



PREMIUM PLACE INVESTMENTS LTD
4 Bobo Street, Lomoko Avenue. Tesano, Accra.
P. O. Box CT 6578, Cantonments. Accra – Ghana

CLIENT APPLICATION FORM – Premium Account INSTITUTIONS

Office Use: Client ID - _____ Rep # _____ Date _____

The Securities Industry Law requires that we ask and file specific information on the investment objectives, financial situation and particular needs of each client to provide a basis for our investment recommendations. The information you provide will enable us to understand your unique circumstances, the level of risk that is acceptable to you, as well as select an optimum portfolio that matches your level of risk and return objectives. Please keep your investment goal(s) in mind as you answer the following questions.

Client	
COMPANY/FUND NAME	

Business Tel: _____

Fax: _____

Email Address: _____

Mailing Address: _____

City: _____

Country: _____

Name and Address of Person to Receive Statements *(If different from above)*

PREMIUM ACCOUNT INVESTMENT DETAILS

Select the tenure of your Investment:

Placing Premium on your Investments

- 6 months 1 year

Specify what you would like to do with your funds at maturity:

- Open a new Premium Account of the principal only
 Open a new Premium Account of the principal and interest
 Open a new Premium Account of the same tenure
 Open a new Premium Account of a different tenure:
 6 months 1 year
 Close my Premium Account and:
 Pay the amount to my bank account Write me a cheque

How do you wish to make your opening deposit?

By cash.
 GH¢

By cheque. Your cheque must be made payable to Premium Place Investments Ltd.
 GH¢

Bank Account details

If you wish to have your principal and or interest deposited in your bank account, please provide your bank account information below.

Name of Bank
Bank Branch
Account Number

Early Termination

For investments that are terminated before they have run half their term, total interest accumulated will be lost. Investments that run beyond half their term will lose 50% of interest accumulated.

Note: You may not make a partial withdrawal during the term of the investment.

I/We have read and agree to be bound by the Premium Account Terms and Conditions and acknowledge that the information provided on this form is **true and accurate**.

Authorized Signatories:

(1): Name _____ Signature: _____

(2): Name _____ Signature: _____

(3): Name _____ Signature: _____

Date: _____