



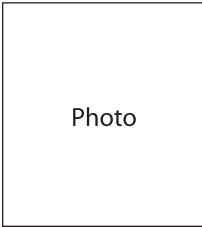
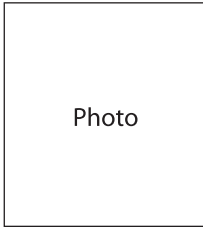
# Investment Application Form **INDIVIDUAL**

Investment Account Number:

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CSD No.: 

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**PLEASE WRITE IN BLOCK LETTERS**

**Account Type:**  Single Account  Joint Account  ITF Name: \_\_\_\_\_

**Mandate:**  Discretionary  Non-Discretionary

**1. Your Details**

Account Holder	Joint Account Holder
Title: Mr. /Mrs. /Miss. /Ms. /Dr. /Prof.	Title: Mr. /Mrs. /Miss. /Ms. /Dr. /Prof.
Surname:	Surname:
Other Names:	Other Names:
Maiden Name:	Maiden Name:
Date of Birth: / / Place of Birth:	Date of Birth: / / Place of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Email:	Email:
Telephone (Mobile):	Telephone (Mobile):
Tel. (Residential):	Tel. (Residential):
Postal Address:	Postal Address:
Residential Address:	Residential Address:
Digital Address (GhanaPost GPS):	Digital Address (GhanaPost GPS):
Nationality:	Nationality:
Country of Residence:	Country of Residence:
<b>Residential Status</b> Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/> <i>If country of origin is not Ghana, please provide the following:</i> Resident Permit Number _____ Place of Issue _____ Permit Issue Date _____ Permit Expiry Date _____ TIN _____	<b>Residential Status</b> Resident Ghanaian <input type="checkbox"/> Non-Resident Ghanaian <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner <input type="checkbox"/> <i>If country of origin is not Ghana, please provide the following:</i> Resident Permit Number _____ Place of Issue _____ Permit Issue Date _____ Permit Expiry Date _____ TIN _____
<b>Proof of Identity</b> ID type: Passport: <input type="checkbox"/> Voters ID: <input type="checkbox"/> Drivers License: <input type="checkbox"/> SSNIT Card: <input type="checkbox"/> National ID: <input type="checkbox"/>	<b>Proof of Identity</b> ID type: Passport: <input type="checkbox"/> Voters ID: <input type="checkbox"/> Drivers License: <input type="checkbox"/> SSNIT Card: <input type="checkbox"/> National ID: <input type="checkbox"/>
ID Number:	ID Number:
Place of Issue:	Place of Issue:
Issue Date: / /	Issue Date: / /
Expiry Date: / /	Expiry Date: / /
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Spouse Name:	Spouse Name:

NOTE: PORTIONS MARKED WITH \* ARE COMPULSORY SECTIONS AND MUST BE COMPLETED

## 2. Other Information

Status: Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/>		Status: Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/>	
Employer / Business / School Name:		Employer / Business / School Name:	
Employer / Business /School Address:		Employer / Business /School Address:	
Nearest Landmark:		Nearest Landmark:	
Digital Address (GhanaPost GPS):		Digital Address (GhanaPost GPS):	
City / Town:		City / Town:	
*Nature of Business:		*Nature of Business:	
Business/School/Office Contact Number 1:		Business/School/Office Contact Number 1:	
Business/School/Office Contact Number 2:		Business/School/Office Contact Number 2:	
Business/School/ Office Email:		Business/School/ Office Email:	
Investment Objectives	<input type="checkbox"/> Retirement Planning <input type="checkbox"/> Education <input type="checkbox"/> Mortgage <input type="checkbox"/> Income <input type="checkbox"/> Others		
Investment Horizon	<input type="checkbox"/> Short Term below 1 year <input type="checkbox"/> Short - Medium Term 1 - 2 years <input type="checkbox"/> Medium term 2 - 3 years <input type="checkbox"/> Medium-Long term 3 - 5 years <input type="checkbox"/> Long Term above 5 years		
Gross Annual Income	<input type="checkbox"/> Under GH ₵10,000.00 <input type="checkbox"/> GH₵10,000 TO GH₵50,000 <input type="checkbox"/> GH₵50,000 TO GH₵100,000 <input type="checkbox"/> GH₵100,000 TO GH₵150,000 <input type="checkbox"/> GH₵150,000 TO GH₵200,000 <input type="checkbox"/> OVER GH₵200,000		
Investment Knowledge	<input type="checkbox"/> Sophisticated <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Novice		
Risk Tolerance	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Other Investments Held	<input type="checkbox"/> Treasury Bills <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Bonds <input type="checkbox"/> Stocks <input type="checkbox"/> Insurance <input type="checkbox"/> Other		

