

SECURITIES ACCOUNT REGISTRATION FORM (For Individuals) (GSD 1a)
To be completed in BLOCK LETTERS

Client Account Code: <input type="text"/>			<small>(To be filled by Depository Participant Only)</small>		
Title: <input type="text"/>					
Surname: <input type="text"/>		First Name <input type="text"/>			
Other Name(s) <input type="text"/>			Previous Name(s) <input type="text"/>		
Mailing Address <input type="text"/>		City/Town <input type="text"/>			
Residential Address <input type="text"/>			Country <input type="text"/>		
Nationality: <input type="text"/>		Contact Tel: <input type="text"/>			
Date of Birth(dd/mm/yyyy) <input type="text"/>		(Mobile) <input type="text"/>			
Email: <input type="text"/>			Fax: <input type="text"/>		
National ID/Passport/ Drivers Licence/NHIS/Voters ID No.: <input type="text"/>					
<small>(Underline the one being used)</small>					
Place of Issue: <input type="text"/>			Date of Issue: <input type="text"/>		
<small>(dd / mm / yy)</small>					
Residential Status:					
<small>(Tick where appropriate)</small> <input type="checkbox"/> Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non Resident Ghanaian					
<input type="checkbox"/> Non Resident Foreigner					
Occupation: <input type="text"/>					
Statement					
Send statement by (tick where applicable) <input type="checkbox"/> email <input type="checkbox"/> post <input type="checkbox"/> Hold					
Dividend Mandate - (tick where applicable) <input type="checkbox"/> Bank <input type="checkbox"/> post					
If Bank, give details Account No. <input type="text"/>					
Account Name: <input type="text"/>					
Name of Bank <input type="text"/>			Branch: <input type="text"/>		
For 2nd Joint Account Holder (optional)					
Title: <input type="text"/>					
Surname: <input type="text"/>		First Name <input type="text"/>			
Other Name(s) <input type="text"/>			Previous Name(s) <input type="text"/>		
Tel: <input type="text"/>		<input type="text"/>		<input type="text"/>	
<small>(Home)</small>		<small>(Office)</small>		<small>(Mobile)</small>	
National ID/Passport/ Drivers License/NHIS/Voters ID:			No. <input type="text"/>		
Place of Issue: <input type="text"/>			Date of Issue: <input type="text"/>		
<small>(dd / mm / yy)</small>					
Declaration:					
I/We hereby					
(i) request to open and maintain an account for securities in my/our names					
(ii) affirm that all information in the form are correct					
(iii) undertake to notify the Depository Participant of any change of particulars or information provided by me /us in this form					
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<small>(name)</small>		<small>(signature)</small>		<small>(date)</small>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<small>(name second joint)</small>		<small>(signature)</small>		<small>(date)</small>	
Particulars of Next of Kin					
Full Name:		<input type="text"/>			
Relationship with applicant		<input type="text"/>			
Address		<input type="text"/>			