

#### (A Licensed Dealing Member of the Ghana Stock Exchange)

# Wealth Builder Application Form

		2. Joint Application (if any)			
Mr Mrs Miss	Other) [	Mr Mrs Miss Other)			
Surname L		Surname	First Name L Middle Name(s) L		
First Name L		First Name L			
Middle Name(s) [		Middle Name(s)			
Occupation L		Investment on behalf of others:			
Telephone L		Title: L Surname L	Title: Surname		
Email Address L		First Name(s) L	First Name(s) L		
Residential Address		Relationship to Beneficiary			
		Address L			
3. Portfolio Preference					
Banking and Insurance	Breweries	☐ Manufacturing ☐ Oil & Petroleum			
Agro-Processing	Tobacco	Pharmaceutical Portfolio Mix			
Uthers					
Others     A. Dividend     I want all my dividends fro			Dove		
4. Dividend	m these investments ents of Gh¢ L	re-invested I want my dividends sent to me at my address al	Dove		
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P. O. Box GP 401, Accra. | Tel.: 233 28 955 5200 | Email: stockbrokers@myumbbank.com | Website: www.umbstockbrokers.com

## 7. Power of Attorney (For Discretionary mandate)

The Limited Power of Attorney gives UMB Stockbrokers Limited the power to manage your equity investments and to trade on your behalf. Please read it carefully and, if necessary, obtain independent advice before signing.

- 1. I/WE HEREBY APPOINT UMB STOCKBROKERS LIMITED ("UMBS") as my/our true and lawful attorney and in my name and on my behalf to do the following acts or things or any of them, as they shall, in my interest, think proper namely:
  - a. To act on my/our behalf as brokers in any transaction which I/we have instructed UMBS to do.
  - b. To do all and perform all acts necessary for the management of my/our equity investment portfolio/account held with UMBS.
  - c. To do all things incidental to the above including, but not limited to, giving instructions for transactions in securities, transferring, converting, endorsing, selling, assigning and delivering any securities held in my/our equity investment portfolio/account and making, executing and delivering any written instruments of assignments and transfer in order to complete any instructions or transaction.

# 2. AND I/WE HEREBY

- a. Agree to ratify all that UMBS may do or cause to be done in pursuance of this authority.
- b. Agree to indemnify UMBS in respect of all expenses incurred or liabilities covered by them in the reasonable and proper exercise of the powers contained herein.
- c. Declare that this power shall, in all respects be interpreted in accordance with the laws of Ghana.

### 8. Declaration

I/We confirm that we have read and understood and agree to the terms and conditions of this product

First - Name Holder Signature	Date
Joint Holder Signature	Date

## **Official Use**

# **Received by:**

(Officer Signature)

Date

#### Authorized by:

(Officer Name)

(Officer Signature)

Date