## 3. In Trust For

*Name:	
Relationship with Account Applicant:	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
*Date of Birth:   D   D   M   M   Y   Y   Y   Y	Place of Birth:
*Country of Origin:	*Country of Residence:
*ID Type: Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Drivers License <input type="checkbox"/> SSNIT Biometric Card <input type="checkbox"/> National ID <input type="checkbox"/>	
*ID Number:	*Issue Date:   D   D   M   M   Y   Y   Y   Y
*Place of Issue:	*Expiry Date:   D   D   M   M   Y   Y   Y   Y

## 4. Details of Investment

Amount Deposited (in Figures):	
Amount in words:	
Mode of Deposit: <input type="checkbox"/> Bankers Draft <input type="checkbox"/> Transfer <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
<b>Cheque Details:</b> Name of Bank:	Cheque No.    Branch:
Please indicate how you wish to receive your investment advice(s). via: <input type="checkbox"/> Email <input type="checkbox"/> Collection at UMB IHL <input type="checkbox"/> RM to deliver	
*Anticipated Investment Activity: Top-ups: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other	
If Other, please specify:	
Withdrawals: Top-ups: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other	
If Other, please specify:	
Anticipated Investment Amount:	
Regular Top-up Amount (Expected):	Regular Withdrawal Amount (Expected):

NOTE: PORTIONS MARKED WITH \* ARE COMPULSORY SECTIONS AND MUST BE COMPLETED

## 5. Investment Options

TREASURY INVESTMENT		MUTUAL FUND	OTHERS	
Bills	<input type="checkbox"/> 91-Day Govt. Of Ghana T-Bill	<input type="checkbox"/> UMB Balanced Fund	<input type="checkbox"/> .....	
	<input type="checkbox"/> 182-Day Govt. Of Ghana T-Bill			
Notes	<input type="checkbox"/> 1 Year Government of Ghana Note			
Bonds	<input type="checkbox"/> 2 Year Government of Ghana Note			<input type="checkbox"/> UMB Income Fund
	<input type="checkbox"/> 3-Year Government of Ghana Bond			
	<input type="checkbox"/> 5-Year Government of Ghana Bond			
Please indicate how you wish to receive your investment advice(s). VIA:				
<input type="checkbox"/> Email <input type="checkbox"/> Collection at UMB IHL <input type="checkbox"/> RM to deliver				
Statement Frequency: <input type="checkbox"/> Quarterly		Specify any other additional statement frequency:		

## 6. Your Operating Instructions

Please indicate your disposal instructions by ticking the appropriate box:

<input type="checkbox"/>	Invest all the Maturity Proceeds until further notice.
<input type="checkbox"/>	Re-invest Principal amount and pay me (us) the discount upfront / interest earned on maturity until further notice.
<input type="checkbox"/>	Do not reinvest, please:

## 7. Bank Details

Bank Name:		Branch:	
Account Number:		Account Name:	
<input type="checkbox"/> a. Issue a cheque for the maturity proceeds to me/us. Or in favour of: <input type="checkbox"/> b. Mobile Money Transfer: <input type="checkbox"/> c. Hold on with proceeds and wait for disposal instructions from me/us: d. Any other (Please state in space provided): _____			

