

SECURITIES ACCOUNT REGISTRATION FORM (For Individuals) (GSD 1a)
To be completed in BLOCK LETTERS

Client Account Code: <input type="text"/>			(To be filled by Depository Participant Only)		
Title: <input type="text"/>					
Surname: <input type="text"/>		First Name <input type="text"/>			
Other Name(s) <input type="text"/>		Previous Name(s) <input type="text"/>			
Mailing Address <input type="text"/>		City/Town <input type="text"/>			
Residential Address <input type="text"/>		Country <input type="text"/>			
Nationality: <input type="text"/>		Contact Tel: <input type="text"/>			
Date of Birth(dd/mm/yyyy) <input type="text"/>		(Mobile) <input type="text"/>			
Email: <input type="text"/>		Fax: <input type="text"/>			
National ID/Passport/ Drivers Licence/NHIS/Voters ID No.: <input type="text"/>					
(Underline the one being used)					
Place of Issue: <input type="text"/>			Date of Issue: <input type="text"/>		
(dd / mm / yy)					
Residential Status:					
(Tick where appropriate)		<input type="checkbox"/> Resident Ghanaian		<input type="checkbox"/> Resident Foreigner	
		<input type="checkbox"/> Non Resident Foreigner		<input type="checkbox"/> Non Resident Ghanaian	
Occupation: <input type="text"/>					
Statement					
Send statement by (tick where applicable)			<input type="checkbox"/> email		<input type="checkbox"/> post
					<input type="checkbox"/> Hold
Dividend Mandate - (tick where applicable)					
			<input type="checkbox"/> Bank		<input type="checkbox"/> post
If Bank, give details Account No. <input type="text"/>					
Account Name: <input type="text"/>					
Name of Bank <input type="text"/>			Branch: <input type="text"/>		
For 2nd Joint Account Holder (optional)					
Title: <input type="text"/>					
Surname: <input type="text"/>		First Name <input type="text"/>			
Other Name(s) <input type="text"/>		Previous Name(s) <input type="text"/>			
Tel: <input type="text"/>		<input type="text"/>		<input type="text"/>	
(Home)		(Office)		(Mobile)	
National ID/Passport/ Drivers License/NHIS/Voters ID:			No. <input type="text"/>		
Place of Issue: <input type="text"/>			Date of Issue: <input type="text"/>		
(dd / mm / yy)					
Declaration:					
I/We hereby					
(i) request to open and maintain an account for securities in my/our names					
(ii) affirm that all information in the form are correct					
(iii) undertake to notify the Depository Participant of any change of particulars or information provided by me /us in this form					
<input type="text"/>		(signature)		(date)	
(name)					
<input type="text"/>		(signature)		(date)	
(name second joint)					
Particulars of Next of Kin					
Full Name:		<input type="text"/>			
Relationship with applicant		<input type="text"/>			
Address		<input type="text"/>			

SECURITIES ACCOUNT REGISTRATION FORM (For Organisations) (GSD 1b)
To be completed in BLOCK LETTERS

Client Account Code: (To be filled by Depository Participant Only)

Name of Institution:

Address:

City/Town Country

Contact Person(s):

Date of Incorporation:/Formation (dd / mm / yy) Company Registration Number

Tel: Fax: Email:

(Tick where applicable) Local Institution Foreign Institution
Send statement by (tick where applicabel) Email Post Hold

Dividend Mandate Bank Post
If Bank, give details

Account Number:

Account Name:

Name of Bank: Branch:

Send statement by: Email Post Hold

Declaration:
I/We hereby
(i) request to open and maintain a security account in my/our names
(ii) affirm that all information on the form are correct
(iii) undertake to notify GSD of any change of particulars or information provided by me/us on this form

name _____ sign _____ Date (dd / mm / yy)

name _____ sign _____ Date (dd / mm / yy)

Seal/Stamp:

For Depository Participant Use Only

Verified by: name _____ sign _____ Date (dd / mm / yy)

Securities Account No:

Supporting Documents:

- 1 Certified true copy of Certificate of Incorporation/Formation
- 2 Certified true copy of Regulation (or Constitution)
- 3 Certified true copy of Board Resolution authorising execution of Opening Form
- 4 Specimen Signatures of Authorized Signatories/passport photographs

