



# BLAZE

Financial Services

## ACCOUNT OPENING FORM CORPORATE

(FILLABLE PDF)

# 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)

Mobile No. (2)

### 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)

Mobile No. (2)

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 Blaze F. S 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 Blaze F. S 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

Blaze F. S 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. Blaze F. S 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. Blaze F. S 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. Blaze F. S 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 Blaze Financial Services

Blaze F. S 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, Blaze F. S 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. Blaze F. S must be advised in writing of your agents powers.

#### Giving Instructions

Blaze F. S 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. Blaze F. S 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  
BLAZE FINANCIAL SERVICES  
P.O.BOX KN 492, KANESHIE-ACCRA  
TEL: +233-(0) 302975949 / 302975959  
EMAIL: info@blazefinancialservices.com.gh

## 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