## 8. Beneficiary

*Name:		*Name:	
Percentage (%):		Percentage (%):	
Relationship with Account Applicant:		Relationship with Account Applicant:	
Marital Status:    Single <input type="checkbox"/> Married <input type="checkbox"/>		Marital Status:    Single <input type="checkbox"/> Married <input type="checkbox"/>	
Gender:            Male <input type="checkbox"/> Female <input type="checkbox"/>		Gender:            Male <input type="checkbox"/> Female <input type="checkbox"/>	
*Date of Birth:    D   D   M   M   Y   Y   Y   Y		*Date of Birth:    D   D   M   M   Y   Y   Y   Y	
Place of Birth:		Place of Birth:	
*Country of Origin:		*Country of Origin:	
*Country of Residence:		*Country of Residence:	
Tel No.		Tel No.	
*ID Type:    Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Drivers License <input type="checkbox"/> SSNIT Biometric Card <input type="checkbox"/> National ID <input type="checkbox"/>		*ID Type:    Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Drivers License <input type="checkbox"/> SSNIT Biometric Card <input type="checkbox"/> National ID <input type="checkbox"/>	
*ID Number:		*ID Number:	
*Issue Date:    D   D   M   M   Y   Y   Y   Y		*Issue Date:    D   D   M   M   Y   Y   Y   Y	
*Expiry Date    D   D   M   M   Y   Y   Y   Y		*Expiry Date    D   D   M   M   Y   Y   Y   Y	
*Place of Issue:		*Place of Issue:	

## 9. Security Question and Answer

Question	Answer
What is your mother's maiden name?	

## 10. Management Agreement and Product Requirement

<input type="checkbox"/>	<b>UMB BALANCED FUND</b> The UMB Balanced Fund is a collective investment scheme whose main objective is to seek the growth and the creation of value for its shareholders. This is done by mobilizing funds for investment in Fixed Income Securities and Shares of Listed Companies on the Ghana Stock Exchange as well as Stock Exchanges in Emerging Markets. The minimum investment period is three (3) years. This is to enable shareholders enjoy optimal returns and also avoid redemption charges.
<input type="checkbox"/>	<b>UMB INCOME FUND</b> UMB Income Fund is an open-ended Money Market Fund. The objective of the Fund is to earn a high rate of interest income, preserve capital and maintain liquidity. This is done by investing primarily in Fixed Income Securities, generally maturing in not more than 365 days. Investors are encouraged to hold their investments for at least three months to offset charges and also earn good returns.
<input type="checkbox"/>	<b>TREASURY INSTRUMENTS</b> UMB IHL acting on behalf of UMB is a registered Primary Dealer of Government of Ghana, and Bank of Ghana Securities. This service is provided for both institutional and retail investors. Treasury instruments tend to be risk free and also attractive interest rates. Minimum amounts required is GH¢100.00

## 11. Terms and Conditions

### 1. Duties and Responsibilities of UMB IHL under this agreement

- 1.1. UMB IHL upon receipt of funds from you (the Client) shall exercise the standards of care, expertise and fidelity expected of a professional fund manager, and shall be subject, in each case to your specific restrictions set out in the Risk Profile as set out in Appendix A, and the Investment Policy Statement as set out under the Investment Policy.

### 2. Information and Confidentiality

- 2.1. UMB IHL agrees to keep and to ensure that its personnel shall keep confidential all information, documents and all other matters arising or coming to it regarding the client's identity, financial affairs and investments
- 2.2. The obligations of confidentiality shall not apply to any confidential information which is in the possession of and is at the free disposal of UMB IHL or is published or is otherwise in the public domain prior to the receipt of such Confidential Information or other by UMB IHL.

### 3. Investments

- 3.1. UMB IHL shall within the limits of the Investment Policy endeavor to maximize the returns, diversify risk, and at the same time make best efforts to preserve the value of the client's portfolio. This shall include but not limited to returns on fixed income investments and dividends from equities.

