



Central Securities Depository (GH) Ltd.
4th Floor Cedi House
CT 465 Cantonments, Accra, Ghana
Tel: (233-0302) 689313/4
Fax: (233-0302) 689315
Email: info@csd.com.gh

Affix
Passport
Size Picture

NAME OF DEPOSITOR PARTICIPANT:	DEPOSITORY PARTICIPANT NO.				
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Title:

Surname / Company Name:

Other Names:

Address:

Residential address:

Residential Status: Resident Ghanaian Resident Foreigner Non Resident Ghanaian Non Resident Foreigner

Tel. No.: Home: Office: Fax. No.: Email:

Date of Birth / Incorporation of Business: (DDMMYYYY):

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Occupation:

Nationality:

ID (Tick one): National ID Passport Birth certificate Voter's Card Certificate of Incorporation Driver's License Other Specify

ID No.: [] Place of Issue: Expiry Date: []
 (DDMMYYYY)

Have you bought a security such as treasury bill, bond, shares etc. before?	Yes	No
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[illegible]

Bank Information of the Investor for Dividend, Interest and maturity Disposal Instructions (for equity or shares the Bank information is optional)

Bank Name:

[illegible][illegible]

DECLARATION

I hereby:

- (i) request to open and maintain a Security Account in my/our name
- (ii) affirm that all information in the form are correct
- (iii) undertake to notify this Depository Participant of any change of particulars or information provided by me in this form

Name: _____ Signature/Thumbprint: _____

(Security Account Holder / Authorised Signatory / Guardian) Date (DDMMYYYY):

For Depository Participant Use Only

Tick where applicable

Local Individual (LI)

Foreign Individual (FI)

Resident Foreigner (FR)

Local Company (LC)

Foreign Company (FC)

Local Junior (LJ)

Pension Fund (FU)

Foreign Junior (FJ)

Verified by: _____

(Name of Depository Participant Officer)

(Signature)

Date (DDMMYYYY):

Stamp:

[illegible]