



## INSTITUTIONAL ACCOUNT OPENING

**Tesah Capital Limited**

2nd Floor, Allied Heights

10 Olusegun Obasanjo Highway

Abelenkpe-Accra.

Tel: +233 302 977813, +233 302 977471

E-mail: [info@tesahcapital.com](mailto:info@tesahcapital.com)

**\* Applicant Details**

TIN		New Registration		Old Registration	
Name of Institution					
Nature of Business				Annual Revenue	
Type of Business					
Office Location				Postal Address	
E-mail Address					
Telephone Number				GPS	

**\* Contact Person**

Name					
ID Number				ID Type	
Telephone Number					
E-mail Address					

**\* Particulars of Auditors (where applicable)**

Auditors					
Office Location				Postal Address	
Telephone Number				TIN	
E-mail Address					

**\* Particulars of Directors - (At least two resident directors) (Please use additional sheet where necessary)**

<b>1</b>	Name				
	Designation				Postal Address
	Date appointed				
	Date of Birth				
	ID Number				ID Type
	Telephone Number				TIN
	E-mail Address				

<b>2</b>	Name				
	Designation				Postal Address
	Date appointed				
	Date of Birth				
	ID Number				ID Type
	Telephone Number				TIN
	E-mail Address				

<b>3</b>	Name				
	Designation				Postal Address
	Date appointed				
	Date of Birth				
	ID Number				ID Type
	Telephone Number				TIN
	E-mail Address				



**\* Authorized Signatories - (Please use extra signature cards where necessary)**

<p><b>1.</b> Name <input type="text"/></p> <p>Designation <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>	<p><b>2.</b> Name <input type="text"/></p> <p>Designation <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>
<p><b>3.</b> Name <input type="text"/></p> <p>Designation <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>	<p><b>4.</b> Name <input type="text"/></p> <p>Designation <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>

**\* Signature Mandate**

Any to sign       Any two to sign       All to sign

## For Official Use Only

### Requirement Checklist

S/N	Documents Required. Originals of all documents MUST be seen	Checked	Deferred	Waived	N/A
001	Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
002	Certificate to Commence Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003	Company Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
004	Duly Completed Investment Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
005	Recent Passport-Sized Photograph of 2 Directors (Not More Than 3 Months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
006	Valid Picture ID of 2 Directors (Voter's ID / Passport / Drivers' License)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Account Opening Details

<p><b>Documents Verified By:</b></p> <p>Name <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>	<p><b>Deferral / Waiver of Document (If Any) Authorized By:</b></p> <p>Name <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>
<p><b>Account Opened By:</b></p> <p>Name <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>	<p><b>Account Opening Authorized By:</b></p> <p>Name <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>

**How to fill the Signature section:**

1. Check to ensure you have opened this document with **Adobe Reader or PDF Reader**.
2. On the Toolbar (3rd bar from top or on the right), click on **'Fill & Sign'**.
3. Select **'Place Signature'**.
4. Choose how you would like to create or upload your signature.
5. Drag the signature into the Signature Box and ensure that it is in the box and does not touch the lines.

Completed form should be emailed to [clientservice@tesahcapital.com](mailto:clientservice@tesahcapital.com).

**\*Note. Please lock this form before saving or emailing to prevent further editing by others. Confirm all information provided before Form Lock**