



## Aligned Real Estate Investment Trust PLC

### Application Form - Individual / Joint Account

Investment Account Number: \_\_\_\_\_

CSD No: \_\_\_\_\_

TIN: \_\_\_\_\_

☐ Single Account

☐ Joint Account

#### First Applicant / Account Holder (tick where applicable)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Gender: \_\_\_\_\_ Title: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Residential Status: ☐ Resident Ghanaian ☐ Non-Resident Ghanaian

If country of origin is not Ghana, please provide the following: ☐ Resident Foreigner ☐ Non-Resident Foreigner

Resident Permit Number: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Permit Issue Date: \_\_\_\_\_ Permit Expiry Date: \_\_\_\_\_ TIN/ECOWAS ID: \_\_\_\_\_

Street Name: \_\_\_\_\_ House No: \_\_\_\_\_ Digital Address (Ghana Post GPS): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employment Status: ☐ Employed ☐ Self Employed ☐ Retired ☐ Unemployed ☐ Student

Occupation/Profession: \_\_\_\_\_ Name Employer/Business/School: \_\_\_\_\_

Street Name: \_\_\_\_\_ House No: \_\_\_\_\_ Digital Address (Ghana Post GPS): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Primary Source of Income: \_\_\_\_\_ Other Source of Income: \_\_\_\_\_

#### Identification (tick where applicable)

Passport ☐ National ID ☐ Driver's License ☐

Voter ID ☐ NHIS ☐ SSNIT ID ☐

Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Joint Applicant / Joint Account Holder / ITF**

Surname:	_____	First Name:	_____		
Maiden Name:	_____	Other Names:	_____		
Gender:	_____	Title:	_____	Mother's Maiden Name:	_____
Nationality:	_____	Date of Birth:	_____	Marital Status:	_____
Country of Residence:	_____	Residential Status:	<input type="checkbox"/> Resident Ghanaian	<input type="checkbox"/> Non-Resident Ghanaian	
If country of origin is not Ghana, please provide the following:		<input type="checkbox"/> Resident Foreigner	<input type="checkbox"/> Non-Resident Foreigner		
Resident Permit Number:	_____	Place of Issue:	_____		
Permit Issue Date:	_____	Permit Expiry Date:	_____	TIN/ECOWAS ID:	_____
Street Name:	_____	House No:	_____	Digital Address (Ghana Post GPS):	_____
City:	_____	Postal Code:	_____	Country:	_____
Mailing Address:	_____	Email Address:	_____		
Telephone:	_____	Mobile:	_____		
Employment Status:	<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student
Occupation/Profession:	_____	Name Employer/Business/School:	_____		
Street Name:	_____	House No:	_____	Digital Address (Ghana Post GPS):	_____
City:	_____	Postal Code:	_____	Country:	_____
Nature of Business:	_____				
Primary Source of Income:	_____	Other Source of Income:	_____		

**Identification**

Passport	<input type="checkbox"/>	National ID	<input type="checkbox"/>	Driver's License	<input type="checkbox"/>
Voter ID	<input type="checkbox"/>	NHIS	<input type="checkbox"/>	SSNIT ID	<input type="checkbox"/>
Number:	_____	Issue Date:	_____	Expiry Date:	_____

**Next of Kin**

Surname:	_____	First Name:	_____		
Maiden Name:	_____	Other Names:	_____		
Gender:	_____	Title:	_____	Mother's Maiden Name:	_____
Nationality:	_____	Date of Birth:	_____	Relationship:	_____
Mailing Address:	_____	Email Address:	_____		

## Client Further Information

Gross An. Income (GHS)	Net Worth (GHS)	Investment Horizon	Objectives	Investment Knowledge	Other Investment Held
<input type="checkbox"/> Under 50,000	<input type="checkbox"/> Under 25,000	<input type="checkbox"/> Under 1 Year	<input type="checkbox"/> Retirement	<input type="checkbox"/> Professional	<input type="checkbox"/> Treasury Bills
<input type="checkbox"/> 50,000 - 99,999	<input type="checkbox"/> 25,000 - 49,999	<input type="checkbox"/> 1 - 2 Years	<input type="checkbox"/> Income	<input type="checkbox"/> Sophisticated	<input type="checkbox"/> Mutual Funds
<input type="checkbox"/> 100,000 - 149,999	<input type="checkbox"/> 50,000 - 99,999	<input type="checkbox"/> 3 - 5 Years	<input type="checkbox"/> Security	<input type="checkbox"/> Good	<input type="checkbox"/> Bonds
<input type="checkbox"/> 150,000 - 199,999	<input type="checkbox"/> 100,000 - 249,999	<input type="checkbox"/> 5 - 10 Years	<input type="checkbox"/> Balance	<input type="checkbox"/> Fair	<input type="checkbox"/> Stocks
<input type="checkbox"/> Over 200,000	<input type="checkbox"/> Over 250,000	<input type="checkbox"/> Over 10 Years	<input type="checkbox"/> Growth	<input type="checkbox"/> Novice	<input type="checkbox"/> Others
Risk Tolerance:		<input type="checkbox"/> Aggressive	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
					<input type="checkbox"/> Zero

## Account Details (for payment of dividends/interest/other payments)

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Branch: \_\_\_\_\_ Swift / Sort Code: \_\_\_\_\_

## Mandate

Mandate: ☐ Sole Signatory ☐ Both to Sign ☐ Either to Sign

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name Signatory: \_\_\_\_\_ Name Signatory: \_\_\_\_\_

## Mode of Instruction and Communication

Preferred Mode(s): ☐ Walk-in ☐ Telephone ☐ Form ☐ Email (with indemnity)

## Details of Investment

Amount Deposited (in Figures): \_\_\_\_\_ Amount in words: \_\_\_\_\_

Mode of Deposit: ☐ Bankers Draft ☐ Transfer ☐ Cash ☐ Cheque \_\_\_\_\_

Check Details: \_\_\_\_\_ Cheque Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank Branch: \_\_\_\_\_

## PEP Status

NB: The following questions are designed to enable the institution determine whether the client is a Politically Exposed Person (PEP). Do you, your spouse, or any other immediate family member, including parents, in-laws, siblings and dependants fall under the following: a Head of State/Government, Politician, Senior Public Official, Senior Military Official, Senior Public Corporation Officer, High Rank Political Party Official in Ghana.

