



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

CLIENT APPLICATION FORM – Managed Accounts

Ghanaians & Foreigners (Resident)

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.

Individual

Joint

Client (1)	
Surname:	
First Name:	
Middle Name:	
Date of Birth:	
Type of ID:	
ID No.:	

Client (2)	
Surname:	
First Name:	
Middle Name:	
Date of Birth:	
Type of ID:	
ID No.:	

Business Tel: _____ Fax _____

Residential Tel: _____ Mobile Tel: _____

Email Address _____

Mailing Address: _____

City _____ Country _____

Nationality: _____ Occupation _____

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

Name and Address of **Next of Kin** _____

INVESTMENT PROFILE

Source(s) of Income:

- Employment Name & location of company: Self Employed Name/type of business:
- Student Name & location of institution:

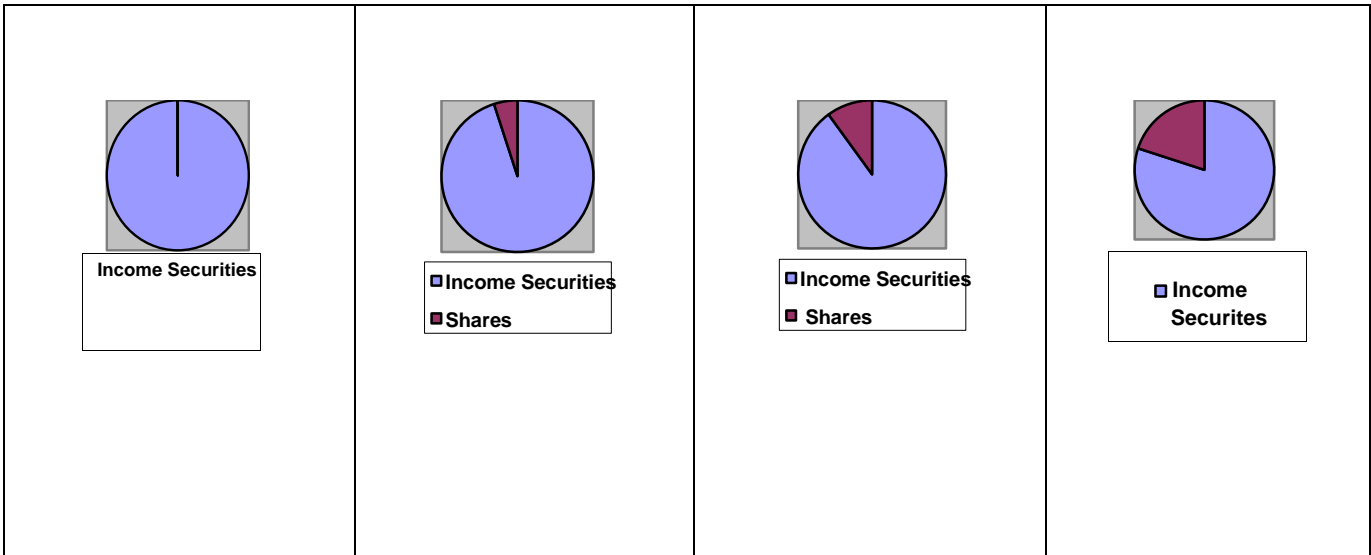
Gross Annual Income: Below GH¢10,000 GH¢10,001 - GH ¢50,000 GH ¢50,001 - GH ¢100,000
 Over GH ¢100,000

Do you plan to make regular monthly contributions to your investment account? Yes No

If **Yes**, what is your expected average monthly contributions? 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**.

Client Name (1) _____ Signature: _____

Client Name (2) _____ Signature: _____

Date _____