

SECOND APPLICANT – PERSONAL DETAILS

Name _____
 (Mr./Mrs./Dr./Prof./Miss/Other) First Name Middle Name Surname

Date of Birth ____ / ____ / ____ **Place of Birth** _____
DD MM YYYY

Nationality _____ **Marital Status** _____

Residential Address _____

Postal Address _____

Telephone Numbers (1) _____ (2) _____

Email _____ **Occupation** _____

Name of Employer / School _____

Type of Identification _____ **ID No:** _____ **Expiration Date** ____ / ____ / ____
DD MM YYYY

Mother's Maiden Name _____
 First Name Middle Name Surname

Level of Education: Basic Secondary Diploma 1st Degree Advance Degree Other

Source of Income: Monthly Salary Business Proceeds Rent Income Allowance Other _____

Monthly Income Range: Below GHC 1,000 GHC 1,000 – 4,000 GHC 4,000 – 10,000 Above GHC 10,000

INVESTMENT DETAILS

Type of Fund	Initial Investment Amount(GH)
SEM All Africa Equity Fund	
SEM Money Plus Fund	
SEM Income Fund	
Total	

Mode of Payment: Cash Cheque Bank Transfer Mobile Money Direct Debit

How do you plan to make your contribution? Quarterly Monthly Weekly Daily Other

DIVIDENDS AND CAPITAL GAINS DISTRIBUTION (Only for SEM Income Fund Account)

Do you want your periodic income paid out to you? Yes No

Mode of payment: Cheque Bank Transfer Mobile Money Bankers Draft

Bank Name: _____ **Bank A/c No:** _____ **Branch:** _____

PURPOSE OF ACCOUNT

Retirement Education Income Travel Mortgage / Housing

Other (Please specify) _____

RISK ASSESSMENT

Level of Risk Tolerance: High Medium Low

What is the level of your investment knowledge? High Medium Low

When do you plan to withdraw a significant portion of your money Less than 1 year 1 to 2 years 3 to 5 years
 More than 5 years

MANAGEMENT AGREEMENT

SEM Money Plus Fund is an open-ended mutual fund. The investment objective of the fund is to earn a high rate of interest income and at the same time to preserve capital and maintain liquidity by investing primarily in money market instruments, generally maturing in not more than 365 days. You may invest a lump sum at start and watch your investment grow. The fund does not attract an entry or exit-load fee.

SEM Income Fund is an open-ended mutual fund. The fund seeks to preserve and enhance shareholders capital and to meet medium-to-long term income goals. The Fund will pay income dividends quarterly from its net investment income. Capital gains, if any, may be paid at least annually. The amount of any distribution will vary, and there is no guarantee the fund will pay capital gains distribution. Your income dividends and capital gain will be automatically reinvested in additional shares at net asset value unless you opt to receive them in cash. Withdrawals made before two years will attract an exit load of 1-3%. We advise shareholders to invest for a minimum period of 2 years.

SEM All-Africa Equity Fund is an open-ended equity mutual fund. The main objective of the fund is to provide steady long-term capital appreciation and dividend distribution through investments in a regionally diversified portfolio of listed equities and equity-related instruments. The fund will invest across markets in Africa in order to achieve optimal diversification with minimal volatility. Withdrawals made before two years will attract an exit load of 1-3%. The recommended holding period is 3 to 5 years. The fund is designed for investors with a long-term investment horizon and seek potential for higher long-term returns through equity exposures.

Regular Investment Plan. We advise that you sign up to our periodic investment plan. If you intend to make regular/monthly contribution to your investment account, we recommend a Standing Order or an Automated Clearing House (ACH) debit with your bankers. Our staff can assist you to set up a Standing Order or an ACH debit with your bankers. The minimum maintenance balance on your investment account must be GHC 50.00. If your account balance falls below GHC 50.00, your investment will be liquidated and paid to you.

PRIVACY NOTICE

SEM Capital Advisors 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 required by the Anti-Money Laundering Act, 2008 and necessary to comply with the fiduciary requirement to have a "reasonable basis" for our recommendations will be collected. In order to fulfill our commitment to privacy, measures have been put in 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.

How did you hear about our fund (s) you're investing in: Newspaper Radio Website Family/Friend

Other (Please specify) _____

BENEFICIARY DETAIL (OPTIONAL)

Name:	Email	Phone no.	% allocation
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

Note: Percentage allocated to beneficiaries must add up to 100%. By law, the contents of a will and the authority of the Letters of Administration (LA) always supersedes the beneficiaries listed as part of your mutual fund application, so it is important to ensure that your wishes regarding your investments are clearly stated in a will.

NEXT OF KIN DETAIL (Contact Person-Relative)

First Name

Middle Name

Surname

Telephone Number: _____ Email: _____

SIGNATURES

Please indicate: One to Sign Two to Sign

I/We _____
agree with the terms of the Mutual Fund Prospectus.

Signature: _____
(Individual Applicant)

Date: ____ / ____ / ____
DD MM YYYY

Signature: _____
(Joint Applicant)

Date: ____ / ____ / ____
DD MM YYYY

OFFICIAL USE ONLY

APPROVALS:

Investment Representative

Compliance Officer

Name: _____

Name: _____

Signed: _____

Signed: _____

Date: ____ / ____ / ____
DD MM YYYY

Date: ____ / ____ / ____
DD MM YYYY

(Check list before approval of form) ID PP SOI LOR MIR

PEP PEP RISK RATING HIGH LOW

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