### 4. Reporting Obligations

- 4.1. Unless otherwise agreed UMB IHL shall on quarterly and annual basis provide the client with reports detailing funds received, withdrawals, transactions executed, investment performance, market value and earnings.
- 4.2. Reports shall be sent via electronic mail or any other means as determined by you

### 5. Liability

- 5.1. UMB IHL shall act in good faith and with due diligence and subject to this, shall only be held liable where proof of gross negligence is established on its part or default or fraud of any person, firm or company through whom transactions are effected for the Client's account.
- 5.2. UMB IHL shall not be held liable for losses suffered by you as a result of conditions outside UMB IHL's control; this includes but not limited to actual or reasonably apprehended acts of God, natural disasters, wars, hostilities and interruptions in communication and software services.

### 6. Email / Telephone Indemnity

- 6.1. UMB IHL may, but is not obliged to act on any instruction that claims to come from you since it is not possible for UMB IHL to confirm the authenticity of all email/telephone messages that claim to come from you. No email/telephone can be considered received by UMB IHL until you have either received a reply or read receipt from UMB IHL. You accept that unless otherwise advised in writing, UMB IHL shall communicate with you via electronic mail and you shall not hold UMB IHL liable for any losses, costs or legal consequences arising from such communication.

### 7. Remuneration

- 7.1. You shall on a quarterly basis pay in arrears to UMB IHL, a Management Fee of .....% of the Total Asset Value of your investment portfolio including cash.

**8. Termination of Investments**

- 8.1. This Agreement may be terminated by either party through a written notice stating reasons for the termination, which will be delivered to either party not less than one (1) month before the effective date of the termination of this Agreement.
- 8.2. Upon termination of this agreement, UMB IHL shall transfer or cause to be transferred to the Investor, its successor or assigns all the assets comprising the portfolio, reasonable fees excluded to the care of any other institution or entity as directed by the investor.
- 8.3. You shall exercise the right to request for all or a portion of your investments at any given time. All costs and penalties related to and incurred due to the early full or partial redemption of your investments shall be borne by you.

**9. Communications and Notices**

- 9.1. All communication between parties to this Agreement shall be valid only if made in writing or by fax or by email and signed or sent by an authorized representative of the parties.

**10. Applicable Jurisdiction**

- 10.1. This Agreement shall be governed by and construed in accordance with the Laws of Ghana.

**11. Amendments**

- 11.1. Any amendment or variations to this Agreement are valid only on the basis of explicit written agreement signed by an authorized representative of both parties to this Agreement.

**12. Risk Warning**

- 12.1 Investing in financial markets involves the risk of loss and there is no guarantee that all or any invested capital. Past Performance neither guarantees nor reliably indicates future performance. The value of investments and the income from them fluctuate with financial markets and various economic indicators.

**Declaration**

I/We declare that the information provided is true and accurate. I/We authorize UMB Investment Holdings Ltd. (UMB IHL) to use my/our personal information to evaluate my/our financial need(s) and comply with the Securities Industry Law, as amended. This information may be provided to other members of the Universal Merchant Bank Group. I undertake to notify UMB IHL promptly to any change of the information provided by me/ us on this form. I have read and understood all the terms and conditions at the back of the leaflet.

**12. Account Mandate**

Signature(s)	A.	B.	C.
Name(s)			
Date			
Signing instructions	One to sign <input type="checkbox"/>	Either to sign <input type="checkbox"/>	Both to sign <input type="checkbox"/>

**\*Client Additional Information (1)**

**NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)**

Do you, your spouse, or any other immediate family member, including parents, in-laws, siblings and dependants fall under the following:

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official in Ghana **YES / NO**

If yes to any above, please specify name (if not the applicant) and nature of the position:

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official outside Ghana **YES / NO**

If yes to any above, please specify name (if not the applicant) and nature of the position:

**\*Client Additional Information (2)**

**NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO CAPTURE INFORMATION FOR COMMON REPORTING STANDARDS AS WELL AS FATCA (Foreign Account Tax Compliance Act)**

