



**CITADEL ASSET MANAGEMENT LIMITED**

A member of the IIC Group!

**CLIENT'S INVESTMENT ACCOUNT APPLICATION FORM  
(CORPORATES AND ORGANIZATIONS)**

CLIENT'S ACCOUNT NAME:

CLIENT'S ACCOUNT ID NUMBER:

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PROPERTY OF:



**CITADEL ASSET MANAGEMENT LIMITED**  
(A licensed Fund Manager and Investment Advisor)



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ACCOUNT APPLICATION FORM: CORPORATES AND ORGANIZATIONS

ONE(1) COLOURED AND ENDORSED PASSPORT-SIZED PHOTOGRAPH OF EACH SIGNATORY

PLEASE COMPLETE ALL FIELDS IN BLOCK LETTERS (Please read the Scheme Particulars carefully before signing this form)

ACCOUNT TYPE:
[ ] SOLE PROPRIETORSHIP [ ] PARTNERSHIP [ ] LIMITED LIABILITY COMPANY [ ] PUBLIC LIMITED LIABILITY COMPANY [ ] TRADITIONAL COUNCIL/FAMILY
[ ] ASSOCIATION/UNION [ ] SOCEITY/CLUB [ ] CHARITY/NGO [ ] OTHER

1 ORGANIZATIONAL INFORMATION

NAME OF ORGANIZATION
ACCOUNT NAME (IF DIFFERENT)
DATE OF INCORPORATION
REGISTRATION NUMBER
DATE OF COMMENCEMENT OF BUSINESS
TAX ID NUMBER (TIN)
COUNTRY OF INCORPORATION
PARENT COMPANY'S COUNTRY OF INCORPORATION (IF ANY)
PRINCIPAL PLACE OF BUSINESS
NEAREST LANDMARK
REGISTERED ADDRESS (IF DIFFERENT)
NEAREST LANDMARK
DISTRICT
PROVINCE
POSTAL/MAILING ADDRESS
TELEPHONE NUMBER (OFFICIAL) #1 #2 #3
EMAIL ADDRESS (OFFICIAL)
WEBSITE ADDRESS & SOCIAL MEDIA HANDLES (IF ANY)
NATURE/TYPE OF BUSINESS OR ACTIVITIES
SECTOR / INDUSTRY
NUMBER OF EMPLOYEES/MEMBERS
NUMBER OF MALES:
NUMBER OF FEMALES:
AVERAGE ANNUAL TURNOVER (Le)
[ ] Below Le10,000 [ ] Le10,001 - Le50,000 [ ] Le50,001 - Le100,000 [ ] Le100,001 - Le500,000 [ ] Le500,001 - Le1,000,000 [ ] Le1,000,001 - Le5,000,000 [ ] ABOVE 5,000,000

2 KEY CONTACT PERSON

TITLE: SURNAME: FIRST NAME:
OTHER NAME (S): MAIDEN NAME:
DATE/PLACE OF BIRTH: GENDER [ ] MALE [ ] FEMALE
MARITAL STATUS [ ] MARRIED [ ] SINGLE [ ] WIDOWED [ ] DIVORCED NAME OF SPOUSE:
RESIDENTIAL ADDRESS: POSTAL ADDRESS:
DISTRICT: PROVINCE:
CONTACT TELEPHONE #: #1: #2: EMAIL ADDRESS:
NATIONALITY/COUNTRY OF ORIGIN COUNTRY OF RESIDENCE
RESIDENTIAL STATUS: [ ] RESIDENT GHANAIAN [ ] NON-RESIDENT GHANAIAN [ ] RESIDENT FOREIGNER [ ] NON-RESIDENT FOREIGNER
If country of origin is not Sierra Leone, please provide the following additional information:
RESIDENT PERMIT NUMBER: PLACE OF ISSUE: DATE OF ISSUE: DATE OF EXPIRY:
PROFESSION OCCUPATION
JOB TITLE/POSITION IN ORGANIZATION: NUMBER OF YEARS IN ORGANIZATION: NUMBER OF YEARS IN CURRENT ROLE:
PROOF OF IDENTITY
TYPE OF ID: ID NUMBER: DATE OF ISSUE: DATE OF EXPIRY:

**3 DIRECTORS / EXECUTIVES / GOVERNING COUNCIL MEMBERS / TRUSTEES / PRINCIPAL OFFICERS****LIST OF DIRECTORS / EXECUTIVES / PRINCIPAL OFFICERS, ETC**

	SURNAME	OTHER NAMES	STATUS / POSITION / DESIGNATION	CONTACT NUMBER
i				
ii				
iii				
iv				
v				

**DIRECTOR / EXECUTIVE / PRINCIPAL OFFICER #1**

TITLE:		SURNAME:		FIRST NAME:							
OTHER NAME (S):				MAIDEN NAME:							
DATE/PLACE OF BIRTH:		D	D	M	M	Y	Y	Y	Y	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PERCENTAGE (%) SHAREHOLDING				POSTAL ADDRESS:							
RESIDENTIAL ADDRESS:				TELEPHONE #:							
EMAIL ADDRESS:											
NATIONALITY/COUNTRY OF ORIGIN				COUNTRY OF RESIDENCE							
RESIDENTIAL STATUS:		<input type="checkbox"/>	RESIDENT GHANAIAAN	<input type="checkbox"/>	NON-RESIDENT	<input type="checkbox"/>	RESIDENT FOREIGNER	<input type="checkbox"/>	NON-RESIDENT		
If country of origin is not Sierra Leone, please provide the following additional information:											
RESIDENT PERMIT NUMBER		PLACE OF ISSUE		DATE OF ISSUE		DATE OF EXPIRY					
PROFESSION				OCCUPATION							
PROOF OF IDENTITY						DATE OF ISSUE:		DATE OF EXPIRY:			
TYPE OF ID:		ID NUMBER:	TIN:								

