



Investing for People Like You

A background image showing three people in a business meeting. A man on the left and a woman in the center are smiling and looking towards a man on the right. They appear to be in a professional setting, possibly a conference room. The image is overlaid with a semi-transparent blue and green gradient.

INVESTMENT APPLICATION FORM

FOR INDIVIDUAL INVESTORS

www.nimedcapital.com

FILLABLE ACCOUNT OPENING FORM
INDIVIDUAL / JOINT / ITF (IN TRUST FOR)

PLEASE COMPLETE IN BLOCK LETTERS. CLICK TO SELECT AN OPTION OR TYPE WHERE APPLICABLE

INVESTMENT CATEGORY

INDIVIDUAL

JOINT

ITF

PRODUCT

Nimed Fixed Income Fund

Nimed Lifetime Unit Trust

Private Wealth Management

APPLICANT DETAILS

MR MRS MISS OTHERS

GENDER MALE FEMALE

SURNAME

FIRST NAME

OTHER NAME

MARITAL STATUS SINGLE MARRIED
DIVORCED WIDOWED

MAIDEN NAME (If Applicable)

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"/>

PLACE OF BIRTH

COUNTRY OF BIRTH

NATIONALITY

COUNTRY OF RESIDENCE

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

RESIDENT PERMIT NUMBER (If Applicable)

PLACE OF ISSUE

PERMIT ISSUE DATE

PERMIT EXPIRY DATE

PROFESSION / OCCUPATION

CONTACT DETAILS

RESIDENTIAL ADDRESS

NEAREST LANDMARK

CITY / TOWN

G.P DIGITAL ADDRESS --

COUNTRY

PHONE NUMBER(1)

PHONE NUMBER(2)

EMPLOYMENT STATUS

EMPLOYED UNEMPLOYED SELF EMPLOYED

STUDENT RETIRED

LENGTH OF EMPLOYMENT

EMPLOYER/SCHOOL NAME

JOINT APPLICANT DETAILS

MR MRS MISS OTHERS

GENDER MALE FEMALE

SURNAME

FIRST NAME

OTHER NAME

MARITAL STATUS SINGLE MARRIED
DIVORCED WIDOWED

MAIDEN NAME (If Applicable)

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"/>

PLACE OF BIRTH

COUNTRY OF BIRTH

NATIONALITY

COUNTRY OF RESIDENCE

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

RESIDENT PERMIT NUMBER (If Applicable)

PLACE OF ISSUE

PERMIT ISSUE DATE

PERMIT EXPIRY DATE

PROFESSION / OCCUPATION

CONTACT DETAILS

RESIDENTIAL ADDRESS

NEAREST LANDMARK

CITY / TOWN

G.P DIGITAL ADDRESS --

COUNTRY

PHONE NUMBER(1)

PHONE NUMBER(2)

EMPLOYMENT STATUS

EMPLOYED UNEMPLOYED SELF EMPLOYED

STUDENT RETIRED

LENGTH OF EMPLOYMENT

EMPLOYER/SCHOOL NAME

EMPLOYER/SCHOOL ADDRESS

NEAREST LANDMARK

CITY/TOWN

G.P DIGITAL ADDRESS - -

NATURE OF BUSINESS

PHONE NUMBER(1)

PHONE NUMBER(2)

TOTAL MONTHLY INCOME

BELOW 1,000 1,000 - 5,000

5,001 - 10,000 ABOVE 10,000

TIN / GHANA CARD NUMBER

PROOF OF IDENTITY

PASSPORT GHANA CARD VOTER ID

SSNIT DRIVER LICENSE

ID NUMBER

ISSUE DATE

EXPIRY DATE

BANK DETAILS

BANK NAME

ACCOUNT NAME

ACCOUNT NUMBER

BRANCH

NEXT OF KIN

NAME

RELATIONSHIP TO CLIENT

CONTACT NUMBER

ACCOUNT MANDATE

NAME OF SIGNATORY

SIGNATURE SPECIMEN

DATE

ONE TO SIGN EITHER TO SIGN BOTH TO SIGN

PAYMENT MODE

DIRECT TRANSFER DIRECT DEBIT

STANDING ORDER MOBILE MONEY

ACCOUNT SERVICES

STATEMENT PREFERENCE EMAIL COLLECTION BY HAND

STATEMENT FREQUENCY MONTHLY QUARTERLY

EMPLOYER/SCHOOL ADDRESS

NEAREST LANDMARK

CITY/TOWN

G.P DIGITAL ADDRESS - -

NATURE OF BUSINESS

PHONE NUMBER(1)

PHONE NUMBER(2)

TOTAL MONTHLY INCOME

BELOW 1,000 1,000 - 5,000

5,001 - 10,000 ABOVE 10,000

TIN / GHANA CARD NUMBER

PROOF OF IDENTITY

PASSPORT GHANA CARD VOTER ID

SSNIT DRIVER LICENSE

ID NUMBER

ISSUE DATE

EXPIRY DATE

BANK DETAILS

BANK NAME

ACCOUNT NAME

ACCOUNT NUMBER

BRANCH

NEXT OF KIN

NAME

RELATIONSHIP TO CLIENT

CONTACT NUMBER

ACCOUNT MANDATE

NAME OF SIGNATORY

SIGNATURE SPECIMEN

DATE

ONE TO SIGN EITHER TO SIGN BOTH TO SIGN

PAYMENT MODE

DIRECT TRANSFER DIRECT DEBIT

STANDING ORDER MOBILE MONEY

ACCOUNT SERVICES

STATEMENT PREFERENCE EMAIL COLLECTION BY HAND

STATEMENT FREQUENCY MONTHLY QUARTERLY

CLIENT'S ADDITIONAL INFORMATION

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE 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:

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:

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)?

