



SECURITY ACCOUNT OPENING FORM (CSD FORM 1)

NAME OF DEPOSITOR PARTICIPANT:

DEPOSITOR PARTICIPANT NO.

Grid for Depositor Participant No.

Applicant

Title: Mr / Mrs / Miss / Master / Dr /

Surname / Company Name:

Other Names:

Address:

Residential address:

Residential Status: Resident Ghanaian Resident Foreigner Non Resident Ghanaian Non Resident Foreigner

Tel. No.: (Home) Office: Fax. No.: Email:

Date of Birth / Incorporation of Business: (DD/MM/YY)

Occupation:

Nationality:

ID (Tick one) National ID Passport Birth certificate NHIS Voter's Card certificate of Incorporation Birth Certificate Driver's License SSNIT Other Specify

ID No. Grid

Place of Issue: Expiry Date:

Have you bought a security such as Treasury bill, bond, shares etc. before? Yes No

Existing CSD Client ID (if applicable) Grid

Bank Information of the Investor for Dividend, Interest and maturity Disposal Instructions (for equity or shares the Bank information is optional)

Bank Name: Grid

Branch Name: Grid

Account No.: Grid

DECLARATION

I hereby:

- (i) request to open and maintain a Security Account in my/our name
(ii) affirm that all information in the form are correct
(iii) undertake to notify this Depository Participant of any change of particulars or information provided by me in this form

Name: Signature/Thumbprint:

(Security Account Holder / Authorised Signatory / Guardian)

Date: Grid

For Depository Participant Use Only

Tick where applicable Local Individual (LI) Local Company (LC) Pension Fund (FU)
Foreign Individual (FI) Foreign Company (FC) Foreign Junior (FJ)
Resident Foreigner (FR) Local Junior (LJ)

Verified by: (Name of Depository Participant Officer) (Signature)

Date: Grid Stamp:

Client CSD Securities Account Number Grid