



Brokerage & Investment Advisory Services

(Licensed Dealing Member of the Ghana Stock Exchange)

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KNOW YOUR CLIENT FORM

In an effort to serve you (our client) better, we would like to know the following about you to enable us help you make informed investment decisions. The information provided will be kept **Strictly Private and Confidential.**

A. Personal Details

1. Individual/Company Name
2. Occupation/Business Type.....
3. Business Address:
 - Tel:
 - Fax:
 - E-mail:
4. Permanent Address:
 - Tel:
 - Fax:
 - E-mail:
5. If individual, provide the following information below:
 - Nationality:
 - Age:
 - Date of birth:
 - Marital status:
 - No. of children/dependants.....
 - Next-of-kin

B. Account Type & Annual Gross Income

1. Type of Account (please complete both (a) and (b):
 - a) Individual Joint Group (specify).....
 - b) Discretionary Non-Discretionary

2. Your Annual Gross Income (GH¢) is:

- 2,000 and below 2,000 – 5,000 5,000-10,000 10,000 – 20,000 20,000 +

C. What Is Your Investment Time Horizon?

When evaluating your investment time horizon, you should consider your requirements for meeting future needs, the availability of other income to meet such needs, and your long-term investment goals. What investment time horizon is most appropriate for your investment programme?

- Less than 1yr 1 – 3yrs 4 – 10yrs More than 10yrs

D. What Is The Projected Use Of The Money In Your Investment Programme?

(Rank the following according to order of importance on a scale of 1 to 5, with 1 being the most important)

- (1) To fund retirement.....
- (2) To finance college education of children.....
- (3) To fund the purchase of a home (improvements).....
- (4) To build wealth.....
- (5) Other (please explain.....
.....
.....

E. What Is Your Overall Knowledge Of Investment?

- (A) **Low:** I have very little investment experience outside of bank savings and government treasury bills.
- (B) **Medium:** I have some experience investing in shares and bonds
- (C) **High:** I have been an active participant in the stock market

F. What Is Your Investment Objective?

Different types of investments generate returns in different ways. Typically more conservative investments, such as treasury bills, generate returns through a steady flow of income payments. More aggressive investment, such as shares, tends to generate returns through dividend payments and capital gains. How would you characterize your investment objective for this portfolio?

- (A) Emphasis on income generating investments
- (B) Emphasis on income generating investments and some capital growth
- (C) Emphasis on aggressive capital growth and some income
- (D) Emphasis on aggressive growth of capital

G. What Is Your Attitude Towards Risks?

The process of investing requires careful consideration of risk. There is a trade-off between the risk associated with an investment and its expected return over time. Typically, one must endure greater risk in order to pursue higher returns. Each investor has different attitude towards risks. Which statement best describes your attitude towards risk?

- (A) I cannot accept any loss of principal.
- (B) Conservative: I am more concerned with preserving the value of my account than maximizing capital growth, and can tolerate some decline in value through a market cycle.
- (C) Moderate: I am comfortable with fluctuations in my portfolio, and the possibility of large declines in value, in order to grow my portfolio over time.
- (D) Aggressive: I am comfortable taking on high levels of risk, and the possibility of large fluctuations and substantial declines in the value of my portfolio, in pursuit of higher level of appreciation in my portfolio over time.

H. What Is Your Investment Quantum?

- 1. What cedi amount are you considering for this investment programme?
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- 2. Does your investment in this programme represent more than 50% of your total investible funds? Yes No

I. Is There Any Additional Information You Would Like Us To Know About You?

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Signature: Date:

We thank you for your time.

Name of Receiving Officer: Signature: Date:

Name of Authorizing Officer: Signature: Date: