

SECURITIES AND EXCHANGE COMMISSION, GHANA



**APPLICATION BY AN INDIVIDUAL FOR THE GRANT/
RENEWAL OF A LICENCE TO CARRY ON BUSINESS AS AN
INVESTMENT ADVISER UNDER THE SECURITIES
INDUSTRY ACT 2016, (ACT 929)**

SEC FORM 2

1. GENERAL INFORMATION

Name of Applicant

Address

Date of Birth

Location of Principal Place of Business

Location / Address of Branches (if applicable)

Telephone Number

Fax

Email

Name and Address of Principal Bankers and Bank Account Numbers

Name of Bank

Account #

Branch Address

Trust Account (Yes/No)

Name and Address of two unrelated referees who can testify to the applicant's competence to discharge the duties and obligations appurtenant to the licence applied for

The location of the register of interests in securities required to be maintained under section 127 (1) of the Act

2. TYPE OF APPLICATION

Please indicate if this is an initial application for a licence or whether it is an application for the renewal of an existing licence

Initial Application

Renewal of Existing Licence

If it is for the renewal of an existing licence please furnish the following information

Date of issue of existing licence :

Licence Number :

3. OTHER BUSINESSES

Please give details of other businesses (if any) the applicant is engaged in other than the business for which a licence is being applied for

4. DECLARATION

I the undersigned certify that the above information is true and accurate.

I undertake to comply with the provisions of the Act, Regulations, Codes, Directives, Guidelines, Circulars, Manuals, Rules, Statements of Principles, Procedures, present and prospective issued from time to time by the Commission under the Act.

I also undertake to inform the Commission immediately of any change in any of the particulars stated in this application.

I confirm that I have not been -

(a) adjudged bankrupt anywhere;

(b) convicted either within Ghana or elsewhere within the period of 10 years immediately preceding the date on which the application is made of an offence involving fraud or dishonesty punishable on conviction with imprisonment for a term of three months or more;

(c) denied a licence anywhere in respect of a regulated activity; or

(d) a director or partner of an entity which has been denied a licence under the Act or has had any licence issued under the Act suspended or revoked.

I authorise the Commission to call for a report of my financial standing from my bankers whose addresses have been given above. I enclose herein -

- *1. Certified true copies of certificates pertaining to my educational, academic and/or professional qualifications.
2. Receipt in proof of payment of the licence fee prescribed.
3. Detailed statement of my assets and liabilities signed by myself;
4. Business plan (as defined in these guidelines).
5. Tax clearance certificate with regard to the last period of assessment.
- *6. A certified true copy of the register of interests required to be maintained under section 127 (1) in Form 5 (Schedule 7).

NB

* Not required in case of a renewal unless there have been changes

.....
SIGNATURE OF APPLICANT

.....
DATE:

FOR OFFICIAL USE ONLY

Comments

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Officer

.....
Sign

.....
Date

Securities and Exchange Commission. No. 30, 3rd Circular Road, Cantonments, Accra
P. O. Box CT 6181, Cantonments, Accra, Tel: 0302 768970-2, Fax: 0302 768984
E-mail: info@sec.gov.gh, Website: www.sec.gov.gh

PAYMENT INSTRUCTIONS

Bank Details:

Bank Name: Consolidated Bank Ghana

Account Name: SEC Revenue Collection Account

Account Number: 177 435 8120 001

Branch: Manet Tower 3

You are to send the payment advice quoting your licence number and duly completed form to the appropriate department as indicated below and copy financecapital@sec.gov.gh

Email

Market Operator

funds@sec.gov.gh

Fund Managers, Mutual Funds, Unit Trusts, Trustees, Custodians

brokerdealers@sec.gov.gh

Broker Dealers, Investment Advisers, Primary Dealers

exmarkets@sec.gov.gh

Securities Exchanges, Depositories, Registrars

issuers@sec.gov.gh

Issuing Houses

auditrisk@sec.gov.gh

AML