

Investing for People Like You



FILLABLE ACCOUNT OPENING FORM

	JINT / TIF (IN TRUST FOR) LICK TO SELECT AN OPTION OR TYPE WHERE APPLICABLE
INVESTMENT CATEGORY INDIVIDUA	AL JOINT ITF
PRODUCT Nimed Fixed Income Fund Nimed Life	etime Unit Trust Private Wealth Management
APPLICANT DETAILS	JOINT APPLICANT DETAILS
MR MRS MISS OTHERS	MR MRS MISS OTHERS
GENDER MALE FEMALE FEMALE	GENDER MALE FEMALE
SURNAME	SURNAME
FIRST NAME	FIRST NAME
OTHER NAME	OTHER NAME
MARRIED DIVORCED WIDOWED	MARRIED MARRIED DIVORCED WIDOWED
MAIDEN NAME (If Applicable)	MAIDEN NAME (If Applicable)
DATE OF BIRTH	DATE OF BIRTH
PLACE OF BIRTH	PLACE OF BIRTH
COUNTRY OF BIRTH	COUNTRY OF BIRTH
NATIONALITY	NATIONALITY
COUNTRY OF RESIDENCE	COUNTRY OF RESIDENCE
If country of origin is not Ghana, please provide the following	ing: If country of origin is not Ghana, please provide the following:
RESIDENT PERMIT NUMBER (# Applicable)	RESIDENT PERMIT NUMBER
(If Applicable) PLACE OF ISSUE	(If Applicable) PLACE OF ISSUE
PERMIT ISSUE DATE	PERMIT ISSUE DATE
PERMIT EXPIRY DATE	PERMIT EXPIRY DATE
PROFESSION / OCCUPATION	PROFESSION / OCCUPATION
CONTACT DETAILS	CONTACT DETAILS
RESIDENTIAL ADDRESS	RESIDENTIAL ADDRESS
NEAREST LANDMARK	NEAREST LANDMARK
CITY / TOWN	CITY/TOWN
G.P DIGITAL ADDRESS	G.P DIGITAL ADDRESS
COUNTRY	COUNTRY
PHONE NUMBER(1)	PHONE NUMBER(1)
PHONE NUMBER(2)	PHONE NUMBER(2)
EMPLOYMENT STATUS EMPLOYED UNEMPLOYED SELF EMPLOYED STUDENT RETIRED	EMPLOYMENT STATUS EMPLOYED UNEMPLOYED SELF EMPLOYED STUDENT RETIRED
LENGTH OF EMPLOYMENT	LENGTH OF EMPLOYMENT
EMPLOYER/SCHOOL NAME	EMPLOYER/SCHOOL NAME

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CLIENT'S ADDITIONAL INFORMATION	CLIENT'S ADDITIONAL INFORMATION
NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERM	
WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP) Do you, your spouse, or any other immediate family member, including parents, in-laws,	WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP) Do you, your spouse, or any other immediate family member, including parents, in-laws,
siblings and dependants fall under the following:	siblings and dependants fall under the following:
A head of state/government, politician, senior public official, senior military official, senior proporation officer, high-rank political party official in Ghana YES NO	public 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 the above, please specify the name (if not the applicant) and nature of the position:	If yes to the above, please specify the name (if not the applicant) and nature of the position:
and indials of the poolion.	and nature of the position.
The following questions are designed to capture information for reporting standards as well as FATCA (Foreign Account Tax Compliance Act)	The following questions are designed to capture information for reporting standards as well as FATCA (Foreign Account Tax Compliance Act)
Are you a citizen of any foreign country (besides Ghana)?	Are you a citizen of any foreign country (besides Ghana)?
YES NO Do you hold a passport/green card of any foreign country (besides Ghana)?	YES NO Do you hold a passport/green card of any foreign country (besides Ghana)?
YES NO	YES NO
Are you resident in any foreign country? YES NO	Are you resident in any foreign country? YES NO
Have you spent more than 183 days in any foreign country over the past one year ?	Have you spent more than 183 days in any foreign country over the past one year?
YES NO	YES NO
If you answered "Yes" to any of the above, please provide information as follows:	If you answered "Yes" to any of the above, please provide information as follows:
FOREIGN ADDRESS	FOREIGN ADDRESS
MAILING ADDRESS	MAILING ADDRESS
FOREIGN TIN/SSN	FOREIGN TIN/SSN
FOREIGN TEL. NO.	FOREIGN TEL. NO.
Undertaking to be signed only by those who responde	
I/We hereby give consent to the institution to share my information my tax liability. Where required by domestic or foreign tax authorities	
my investments such amounts as may be required according to the	e applicable laws of relevant jurisdictions.
NAME (MAIN APPLICANT)	NAME (JOINT APPLICANT)
(
	SIGNATURE
SIGNATURE	SPECIMEN
SPECIMEN	
DATE	DATE
BENEFICIARY INF	ORMATION / IN-TRUST-FOR
MR MRS MISS OTHERS	NATIONALITY
GENDER MALE FEMALE	COUNTRY OF RESIDENCE
SURNAME	ID TYPE
FIRST NAME	ID NUMBER
OTHER NAME	ISSUE DATE
MAIDEN NAME (If Applicable)	
D D M M Y Y Y Y Y DATE OF BIRTH	EXPIRY DATE
PLACE OF BIRTH	EMAIL ADDRESS TELEPHONE
	NUMBER
COUNTRY OF BIRTH	PERCENTAGE(%)
BENEFICIARY INF	ORMATION / IN-TRUST-FOR
MR MRS MISS OTHERS	NATIONALITY
GENDER MALE FEMALE	COUNTRY OF RESIDENCE
SURNAME	ID TYPE
FIRST NAME	
OTHER NAME	ID NUMBER ISSUE DATE
MAIDEN NAME (If Applicable)	
DATE OF BIRTH	EXPIRY DATE
PLACE OF BIRTH	EMAIL ADDRESS TELEPHONE
COUNTRY OF BIRTH	NUMBER
l control of the cont	PERCENTAGE(%)

