your complaint and or suggestions and work with you for risk resolution of the matter. If your complaint is not satisfactorily resolved please write to or call:

The non-discretionary investment management service is for clients who wish to retain more day-to-day control over their investments. After agreeing on an investment strategy with you, we will conduct regular reviews of your portfolio and make appropriate investment recommendations to help you decide on how best to achieve your objective. However, we will need your consent to undertake any transactions on your behalf for accounts held with us or third parties. You are therefore ultimately responsible for the performance of your portfolio.

If a third party is to operate your investment account on your behalf, you may appoint an agent with specific powers. NIMED Capital must be advised in writing of your agents powers.

b. To administer your investment and provide you with reports

c. To monitor and improve the quality of service provided to you

d. 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.

Joint Accounts

Unless otherwise agreed, where more than one person enters an agreement to open and operate an account, the account(s) will be treated as joint and will be operated per the signing instructions given. In the event of dispute between parties to a joint account, NIMED Capital will require the consent of all parties prior to making any changes to the account(s) held jointly.

Agency/ Third Party Agreements

If a third party is to operate your investment account on your behalf, you may appoint an agent with specific powers. NIMED Capital must be advised in writing of your agents powers.

Giving Instructions

NIMED Capital accepts instructions for transactions from investors/clients: in writing, by telephone, by email, by facsimile; and verbally- only for placing funds for investments. We will accept instructions only from signatories to an account. NIMED Capital reserves the right to determine which form of instructions to accept. Instructions other than in writing would be accepted with an indemnity in the standard form provided.

Discretionary Investment Management Service

The non-discretionary investment management service is for clients who wish to retain more day-to-day control over their investments. After agreeing on an investment strategy with you, we will conduct regular reviews of your portfolio and make appropriate investment recommendations to help you decide on how best to achieve your objective. However, we will need your consent to undertake any transactions on your behalf for accounts held with us or third parties. You are therefore ultimately responsible for the performance of your portfolio.

Complaints & Suggestions

If you have any complaints, your Relationship Manager will usually be best placed to receive your complaint and or suggestions and work with you for risk resolution of the matter. If your complaint is not satisfactorily resolved please write to or call:

THE CEO
NIMED CAPITAL
P.O.BOX AN 11201 ACCRA NORTH
TEL: +233-(0) 267548339
EMAIL: info@nimedcapital.com

OFFICIAL USE ONLY

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)

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:

CUSTOMER RISK PROFILE

Client Screening: Indicate platform through which client ID and name was screened

Level of Risk: Low Medium High

Nature of High Risk Exposure: Indicate category of high risk

APPROVALS

Account opened by

Account approved/authorized by Compliance Officer/AMLRO:

Name

Position:

Position:

Signature:

Signature:

Date:

Date:

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

High risk account authorized/approved by CEO / Compliance officer

Name:

Signature: Date: D D M M Y Y Y Y

Comments:

CHECKLIST

SN. Documents Required

- 1. Account opening form duly completed
- 2. Specimen signature card duly completed
- 3. Copy of Certificate of Incorporation and Certificate to Commence Business
- 4. Board Resolution to open account and nomination of signatures
- 5. Copy of Memorandum and Articles of Association (Forms A, 3, 17)
- 6. Tax Identification Number (TIN)
- 7. Partnership Deed (where applicable)
- 8. Constitution of unregistered association
- 9. Act / Gazette for Government Agency (where applicable)
- 10. One passport-sized photograph of each signatory
- 11. Resident / Work Permit (for Non-Ghanaians)
- 12. Evidence of registration with other Government Agencies
- 13. Power of Attorney (where applicable)
- 14. Letter of Indemnity
- 15. Proof of Company Address
- 16. Proof of Identity of all signatories and representatives