



BLAZE



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ACCOUNT OPENING FORM – INDIVIDUAL

CATEGORY OF INVESTMENT (Please tick)

Product

Discretionary

Non-Discretionary

PERSONAL INFORMATION

Mr. Mrs. Miss Other, please specify

SURNAME FIRSTNAME

OTHER NAME MAIDEN NAME

MARITAL STATUS: Single Married Divorced Widowed

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

 GENDER: Male Female

PLACE OF BIRTH

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 Permit Issue Date

Place of Issue Permit Expiry Date

Profession/ Occupation

TIN

CONTACT DETAILS

Resident Address

Nearest Landmark City/ Town

Digital Address (Ghana Post Code) -

Postal Address

Email

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

Contact Details (In case of emergency):

Contact Name

Contact No. (1) Contact No. (2)

PROOF OF IDENTITY

ID TYPE: Passport Voter ID Driver License SSNIT Card National ID

ID Number: Issue Date:

D	D	M	M	Y	Y	Y	Y

Place of Issue: Expiry Date Date:

D	D	M	M	Y	Y	Y	Y

ACCOUNT SERVICES

STATEMENT PREFERENCE: Email Collection by Hand Post
STATEMENT FREQUENCY: Monthly Quarterly

EMPLOYMENT / BUSINESS DETAILS

Employed Self Employed Unemployed Retired Student
Length of Employment
MONTHLY SALARY RANGE: 0 - 1,000 1,001 - 5,000 5,001 - 10,000 Above 10,000
EMPLOYER / BUSINESS NAME
EMPLOYER / BUSINESS ADDRESS
Nearest Landmark City/Town
Digital Address (Ghana Post Code) -
Nature of Business
Office No. (1) Office No. (2)

BENEFICIARY INFORMATION / IN TRUST FOR

Mr. Mrs. Miss Other, please specify
SURNAME FIRSTNAME
OTHER NAME MAIDEN NAME
MARITAL STATUS: Single Married Divorced Widowed
DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

 GENDER: Male Female
PLACE OF BIRTH
NATIONALITY COUNTRY OF RESIDENCE
PERCENTAGE (%)

BENEFICIARY INFORMATION / IN TRUST FOR

Mr. Mrs. Miss Other, please specify
SURNAME FIRSTNAME
OTHER NAME MAIDEN NAME
MARITAL STATUS: Single Married Divorced Widowed
DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

 GENDER: Male Female
PLACE OF BIRTH
NATIONALITY COUNTRY OF RESIDENCE
PERCENTAGE (%)

BENEFICIARY INFORMATION / IN TRUST FOR

Mr. Mrs. Miss Other, please specify

SURNAME FIRSTNAME

OTHER NAME MAIDEN NAME

MARITAL STATUS: Single Married Divorced Widowed

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

 GENDER: Male Female

PLACE OF BIRTH

NATIONALITY COUNTRY OF RESIDENCE

PERCENTAGE (%)

CLIENT INVESTMENT PROFILE

1. INVESTMENT OBJECTIVE: Income Growth Balance
Other, please specify

2. RISK TOLERANCE: Low Medium High

3. INVESTMENT HORIZON: Short Term Medium Term Long Term

4. 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-annually Annually

Regular Topup Amount (Expected)

BANK ACCOUNT DETAILS

BANK NAME ACCOUNT NAME

ACCOUNT NUMBER BRANCH

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. 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

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

d. To administer, regulate, and enforce 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.

ACCOUNT MANDATE

NAME OF SIGNATORY

SIGNATURE SPECIMEN (upload your signature)

One to Sign

Either to Sign

Both to Sign

Date

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

OFFICIAL USE ONLY

CUSTOMER RISK PROFILE

Client Screening:

Level of Risk: Low

Medium

High

Nature of High Risk Exposure:

(Indicate category of high risk)

***CLIENT ADDITIONAL INFORMATION (1)**

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 any above, please specify name (if not the applicant) and nature of the position:

***CLIENT ADDITIONAL INFORMATION (2)**

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON 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 passport of any foreign country (besides Ghana)? **YES** NO
- Do you hold 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? **YES** NO

If the responses to any of the above questions is Yes, please provide the following information:

Full Name:

Foreign Residential Address:

APPROVALS

Account opened by	<input type="text"/>	Account approved/authorized by Compliance Officer/AMLRO:	<input type="text"/>
Name	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Position:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

**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. Passport-sized photographs (Account holders / Beneficiaries)
 2. Proof of Identity
 3. Proof of Identity of Account Beneficiary
 4. Proof of Address
 5. Specimen Signature(s)
 6. Email Indemnity (for clients with email address)
 7. Proof of Address (for Non-Resident clients)
 8. Resident / Work Permit (for Non-Ghanaians)

COMMENTS / OBSERVATIONS (optional):