YES NO

Do you hold a passport/green card of any foreign country (besides Ghana)?

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?

YES NO

If you answered "Yes" to any of the above, please provide information as follows:

FOREIGN ADDRESS

MAILING ADDRESS

FOREIGN TIN/SSN

FOREIGN TEL. NO.

Undertaking to be signed only by those who responded 'Yes' to the first set of questions above.

I/We hereby give consent to the institution to share my information with foreign tax authorities where necessary to establish my tax liability. Where required by domestic or foreign tax authorities, I give consent and agree that the institution may withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

NAME (MAIN APPLICANT)

SIGNATURE SPECIMEN

DATE

CLIENT'S ADDITIONAL INFORMATION

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE 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:

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:

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)?

YES NO

Do you hold a passport/green card of any foreign country (besides Ghana)?

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?

YES NO

If you answered "Yes" to any of the above, please provide information as follows:

FOREIGN ADDRESS

MAILING ADDRESS

FOREIGN TIN/SSN

FOREIGN TEL. NO.

NAME (JOINT APPLICANT)

SIGNATURE SPECIMEN

DATE

BENEFICIARY INFORMATION / IN-TRUST-FOR

MR MRS MISS OTHERS

GENDER MALE FEMALE

SURNAME

FIRST NAME

OTHER NAME

MAIDEN NAME (If Applicable)

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

PLACE OF BIRTH

COUNTRY OF BIRTH

NATIONALITY

COUNTRY OF RESIDENCE

ID TYPE

ID NUMBER

ISSUE DATE

EXPIRY DATE

EMAIL ADDRESS

TELEPHONE NUMBER

PERCENTAGE(%)

BENEFICIARY INFORMATION / IN-TRUST-FOR

MR MRS MISS OTHERS

GENDER MALE FEMALE

SURNAME

FIRST NAME

OTHER NAME

MAIDEN NAME (If Applicable)

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

PLACE OF BIRTH

COUNTRY OF BIRTH

NATIONALITY

COUNTRY OF RESIDENCE

ID TYPE

ID NUMBER

ISSUE DATE

EXPIRY DATE

EMAIL ADDRESS

TELEPHONE NUMBER

PERCENTAGE(%)

CLIENT INVESTMENT PROFILE

INVESTMENT OBJECTIVE	INCOME <input type="checkbox"/>	GROWTH <input type="checkbox"/>	BALANCE <input type="checkbox"/>	OTHER, PLEASE SPECIFY <input type="text"/>
RISK TOLERANCE	LOW <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>	
INVESTMENT HORIZON	SHORT TERM <input type="checkbox"/>	MEDIUM TERM <input type="checkbox"/>	LONG TERM <input type="checkbox"/>	
INVESTMENT KNOWLEDGE	FAIR <input type="checkbox"/>	GOOD <input type="checkbox"/>	ADVANCE <input type="checkbox"/>	NOVICE <input type="checkbox"/>

EXPECTED ACCOUNT ACTIVITY

SOURCE OF FUNDS	INCOME <input type="checkbox"/>	PROCEEDS FROM BUSINESS <input type="checkbox"/>	INHERITANCE / GIFTS <input type="checkbox"/>	PERSONAL SAVINGS <input type="checkbox"/>	Other, Please Specify <input type="text"/>
INITIAL INVESTMENT AMOUNT	<input type="text"/>				
ANTICIPATED ACCOUNT ACTIVITY	MONTHLY <input type="checkbox"/>	QUARTERLY <input type="checkbox"/>	BI-ANNUAL <input type="checkbox"/>	ANNUALLY <input type="checkbox"/>	
REGULAR TOP-UP AMOUNT (EXPECTED)	<input type="text"/>				

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 20.....

SIGNED AND DELIVERED BY

Name	<input type="text"/>
Address	<input type="text"/>
Occupation	<input type="text"/>
Signature	Please click to upload signature

IN THE PRESENCE OF

Name	<input type="text"/>
Address	<input type="text"/>
Occupation	<input type="text"/>
Signature	Please click to upload 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:

- 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 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.

OFFICIAL USE ONLY

CUSTOMER RISK PROFILE

CLIENT VERIFICATION G-VIVE Other

NATURE OF HIGH RISK PROFILE

PEP NON-RESIDENT

LEVEL OF RISK LOW MEDIUM HIGH

HIGH RISK BUSINESS HIGH RISK COUNTRY

CHECKLIST

CHECKLIST	CHECKED	DEFERRED	WAIVED	N / A
1. PASSPORT SIZED PHOTOGRAPHS (ACCOUNT HOLDERS / BENEFICIARIES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PROOF OF IDENTITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PROOF OF IDENTITY OF ACCOUNT BENEFICIARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PROOF OF ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. SPECIMEN SIGNATURE(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. EMAIL INDEMNITY (FOR CLIENTS WITH EMAIL ADDRESSES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PROOF OF ADDRESS (FOR NON-RESIDENT CLIENTS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. RESIDENT / WORK PERMIT (FOR NON-GHANAISANS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECKED BY (NAME OF OFFICER)

POSITION

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

COMMENTS / OBSERVATIONS (OPTIONAL)

APPROVALS

ACCOUNT OPENED BY:

NAME

POSITION

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

ACCOUNT APPROVED / AUTHORIZED BY COMPLIANCE OFFICER / AMLRO:

NAME

POSITION

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

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

High risk account authorized/approved by CEO / Compliance officer

NAME

POSITION

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

COMMENTS