Are you a citizen of any foreign country (besides Ghana)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold passport of any foreign country (besides Ghana)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold green card of any foreign country (besides Ghana)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you resident in any foreign country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you spent more than 183 days in any foreign country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the responses to any of the above questions is Yes, please provide the following information:

Full Name:

Foreign Residential Address:

Foreign Mailing Address:

Foreign Telephone Number:

Foreign Tax Identification Number (TIN)/Social Security Number (SSN)/National Identity Number:

I/We, ..... Hereby confirm the information provided above is true, accurate and complete

Signature:

Date:

**UNDERTAKING TO BE SIGNED ONLY BY THOSE WHO RESPONDED 'YES' TO THE FIRST SET OF QUESTIONS ABOVE**

Subject to the applicable local laws, I hereby give consent to the Institution to share my information with foreign tax authorities where necessary to establish my tax liability. Where required by domestic or foreign tax authorities, I give my consent and agree that the Institution may withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.

Signature:

Date:

**\*Client Additional Information (3)**

**For Depository Participant Use Only**

Tick where applicable

Local Individual (LI)

Local Junior (LJ)

Foreign Individual (FI)

Foreign Junior (FJ)

Resident Foreigner (FR)

Verified by CSD Officer:

Signature:

(Name of Depository Participant Officer)

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Stamp:

Client CSD Securities Account Number:

**For Official Use Only****13. Risk Profile**

Risk Profile of Client	Yes <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
AML INFO	PEP <input type="checkbox"/>	Undesirable <input type="checkbox"/>	Watch-list <input type="checkbox"/> Black List <input type="checkbox"/>

**14. Approvals**

Account opened by:	Account authorized:
Name of Licensed Officer:	Name:
Position:	Position:
Signature:	Signature:
Date:	Date:

Approval by CEO:	Approval by Compliance Officer/AMRO:
Name:	Name:
Signature:	Signature:
Date:	Date:
Comments:	
<b>*Accounts of High Risk Nature must be jointly approved by CEO/Executive/Senior Manager and Compliance Officer</b>	

**\*Application Requirements: Individual**

<b>SN</b>	<b>Documents Required</b>	<b>Verified</b>
1.	*Passport-sized photographs (Account holders / Beneficiaries)	
2.	*Proof of Identity	
3.	*Proof of Identity of Account Beneficiary	
4.	*Proof of Address	
5.	*Specimen Signature(s)	
6.	*Email Indemnity <i>(for clients with email address)</i>	
7.	*Proof of Foreign Address <i>(for Non-Resident clients)</i>	
8.	*Resident / Work Permit <i>(for Non-Ghanaians)</i>	
9.	*Executed Management Agreement (Strictly for High Net Worth Clients)	



## Account Information

This leaflet contains information about your UMB IHL Investment Account. Please read and retain this booklet, which contains:

- The terms of the Agreement between you and UMB IHL
- UMB IHL Investment Account Application Requirements
- Guide to Investments

## The Terms of the Agreement Between You and UMB IHL

### ALL INVESTMENT ACCOUNTS

UMB IHL shall not be liable for any loss or damages resulting from our failure to detect falsification, forgery or other defect in signature, authentication or legal capacity, save to the extent that it results from our negligence, willful default or fraud.

### IN TRUST FOR ACCOUNTS (ITF ACCOUNTS)

ITF accounts can be opened only for beneficiaries less than eighteen years (18 years) in age. For these accounts the next-of-kin is automatically the person for whom the account is held in trust for and he/she can access the account at age 18.

### JOINT ACCOUNTS

Unless otherwise agreed, where more than one person enters the Agreement, the account(s) will be treated as joint and will be operated as per signatory instruction given. Where we are advised of a dispute with anyone else with whom you entered into this Agreement and you wish to terminate this Agreement, we will write to the other account holder(s) advising them of your intentions and requesting their confirmation of the instructions.

### GIVING INSTRUCTIONS

For this account or service, we will accept instructions for transactions:

- in writing;
- verbally; only for placing funds for investments
- electronically (via internet banking).