INVESTOR SERVICE ACCOUNT REGISTRATION FORM (For Individuals) (GSD 1c)

To be completed in BLOCK LETTERS

Client Account Code:

Title:

Surname: First Name:

Other name(s): Previous name(s)

Mailing Address City

Residential Address Country

City Country

Nationality: Date of Birth

Tel: (Home) (Office) (Mobile)

Email: Fax:

National ID/Passport/ Drivers License/NHIS/Voters ID: Number:

(underline where applicable) Place of Issue: Date of Issue:

(dd / mm / yy)

Residential Status:
(Tick where appropriate) Resident Ghanaian Non Resident Ghanaian
 Resident Foreigner Non Resident Foreigner

Occupation:

Dividend Mandate: Bank Post
(If Bank, give details)

Account Number: Account Name:

Name of Bank Branch:

Send statement by: Email Post Hold

For 2nd Joint Account Holder (optional)

Title:

Surname: First & other names

Previous names

Tel: (Home) (Office) (Mobile)

National ID/Passport/ Drivers License/NHIS/Voter ID: No.

Place of Issue: Date of Issue:

(dd / mm / yy)

Declaration: We hereby
(i) request to open and maintain a security account in our names
(ii) affirm that all information on the form are correct
(iii) undertake to notify GSD of any change of particulars or information provided by us on this form

(name) _____ (signature) _____ (date)

(dd / mm / yy)

(name) _____ (signature) _____ (date)

(dd / mm / yy)

Particulars of Next of Kin

Full Name:

Relationship with applicant

Address:

For Depository Use Only

Verified by: (name) _____ (sign) _____ (date)

(dd / mm / yy)

Securities Account No:

Supporting Documents:

(Copy of Nationsl ID/Passport/Driver's License/NHIS/Voters ID)

INVESTOR SERVICES ACCOUNT REGISTRATION FORM (For Organisations) (GSD 1d)
To be completed in BLOCK LETTERS

Client Account Code:

Name of Institution:

Address:

City Country

Contact Person(s):

Date of Incorporation/Formation:

Company Registration No.

Tel:

Fax:

Email:

(Tick where applicable) Local Institution Foreign Institution

Dividend Mandate **Bank** **Post**

If Bank, give details

Account Number:

Account Name:

Name of Bank: **Branch:**

Send statement by: **email** **post** **Hold**

Declaration:

I/We hereby

(i) request to open and maintain a security account in our name

(ii) affirm that all information on the form are correct

(iii) undertake to notify GSD of any change of particulars or information provided by us on this form

(name) _____ (sign) (date) (dd / mm / yy)

(name) _____ (sign) (date) (dd / mm / yy)

Seal/Stamp:

For Depository Use Only

Verified by: (name) _____ (sign) (date) (dd / mm / yy)

Stamp:

Securities Account No:

Supporting Documents:

- 1 Certified true copy of Certificate of Incorporation/Formation
- 2 Certified true copy of Regulation (or Constitution)
- 3 Certified true copy of Board Resolution authorising execution of Opening Form
- 4 Specimen Signatures of Authorized Signatories/passport pictures

**CHANGE OF REGISTRATION DETAILS
(GSD 2)**

Client Account No. <input style="width: 100%; height: 15px;" type="text"/>		
Title: <input style="width: 100%; height: 15px;" type="text"/>		
Update: (please tick where applicable) (Provide information in spaces below)	<input type="checkbox"/> Mailing Address <input type="checkbox"/> Residential Address <input type="checkbox"/> Contact Numbers	<input type="checkbox"/> Bank Details <input type="checkbox"/> email
New		
Declaration: I/We hereby (i) request to update my/our securities account information (ii) affirm that all information in the form are correct (iii) undertake to notify the Depository Participant of any change of particulars or information provided by me /us in this form		
<input style="width: 100%; height: 15px;" type="text"/> (name)	_____ (signature)	(date) <input style="width: 100%; height: 15px;" type="text"/> (dd / mm / yy)
<input style="width: 100%; height: 15px;" type="text"/> (name)	_____ (signature)	(date) <input style="width: 100%; height: 15px;" type="text"/> (dd / mm / yy)
For Depository Participant Use Only Verified by: _____ (name) (sign) Date: <input style="width: 100%; height: 15px;" type="text"/> (dd / mm / yy)	seal/stamp:	