CLIENT INVESTMENT PROFILE
INVESTMENT OBJECTIVE INCOME GROWTH BALANCE OTHER, PLEASE SPECIFY
RISK TOLERANCE LOW MEDIUM HIGH
INVESTMENT HORIZON SHORT TERM MEDIUM TERM LONG TERM
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-ANNUAL ANNUALLY
REGULAR TOP-UP AMOUNT (EXPECTED)
INDEMNITY & DECLARATION
We/I instruct and mandate NIMED CAPITAL LIMITED of B18 Boundary Road opposite Adoma Heightz close to American House, East Legon to deal with our/my investment account at NIMED CAPITAL LIMITED and carry out all our/my instructions given by us/me through email via the following email address
That we/I shall call you on telephone and confirm our/my instructions to you within Twenty (20) minutes of giving instructions to you through email address
We/I instruct and mandate you after receiving our/my confirmation
to deal with our/my investment account and carry out all investment account instructions given to you by us/me through our/my said email address. That in dealing with our/my investment account and carrying out all banking instructions given to you through email address
We/I UNDERTAKE to completely indemnify and hold harmless and absolve you, NIMED CAPITAL LIMITED,
from all forms of loss, liability, claim or damage that might be incurred by you or made against you as a result of instructing you through email.
We/I shall at our/my own expense defend any action or claim that any third party or person may bring against you in the event that you rely on our/my instructions and there is any loss.
DATED THE DAY OF
SIGNED AND DELIVERED BY IN THE PRESENCE OF
Name Name
Address Address
Occupation Occupation
Please click to upload signature Please click to upload signature
Signature Signature
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. 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:
a. To process your application 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

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.

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 extent that it results from our negligence, willful misconduct and /or fraud on our part.

Operating Investment Account With NIMED CAPITAL

Trust Accounts

OF	FFICIAL USE ONLY
CUSTOMER RISK PROFILE	NATURE OF HIGH RISK PROFILE
CLIENT VERIFICATION G-VIVE Other	PEP NON-RESIDENT
	HIGH RISK BUSINESS HIGH RISK COUNTRY
LEVEL OF RISK LOW MEDIUM HIGI	ен <u> </u>
	CHECKLIST
CHECKLIST	CHECKED DEFFERED WAIVED N/A
1. PASSPORT SIZED PHOTOGRAPHS (ACCOUNT HOLDERS / BENEI	FICIARIES)
2. PROOF OF IDENTITY	
3. PROOF OF IDENTITY OF ACCOUNT BENEFICIARY	님 님 님
4. PROOF OF ADDRESS 5. SPECIMEN SIGNATURE(S)	H H H
6. EMAIL INDEMNITY (FOR CLIENTS WITH EMAIL ADDRESSES)	
7. PROOF OF ADDRESS (FOR NON-RESIDENT CLIENTS)	
8. RESIDENT / WORK PERMIT (FOR NON-GHANAIANS)	
CHECKED BY (NAME OF OFFICER)	
POSITION	
Please click to upload signa	ature
SIGNATURE	
DATE D D M M Y Y Y Y	
COMMENTS /	/ OBSERVATIONS (OPTIONAL)
	APPROVALS
ACCOUNT OPENED BY:	AFFROVALS
NAME	
POSITION	
Please click to upload sigr	nature
SIGNATURE	
D D M M Y Y Y	YY
DATE	
ACCOUNT APPROVED / AUTHORIZED BY COM	
NAME	POSITION
Please click to upload signature	D D M M Y Y Y Y
SIGNATURE	DATE
*Accounts of High Risk Nature must be jointly approved by C	
High risk account authorized/approved by CEO / Compliance	POSITION POSITION
NAME	
Please click to upload signature	COMMENTS
SIGNATURE	
	⊣
DATE D M M Y Y Y Y	

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