



SEM Capital Management Limited

4th Floor, Trust Towers, Farrar Avenue
P. O. Box CT 2069, Accra, Ghana
Tel: (233 – 21) 235400 / 238382
Fax: (233 – 21) 240666

CLIENT APPLICATION FORM - INSTITUTIONS

Office Use: Client ID - _____ Rep # _____ Date _____

The Securities Industry Law requires that we ask and file specific information on the investment objectives, financial situation and particular needs of each client to provide a basis for our investment recommendations. The information you provide will enable us to understand your unique circumstances, the level of risk that is acceptable to you, as well as select an optimum portfolio that matches your level of risk and return objectives. Please keep your investment goal(s) in mind as you answer the following questions.

Client	
COMPANY/FUND NAME	

Business Tel: _____

Fax: _____

Email Address: _____

Postal Address: _____

City: _____

Country: _____

Name and Address of Person to Receive Statements *(If different from above)*

INVESTMENT PROFILE

Do you plan to make regular monthly contributions to your investment account?

- Yes No

If **Yes**, what is your expected average monthly contribution in one year?

- Below GH¢2000 GH¢2000 - GH¢5000 Over GH¢5000

RISK TOLERANCE (Please circle any one of the following numbers)

1

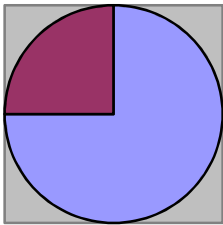
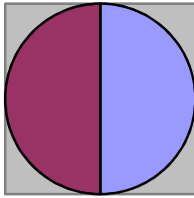
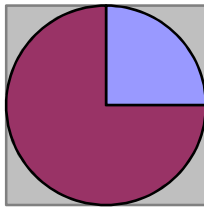
2

3

Low Risk/Conservative

Medium Risk/Moderate

High Risk/Aggressive

 <input type="checkbox"/> Income Securities <input type="checkbox"/> Shares	 <input type="checkbox"/> Income Securities <input type="checkbox"/> Shares	 <input type="checkbox"/> Income Securities <input type="checkbox"/> Shares
--	--	--

INVESTMENT OBJECTIVES (Please tick only one of the following)

- Long-term growth – building wealth over the long term
- Short-term growth – to maximize growth over 12 – 18 months
- Income – to maintain a regular income from investments
- Balanced – to achieve a balance between growth and income

INVESTMENT HORIZON (How long you wish to keep your money invested?)

- 1 – 3 Years
- 3 – 5 Years
- 5 – 10 Years
- Beyond 10 Years

Do you have any other investment or financial needs? If so please detail below

I/We acknowledge that the information provided on this form is **true and accurate**.

Trustee (1): Name _____ Signature: _____

Trustee (2): Name _____ Signature: _____

Trustee (3): Name _____ Signature: _____

Date: _____

PRIVACY NOTICE
SEM Capital Management Ltd. is committed to a culture that respects the privacy of investors through ensuring the security of personal information collected about them. In providing services to you, SEM Capital will from time to time collect personal information from you in order to provide you with a range of financial services. Only information that is necessary to comply with the statutory requirement to have a “reasonable basis” for our recommendations will be collected. In order to fulfill our commitment to privacy, measures have been put into place to minimize the risk of unauthorized access to or loss of personal information. Please note that you can elect not to provide your personal information. However, by not providing your personal information, we may not be able to offer all of our services to you and that any investment advice that you do receive will be on a limited basis.