☐ YES ☐ NO

If yes to any above, please specify name (if not the applicant) and nature of the position: \_\_\_\_\_

## Client Additional Information

NB: The data below is designed to capture information for Common Reporting Standards (CRS) as well as FATCA (Foreign Account Tax Compliance Act).

Are you a citizen of any foreign country (beside Ghana)? ☐ YES ☐ NO

Do you hold passport of any foreign country? ☐ YES ☐ NO

Are you a resident in any foreign country? ☐ YES ☐ NO

Do you hold green card of any foreign country (beside Ghana)? ☐ YES ☐ NO

Have you spent more than 183 days in any foreign country? ☐ YES ☐ NO

If your response to any of the above questions in yes, Please provide the following:

Full Name: \_\_\_\_\_ Foreign Mailing Address: \_\_\_\_\_

Foreign Residential Address: \_\_\_\_\_ Foreign Telephone Number: \_\_\_\_\_

Foreign Tax Identification Number (TIN) / Social Security: \_\_\_\_\_

Number/National Identification Number: \_\_\_\_\_

## Email Indemnity

**To:** Aligned Communities Real Estate Investment Trust PLC, Rivera Residence, 12 - 14 Boundary Road, East Legon, Accra, Ghana.

I/We, instruct and mandate **Aligned Communities Real Estate Investment Trust PLC**, situated at Rivera Residence, 12 - 14 Boundary Road, East Legon, Accra, Ghana to deal with our/my investment account at Administrator **AXIS Fund Services LTD** and carry out all investment/payment instructions given by me/us through e-mail via the following email address only:

\_\_\_\_\_

I/We UNDERTAKE to completely indemnify and hold harmless and absolve you, **Aligned Communities Real Estate Investment Trust PLC**, from all forms of loss, liability, claim or damage that might be incurred by you or made against you and/or me/us as a result of instructing you through e-mail.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Declaration

I/We have read and understood and agree with the contents of the scheme particulars. I/We apply for allotment/purchase of class B equity shares of **Aligned Communities Real Estate Investment Trust PLC** and agree to abide by the terms and conditions applicable hereto. I/We request to open and maintain an account for investment at Administrator **AXIS Fund Services LTD**.

I/We declare that the information given in this application is correct, complete and truly stated as of the signature date. I/We declare to notify **Aligned Communities Real Estate Investment Trust PLC** through Administrator **AXIS Fund Services LTD** of any change of particulars or information provided by us in this form. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Indicate the Number of Signatures: ☐ One to Sign ☐ Two to Sign Other: \_\_\_\_\_

## Details of Investment

Amount Deposited (in Figures): \_\_\_\_\_ Amount in words: \_\_\_\_\_

Mode of Deposit: ☐ Bankers Draft ☐ Transfer ☐ Cash ☐ Cheque \_\_\_\_\_

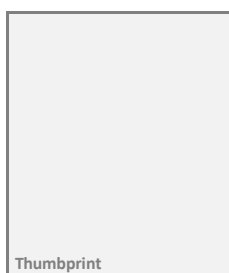
Check Details: \_\_\_\_\_ Cheque Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank Branch: \_\_\_\_\_

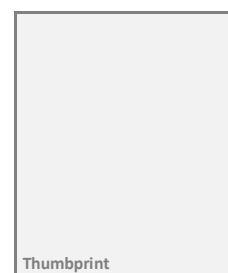
## To be completed where the applicant is not literate or is blind and this form is read to him or her by a third party

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

Mark Customer  
Signature/Thumbprint:



Mark Interpreter  
Signature/Thumbprint:



Date: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Name: \_\_\_\_\_ Language of Interpretation: \_\_\_\_\_

Interpreter Address: \_\_\_\_\_

**CUSTOMER RISK PROFILE**

Client verification/Screening: \_\_\_\_\_

Level of Risk: ☐ Low ☐ Medium ☐ High\*Nature of High Risk Exposure: ☐ PEP ☐ Non-ResidentHigh Risk Business ☐ State Nature of Business: \_\_\_\_\_High Risk Country ☐ State Country: \_\_\_\_\_**REQUIRED DOCUMENTS**1. Passport/Drivers License/Voters ID card/Birth Certificate/SSNIT ID Card etc. ☐ YES ☐ NO2. Completed Application and KYC Forms. ☐ YES ☐ NO3. One (1) passport-sized photograph fully endorsed by each signatory. ☐ YES ☐ NO4. Water/Electricity Bills for residential address confirmation. ☐ YES ☐ NO5. Birth certificate for minors and ITFs are required. ☐ YES ☐ NO6. Directional Map to the client's location is important as well. ☐ YES ☐ NO**APPROVALS ADMINISTRATOR**

Intake by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_**APPROVALS ALIGNED COMMUNITIES REAL ESTATE INVESTMENT TRUST PLC**

Accounts of High Risk Nature\* must be jointly authorized by the Chairman Director, another Director and the Administrator.

Authorised by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_