



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

CLIENT APPLICATION FORM – Managed Accounts

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)*

INVESTMENT PROFILE

Placing Premium on your Investments

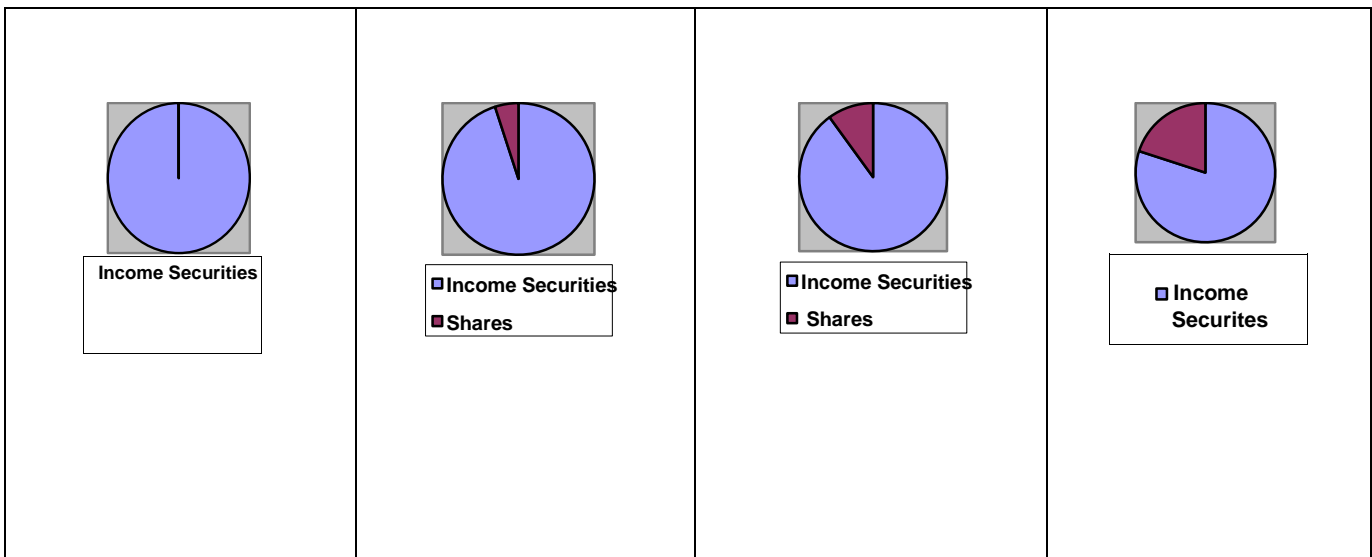
Do you plan to make regular monthly contributions to your investment account?

- Yes No

If **Yes**, what is your expected average monthly contribution in one year? GH¢

RISK TOLERANCE (Please indicate by circling one of the following numbers)

- 1 2 3 4
Fixed Income Only Conservative (5%) Moderate (10%) Aggressive (20%)



INVESTMENT OBJECTIVES (Please tick only one of the following)

- Long-term growth – building wealth over the long term
- Short-term growth – to maximize growth over 12 – 18 months
- Income – to maintain a regular income from investments
- Balanced – to achieve a balance between growth and income

INVESTMENT KNOWLEDGE (Please tick only one of the following)

- None Modest Extensive

INVESTMENT HORIZON (How long you wish to keep your money invested without making withdrawals?)

- 1 – 3 Years
 3 – 5 Years
 5 – 10 Years
 Beyond 10 Years

Do you have any other investment or financial needs? If so please detail below

I/We acknowledge that the information provided on this form is **true and accurate**.

Authorized Signatories:

(1): Name _____ Signature: _____

(2): Name _____ Signature: _____

(3): Name _____ Signature: _____

Date: _____