

Know Your Client Form: Individual

New Client
 Client Update

Client first contact established through

Advertising Referral Walk In Personal Contact Other _____

Client Information

Title _____
 First Name _____
 Middle Name _____
 Last Name _____
 Address _____
 Home Address _____
 Confirmation of Home address provided? Yes No
TYPE: Electricity bill Water bill Property rate bill
 Other _____

Date of Birth _____
 Social Security No. _____
 Home Telephone _____
 Business Telephone _____ Ext. _____
 Cell Telephone _____
 Fax _____
 E-Mail _____

Employment Information

Employer Name _____
 Occupation _____
 Address _____
 Gross Annual Income _____
 Other Source of Funds Apart from Employment Income

Family Information

Spouse First Name _____
 Last Name _____
 Occupation _____
 Date of Birth _____
 Social Sec No _____
 No. of Dependants _____

Banking Information

Bank Name _____
 Branch _____
 Account Name _____
 Account Number _____

Identification

Drivers Licence _____ NHIS _____
 Voters ID _____ NIA _____
 Passport _____ Other _____
 Photo ID Shown Yes _____
 Officer's Signature _____

Financial Information

Gross Annual Income (S)	Investment Knowledge	Other Investments
<input type="checkbox"/> Under Gh¢1,000 <input type="checkbox"/> Gh¢7,000.00 - 8,999.99 <input type="checkbox"/> Gh¢1,000.00 - 2,999.99 <input type="checkbox"/> Gh¢9,000.00 - 10,999.99 <input type="checkbox"/> Gh¢3,000.00 - 4,999.99 <input type="checkbox"/> Gh¢11,000.00 - 14,999.99 <input type="checkbox"/> Gh¢5,000.00 - 6,999.99 <input type="checkbox"/> Gh¢15,000.00 - 19,999.99 <input type="checkbox"/> Over Gh¢20,000.00	<input type="checkbox"/> Sophisticated <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Novice	<input type="checkbox"/> Treasury Bills <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Bond <input type="checkbox"/> Stocks <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other
Source of funds for this Investment _____		

INVESTMENT INFORMATION ACCT. TYPE **DISCRETIONARY** **NON-DISCRETIONARY** **JOINT**

Investment Objectives		Time Horizon	Risk Tolerance
<input type="checkbox"/> Retirement Planning	<input type="checkbox"/> Safety	<input type="checkbox"/> None	<input type="checkbox"/> Low
<input type="checkbox"/> Childs Education	<input type="checkbox"/> Income	<input type="checkbox"/> 1 – 3 years	<input type="checkbox"/> Low – Medium
<input type="checkbox"/> Mortgage	<input type="checkbox"/> Balance	<input type="checkbox"/> 3 – 5 years	<input type="checkbox"/> Medium
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Growth	<input type="checkbox"/> 5 – 10 years	<input type="checkbox"/> Medium – High
	<input type="checkbox"/> Speculation	<input type="checkbox"/> 10 + years	<input type="checkbox"/> High

I declare that the information provided is true and accurate. I authorize UMB Stockbrokers Ltd to use my personal information to evaluate my financial need(s) and comply with the Securities Industry Law, as amended. This information may be provided to other members of the Universal Merchant Bank Group. Yes No

Client Signature Date

*For a joint holding the other party(ies) would have to complete a separate KYC form to be attached to this one.
**If discretionary, complete the attached Power of Attorney form

Official Use

Officer Name

Manager

Date

Officer Signature

Date

Remarks _____