**DIRECTOR / EXECUTIVE / PRINCIPAL OFFICER #2**

TITLE:		SURNAME:		FIRST NAME:							
OTHER NAME (S):				MAIDEN NAME:							
DATE/PLACE OF BIRTH:		D	D	M	M	Y	Y	Y	Y	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PERCENTAGE (%) SHAREHOLDING				POSTAL ADDRESS							
RESIDENTIAL ADDRESS:				TELEPHONE #:							
EMAIL ADDRESS:											
NATIONALITY/COUNTRY OF ORIGIN				COUNTRY OF RESIDENCE							
RESIDENTIAL STATUS:		<input type="checkbox"/>	RESIDENT GHANAIAAN	<input type="checkbox"/>	NON-RESIDENT GHANAIAAN	<input type="checkbox"/>	RESIDENT FOREIGNER	<input type="checkbox"/>	NON-RESIDENT FOREIGNER		
If country of origin is not Sierra Leone, please provide the following additional information:											
RESIDENT PERMIT NUMBER		PLACE OF ISSUE		DATE OF ISSUE		DATE OF EXPIRY					
PROFESSION				OCCUPATION							
PROOF OF IDENTITY						DATE OF ISSUE:		DATE OF EXPIRY:			
TYPE OF ID:		ID NUMBER:	TIN:								

**4 BENEFICIAL OWNERSHIP****BENEFICIAL OWNER # 1**

TITLE:		SURNAME:		FIRST NAME:							
OTHER NAME (S):				MAIDEN NAME:							
DATE/PLACE OF BIRTH:		D	D	M	M	Y	Y	Y	Y	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PERCENTAGE (%) SHAREHOLDING				POSTAL ADDRESS							
RESIDENTIAL ADDRESS:				TELEPHONE #:							
EMAIL ADDRESS:											
NATIONALITY/COUNTRY OF ORIGIN				COUNTRY OF RESIDENCE							



<b>RESIDENTIAL STATUS:</b>		<input type="checkbox"/> RESIDENT GHANAIAAN	<input type="checkbox"/> NON-RESIDENT	<input type="checkbox"/> RESIDENT FOREIGNER	<input type="checkbox"/> NON-RESIDENT
<b>If country of origin is not Sierra Leone, please provide the following additional information:</b>					
RESIDENT PERMIT NUMBER	PLACE OF ISSUE	DATE OF ISSUE	DATE OF EXPIRY		
<b>PROFESSION</b>			<b>OCCUPATION</b>		
<b>PROOF OF IDENTITY</b>			DATE OF ISSUE:	DATE OF EXPIRY:	
TYPE OF ID:	ID NUMBER:	TIN:			

**5 SIGNATORIES****SIGNATORY #1**

<b>TITLE:</b>		<b>SURNAME:</b>		<b>FIRST NAME:</b>	
<b>OTHER NAME (S):</b>				<b>MAIDEN NAME:</b>	
<b>DATE/PLACE OF BIRTH:</b>		D	D	M	M
		Y	Y	Y	Y
<b>MARITAL STATUS</b>		<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
<b>SIGNATURE CATEGORY</b>		<input type="checkbox"/> CATEGORY 'A'	<input type="checkbox"/> CATEGORY 'B'	<input type="checkbox"/> CATEGORY 'C'	
<b>RESIDENTIAL ADDRESS:</b>				<b>TELEPHONE #:</b>	
<b>EMAIL ADDRESS:</b>					
<b>CONTACT DETAILS (in case of emergency):</b>				<b>RELATIONSHIP WITH SIGNATORY:</b>	
NAME OF CONTACT:				CONTACT'S TEL #:	
<b>NATIONALITY/COUNTRY OF ORIGIN</b>				<b>COUNTRY OF RESIDENCE</b>	
<b>RESIDENTIAL STATUS:</b>		<input type="checkbox"/> REIDENT GHANAIAAN	<input type="checkbox"/> NON-REIDENT GHANAIAAN	<input type="checkbox"/> RESIDENT FOREIGNER	<input type="checkbox"/> NON-RESIDENT
<b>If country of origin is not Sierra Leone, please provide the following additional information:</b>					
RESIDENT PERMIT NUMBER	PLACE OF ISSUE	DATE OF ISSUE	DATE OF EXPIRY		
<b>PROFESSION</b>			<b>OCCUPATION</b>		
<b>EMPLOYMENT/BUSINESS DETAILS (EMPLOYMENT STATUS):</b>			<input type="checkbox"/> SELF-EMPLOYEED		
<input type="checkbox"/> EMPLOYED			<input type="checkbox"/> UNEMPLOYED		
<b>EMPLOYER/ BUSINESS/ SCHOOL NAME:</b>		<b>YEARS OF EMPLOYMENT</b>		<b>YEARS OF CURRENT EMPLOYMENT</b>	
<b>EMPLOYER/ BUSINESS/ SCHOOL POSTAL ADDRESS:</b>		<b>BUSINESS / SCHOOL RESIDENTIAL ADDRESS:</b>			
<b>MONTHLY INCOME RANGE (SALARY + OTHER INCOME)</b>		<input type="checkbox"/> Below Le1,000	<input type="checkbox"/> Le1,001 - Le2,000	<input type="checkbox"/> Le2,001 - Le5,000	<input type="checkbox"/> Le5,001 - Le10,000
		<input type="checkbox"/> