

SECURITIES AND EXCHANGE COMMISSION, GHANA



**APPLICATION BY A CORPORATE BODY FOR THE GRANT /
RENEWAL OF A LICENCE TO CARRY ON BUSINESS AS**

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**[TYPE REGULATED ACTIVITY APPLIED FOR]
UNDER THE SECURITIES INDUSTRY
ACT 2016 (ACT 929)**

SEC SCHEDULE 10 FORM

L.I. 1695

PART A— PARTICULARS OF SCHEME

Full Name of Scheme:

Location of Registered Office:

Region:

City/Town:

Street:

House No:

Telephone Nos:

Fax Nos:

Email Address:

Principal Place of Business:

Location of Branches and Address:

Certificate of Incorporation — No. & Date (Attach a Copy):

Location of Branches and Address

Full name & Address of Bankers:

Authorised Shares (in the case of closed-end mutual funds):

Paid-Up Capital:

*(a) Total Assets:

*(b) Total Liabilities:

(Attach a signed copy of the Audited Accounts)

Name and Address of Auditors:

*Number of Directors:

*Name of Directors:

*Please provide the following particulars of all other Directors/Secretary as an attachment to this form:

- i. Postal Address:
- ii. Residential Address:
- iii. Date of Birth/Age:
- iv. Nationality
- v. Occupation/Line of Business:
- vi. Educational Background:
- vii. Work Experience:
- viii. Interest in any other Company(s):

PART A— PARTICULARS OF SCHEME CONT'D

15. *Has the applicant/any Director ever been convicted of:

- i. a felony or misdemeanour involving investment or an investment related business, fraud, false statement or omissions, wrongful taking of property or bribery, forgery, counterfeiting or extortion?

YES

NO

- ii. any other felony

YES

NO

(if YES, then give details as an attachment).

16. *Has the Applicant/any Director ever been adjudged bankrupt?

YES

NO

(if YES give the details as attachment).

*** Applicable only to Mutual Funds**

PART B - PARTICULARS OF THE MANAGER

Full Name of Manager:

Location of Registered Office:

Region:

City/Town:

Street:

House No:

Telephone Nos:

Fax Nos:

Email Address:

Principal Place of Business:

Location of Branches and Address:

Certificate of Incorporation — No. & Date (Attach a Copy):

Location of Branches and Address

Full name & Address of Bankers:

PART B - PARTICULARS OF THE MANAGER

Authorised Shares (in the case of closed-end mutual funds):

Paid-Up Capital:

*(a) Total Assets:

*(b) Total Liabilities:

(Attach a signed copy of the Audited Accounts)

Name and Address of Auditors:

*Number of Directors:

*Number of Directors:

*Please provide the following particulars of all other Directors/Secretary as an attachment to this form:

- i. Postal Address:
- ii. Residential Address:
- iii. Date of Birth/Age:
- iv. Nationality
- v. Occupation/Line of Business:
- vi. Educational Background:
- vii. Work Experience:
- viii. Interest in any other Company(s):

15. *Has the applicant/any Director ever been convicted of:

- iii. a felony or misdemeanour involving investment or an investment related business, fraud, false statement or omissions, wrongful taking of property or bribery, forgery, counterfeiting or extortion?

YES

NO

- iv. any other felony

YES

NO

(if YES, then give details as an attachment).

16. *Has the Applicant/any Director ever been adjudged bankrupt?

YES

NO

(if YES give the details as attachment).

PART C— PARTICULARS OF TRUSTEE/CUSTODIAN

Full Name of Trustee/Custodian:

Location of Registered Office:

Region:

City/Town:

Street:

House No:

Telephone Nos:

Fax Nos:

Email Address:

Principal Place of Business:

Location of Branches and Address:

Certificate of Incorporation — No. & Date (Attach a Copy):

Location of Branches and Address

Full name & Address of Bankers:

Name and Address of Auditors:

*Number of Directors:

*Number of Directors:

*Please provide the following particulars of all other Directors/Secretary as an attachment to this form:

- ix. Postal Address:
- x. Residential Address:
- xi. Date of Birth/Age:
- xii. Nationality
- xiii. Occupation/Line of Business:
- xiv. Educational Background:
- xv. Work Experience:
- xvi. Interest in any other Company(s):

PART C— PARTICULARS OF TRUSTEE/CUSTODIAN CONT'D

15. *Has the Manager/any Director ever been convicted of:

- v. a felony or misdemeanour involving investment or an investment related business, fraud, false statement, or omissions, wrongful taking of property or bribery, forgery, counterfeiting or extortion?

YES NO

- vi. any other felony

YES NO

(if YES, then give details as an attachment).

16. *Has the Trustee/Custodian /any Director ever been adjudged bankrupt?

YES NO

(if YES give the details as attachment).

PART D

1. A Declaration of Investment Objectives of the Scheme:

We the undersigned declare:

- a) that the ownership and effective control of the Manager of the proposed Scheme are independent of the ownership and effective control of the Trustee/Custodian.
- b) that the above statement and the attached details are true and also agree to operate the business of

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In accordance with the Securities Industry Act, 2016 (Act 929) and rules and regulations made thereunder.

SIGNATURE:

SIGNATURE:.....

FULL NAME:.....

FULL NAME:.....

DESIGNATION:.....

DESIGNATION:.....

DATE:.....

DATE:.....

**ACTING FOR AND ON BEHALF OF
THE MANAGER**

**ACTING FOR AND ON BEHALF OF
THE TRUSTEE/CUSTODIAN**

SIGNATURE:.....

FULL NAME:.....

DESIGNATION:.....

DATE:.....

**ACTING FOR AND ON BEHALF OF
THE MUTUAL FUND COMPANY**

(Where scheme is a mutual fund)

PART E: FOR OFFICIAL USE ONLY

Comments

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Officer

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Sign

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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: 177 435 120 001
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

funds@sec.gov.gh

brokerdealers@sec.gov.gh

exmarkets@sec.gov.gh

issuers@sec.gov.gh

auditrisk@sec.gov.gh

Market Operator

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

Broker Dealers, Investment Advisers, Primary Dealers

Securities Exchanges, Depositories, Registrars

Issuing Houses

AML