



Aligned Real Estate Investment Trust PLC

Application Form - Corporate Account

Investment Account Number: _____

CSD No: _____

TIN: _____

Applicant (tick where applicable)

Name of Institution: _____ TIN: _____

CDS Number: _____ Client Number: _____

Date of Incorporation: _____ Registration Number: _____

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

City: _____ Postal Code: _____ Country: _____

Mailing Address: _____ Email Address: _____

Telephone: _____ Fax: _____ Mobile: _____

Local Company: ☐ Foreign Company: ☐

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

Account Number: _____ Account Name: _____

Bank Name: _____ Bank Branch: _____ Swift / Sort Code: _____

Mode of Instrucion and Communication (instructions, notification, receiving statements)

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

Corporate Board Resolution

We hereby certify that the Board of Directors of _____ (the 'Company')

at a meeting of the Board held on the _____ at _____
passed the following resolution which was recorded in the Minute Book of the Company:

Resolved

- (i) that an Investment Account for the Company be opened with **Aligned Real Estate Investment Trust PLC** situated at Rivera Residence, 12 - 14 Boundary Road, East Legon, Accra, Ghana at Administrator **AXIS Fund Services LTD**,
(ii) that **Aligned Real Estate Investment Trust PLC** is hereby requested and authorized to act on any instructions with regard to any transactions of the Company provided such documents are signed by:

Name: _____ Name: _____ Name: _____

Further Resolved

- (iii) that **Aligned Real Estate Investment Trust PLC** be supplied with a copy of the Memorandum and Articles of Association of the Company and a list of the names and signatures of the Directors, Secretary and other officers and authorized officials of the Company by supplying Administrator **AXIS Fund Services LTD**, and
(iv) that this resolution be communicated to **Aligned Real Estate Investment Trust PLC** and remain effective until duly rescinded and or modified by a subsequent resolution passed by the Board of Directors, a certified copy of which, signed by the Chairman and the Secretary, shall be communicated to Administrator **AXIS Fund Services LTD**.

Director: _____ Signature: _____ Date: _____

Director: _____ Signature: _____ Date: _____

Director: _____ Signature: _____ Date: _____

Please note that verification of account-opening documents for off-shore investors include following: (i) An original utility bill and (ii) The identification document (international passport, drivers licence, etc.) should be certified by a notary public in the country of residence of the investor.

Declaration

We hereby: (i) request to open and maintain an account for investment at Administrator **AXIS Fund Services LTD**, (ii) affirm that all information in the form is correct and (iii) undertake to notify **Aligned Real Estate Investment Trust PLC** through Administrator **AXIS Fund Services LTD** of any change of particulars or information provided by us in this form.

Director: _____ Signature: _____ Date: _____

Director: _____ Signature: _____ Date: _____

Director: _____ Signature: _____ Date: _____

Specimen Signature(s)

First Signatory:

Name: _____ Specimen Signature: _____

Second Signatory:

Name: _____ Specimen Signature: _____

Third Signatory:

Name: _____ Specimen Signature: _____

Indicate the Number of Signatures:

No of Signatures: ☐ One to Sign ☐ Two to Sign ☐ All to Sign Other: _____

Email Indemnity

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

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

That we shall call you on the telephone and confirm our instructions to you within thirty (30) minutes of giving investment/payment instructions to you through our said email address.

We instruct and mandate you after receiving our confirmation to deal with our investment account and carry out all investment/payment instructions given to you by us through our said email address.

That in dealing with our investment account and carrying out all investment/payment instructions given to you through our said email address.

We UNDERTAKE to completely indemnify and hold harmless and absolve you, **Aligned 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 us as a result of instructing you through e-mail.

We shall at our own expense defend any action or claim that any third party or person may bring against you in the event that you rely on our instructions and that there is any loss.

DATED: _____

Signed and Delivered by:

Name: _____ Signature: _____

Addres: _____ Business Title: _____

In the Presence of:

Name: _____ Signature: _____

Addres: _____ Business Title: _____

CUSTOMER RISK PROFILE

Client verification/Screening: _____

Level of Risk: ☐ Low ☐ Medium ☐ High*Nature of High Risk Exposure: ☐ PEP ☐ Non-Resident

High Risk Business

☐

State Nature of Business: _____

High Risk Country

☐

State Country: _____

REQUIRED DOCUMENTS

- | | | |
|--|------------------------------|-----------------------------|
| 1. Signed Account Opening documents. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Certified Copy of Regulations. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Certified Copy of Certificate of Incorporation. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Directors resolution to set up account. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Certified Copies of ID of Authorised Officers. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Specimen Signature of Authorised Officers. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Signed Electronic Communication Indemnity Form. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

APPROVALS ADMINISTRATOR

Intake by: _____ Signature: _____ Date: _____

Processed by: _____ Signature: _____ Date: _____

Authorised by: _____ Signature: _____ Date: _____

Comments: _____

APPROVALS ALIGNED 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: _____