SECURITIES DEPOSIT FORM (GSD 3)
To be completed in BLOCK LETTERS

Depository Participant No: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/> <small>(dd / mm / yy)</small>
Client Account No. <input style="width: 100%;" type="text"/>	
Client Account Name: <input style="width: 100%;" type="text"/>	

Particulars of Security

Security Symbol: <input style="width: 100%;" type="text"/>	Security Name: <input style="width: 100%;" type="text"/>	
No.	Certificate Number	Number of securities
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total No. of certificates:	<input style="width: 100%;" type="text"/>	Total No. of securities: <input style="width: 100%;" type="text"/>

Declaration:

I/We hereby request the deposit of the above mentioned securities in the above mentioned client Securities Account
I/We hereby certify that:
(a) I/We have the proper authority to deposit the above mentioned securities in the above mentioned Securities Account
(b) I/We am/are the genuine holder(s) of the above mentioned securities

<input style="width: 100%;" type="text"/> <small>(name)</small>	_____	<small>(sign)</small>		<small>(date)</small> <input style="width: 100%;" type="text"/> <small>(dd / mm / yy)</small>
<input style="width: 100%;" type="text"/> <small>(name)</small>	_____	<small>(sign)</small>		<small>(date)</small> <input style="width: 100%;" type="text"/> <small>(dd / mm / yy)</small>

Depository Participant Declaration:

I/We hereby certify that I/we have verified the above information and that:
(1) to the best of our knowledge and information, the name of the securities account holder as it appears on the Account opening form/screen, and on the deposit form refer to the same person.
(2) the person signing the deposit form has the proper authority to do so and I/we agree that the necessary documentary evidence will be made available upon request.

_____ (date)
(authorised signature) (dd / mm / yy)

Seal/Stamp:

For Registrar's Use Only

	Approve / Reject / Seal / Stamp:
(sign)	
(date)	

SECURITIES WITHDRAWAL FORM (GSD 4)
To be completed in BLOCK LETTERS

		Date: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <small>(dd / mm / yy)</small>	
Depository Participant Code	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	Client Account Code	
Title:	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Surname/Name of Institution	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
First & other name(s):	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Previous name(s):	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Address:	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Email:	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
For 2nd Joint Account Holder (optional)			
Title:	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Surname:	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Maiden Names	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Other Names	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Tel:	<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/> <small>(Home)</small>	<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/> <small>(Office)</small>	<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/> <small>(Mobile)</small>
Security Symbol:	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	Security Name	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
No. of shares (in figures):	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
No. of shares (in words):	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Declaration			
I/We hereby request the withdrawal of the above mentioned securities deposited by me/us in my/our Securities Account.			
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small>(name)</small>	_____	(date) <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small>(dd / mm / yy)</small>	
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small>(name)</small>	_____	(date) <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small>(dd / mm / yy)</small>	
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small>(name)</small>	_____	(date) <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small>(dd / mm / yy)</small>	
For Registrars Use Only			
Verified by: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small>(name)</small>	_____	(date) <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small>(dd / mm / yy)</small>	
Verified Stamp:	<input style="width: 100%; height: 50px; border: 1px solid black;" type="text"/>		

SECURITIES PLEDGE FORM (GSD 5a)
To be completed in BLOCK LETTERS

Depository Participant Code:

Client Account Code:

Client Account Title(Name):

Pledge Contract ID:

Pledge Contract Title:

Particulars of Securities

Security Symbol:

Security Name:

No. of shares (In Figures:):

No. of shares (In words:):

Security Symbol:

Security Name:

No. of shares (In Figures:):

No. of shares (In words:):

Security Symbol:

Security Name:

No. of shares (In Figures:):

No. of shares (In words:):

Declaration

I / We hereby request the Pledge of the above mentioned Securities from my/our Securities Account

<input type="text"/>	_____	(date) <input type="text"/>
(name)	(sign)	(dd / mm / yy)
<input type="text"/>	_____	(date) <input type="text"/>
(name)	(sign)	(dd / mm / yy)
<input type="text"/>	_____	(date) <input type="text"/>
(name)	(sign)	(dd / mm / yy)

For DP Use Only

Verified by: _____ (date)