We will accept instructions only from signatories to an account. UMB IHL reserves the right to determine which form of instruction to accept. Instructions other than in writing would be accepted with an indemnity in the standard form provided.

Seven (7) working days notice is required for the amendment of investment instructions prior to maturity.

### DISINVESTMENTS

Partial or full disinvestment prior to the terms of contract will attract a charge.

### DISCRETIONARY INVESTMENT MANAGEMENT SERVICE

The Discretionary Investment Management Service is for clients who are happy to delegate the day-to-day running of their portfolio. After agreeing an investment strategy with you, we will manage your portfolio of assets at our own discretion while seeking to achieve that strategy's objective. We will not seek your consent prior to implementing investment decisions

### NON-DISCRETIONARY INVESTMENT MANAGEMENT SERVICE

The Non-Discretionary Investment Management Service is for clients who wish to retain more day-to-day control over their investments. After agreeing an investment strategy with you, we will conduct regular reviews of your portfolio and make appropriate investment recommendations to help you to achieve your objective. However, we will need your express consent to undertake any transactions on your behalf for accounts you hold with us or third parties. You are therefore ultimately responsible for the performance of your portfolio.

### FATCA REQUIREMENTS

UMB IHL is registered with the United States Internal Revenue Service (IRS) under the Foreign Account Tax and Compliance Act (FATCA) as a participating foreign financial institution in Ghana required to provide account information on all US Citizens and Lawful Permanent Residents of the USA. Therefore if you are a Citizen or Lawful Permanent Resident of the USA, please provide us with the following information:

- Completed IRS Form W-9 or W-8BEN
- Non-U.S. passport or similar documentation establishing foreign citizenship; and
- Written explanation regarding U.S. citizenship

### EMAIL / TELEPHONE INDEMNITY

UMB IHL may, but is not obliged to act on any instruction that claims to come from you since it is not possible for UMB IHL to confirm the authenticity of all email/telephone messages that claim to come from you. No email/telephone can be considered received by UMB IHL until you have either received a reply or read receipt from UMB IHL. You accept that unless otherwise advised in writing, UMB IHL shall communicate with you via electronic mail and you shall not hold UMB IHL liable for any losses, costs or legal consequences arising from such communication.

## Guide To Investments

At UMB IHL there are several investment opportunities available to you. Brief information is provided below to help you with your investment decision(s). You can always contact us for investment advice.

### DISCOUNT RATE

The interest rate applied when treasury bills are purchased at a discount.

### EQUIVALENT INTEREST RATE

The interest rate applied when the interest on a treasury bill is paid on maturity.

### COMMERCIAL PAPERS (CPS)

Commercial Papers or CPs are short-term debt instruments issued by corporations, typically for the financing of accounts receivable, inventories and meeting short-term liabilities. Maturities on commercial paper rarely range any longer than 365 days, and 1-5 years in the case of debenture stocks. Interest rates on CPs are usually higher than those of Treasury bills. UMB IHL is the leading CP arranger in Ghana.

### INVESTMENT OBJECTIVES AND RISK

The reasons for making an investment can be many. Below are some investment objectives:

- Income
- Mortgage
- Education
- Retirement Planning
- Others

### LOWER RISK INVESTMENTS:

Generally sovereign debt or securities guaranteed by governments.

### MEDIUM RISK INVESTMENTS

A diversified portfolio composed of investments that cut across the risk spectrum but predominantly made up of low risk assets such as Bank Fixed Deposits and Grade Bonds.

### HIGH RISK

Generally all types of securities of smaller companies, especially those with a short trading history.

## COMPLAINTS

All complaints should be forwarded to your relationship manager  
If your complaint is not resolved to your satisfaction, kindly write to or call:

The Executive Director  
UMB IHL, P. O. Box CT 1317 Cantonments, Accra.  
Tel.: +233 (0) 302 251137 / 8 Fax: +233 (0) 302 251 138  
Email: [info@umbcapital.com](mailto:info@umbcapital.com)  
Website: [umbinvestmentholdings.com](http://umbinvestmentholdings.com)