(name) (sign) (dd / mm / yy)

Seal/Stamp

For GSD Use Only

Ref. Number

Verified by:

Date: Seal/Stamp:

(dd / mm / yy)

SECURITIES PLEDGE RELEASE (GSD 5b)
To be completed in BLOCK LETTERS

Pledgee ID:	<input type="text"/>
Pledgee Name:	<input type="text"/>
Pledge Contract ID:	<input type="text"/>
Pledge Contract Title:	<input type="text"/>
Participant Code:	<input type="text"/>
Participant Name:	<input type="text"/>
Client Account Code:	<input type="text"/>

Security Symbol	<input type="text"/>
Security Name:	<input type="text"/>
No. of shares (in figures)	<input type="text"/>
No. of shares (in words)	<input type="text"/>

Security Symbol	<input type="text"/>
Security Name:	<input type="text"/>
No. of shares (in figures)	<input type="text"/>
No. of shares (in words)	<input type="text"/>

For Pledgee Use Only

We hereby confirm the correctness of the information submitted above and the signatories of the pledgee

<input type="text"/>	_____	(date)	<input type="text"/>
(name)	(sign)		(dd / mm / yy)

Seal/Stamp

For GSD Use Only

[] We certify that the pledge referred to above has been released as instructed above.

[] We hereby certify that the pledge referred to above has been released and the securities are available for clearing and settlement purposes.

Verified by:	<input type="text"/>	_____
	(name)	(sign)

Seal/Stamp

Date:
(dd / mm / yy)

SECURITIES TRANSFER FORM (GSD 6)
To be completed in BLOCK LETTERS

Please Select	
<input type="checkbox"/>	INTRA If beneficial ownership is not changing and both accounts have the same ID type and number.
<input type="checkbox"/>	INTER If both client accounts are of different clients having different ID type and number
Delivering Participant Code: <input type="text"/>	Receiving Participant Code: <input type="text"/>
Delivering Participant Name: <input type="text"/>	Receiving Participant Name: <input type="text"/>
Delivering Client Account No. <input type="text"/>	Receiving Client Account No. <input type="text"/>
Delivering Client Account Title: <input type="text"/>	Receiving Client Account Title: <input type="text"/>
Particulars of Securities	
Security Symbol: <input type="text"/>	Security Name: <input type="text"/>
1 No. of shares (in figures): <input type="text"/>	
No. of shares (in words): <input type="text"/>	
Security Symbol: <input type="text"/>	Security Name: <input type="text"/>
2 No. of shares (in figures): <input type="text"/>	
No. of shares (in words): <input type="text"/>	
Security Symbol: <input type="text"/>	Security Name: <input type="text"/>
3 No. of shares (in figures): <input type="text"/>	
No. of shares (in words): <input type="text"/>	
FOR INTER ACCOUNTS TRANSFER	
Transfer Type (select where applicable)	
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Gift
<input type="checkbox"/> Custodian Transactions	<input type="checkbox"/> Consolidation
<input type="checkbox"/> Other disposition of eligible securities requiring prior approval of GSD	
Declaration: (By Delivering Client)	
I/We hereby request the transfer of the above mentioned securities deposited in my/our current Depository Participant to my/our Securities Account with my receiving Depository Participant	
<input type="text"/>	_____ (date) <input type="text"/>
(name)	(sign) (dd / mm / yy)
<input type="text"/>	_____ (date) <input type="text"/>
(name)	(sign) (dd / mm / yy)
<input type="text"/>	_____ (date) <input type="text"/>
(name)	(sign) (dd / mm / yy)
For Delivering Depository Participant Use Only	
Verified by: <input type="text"/>	Signature: _____
Date: <input type="text"/>	Seal/Stamp: _____
(dd / mm / yy)	
For GSD Use Only (For inter accounts transfer only)	
Verified by: <input type="text"/>	Ref Number: <input type="text"/>
Date: <input type="text"/>	Signature _____
(dd / mm / yy)	Seal/Stamp: _____

SUPPLEMENTARY SECURITIES DEPOSIT FORM (GSD 3)

Client Account No:

Date:
(dd / mm / yy)

Security Symbol:

Security Name:

No.	Certificate No.	Number of Securities
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>

Name: _____

Signature: _____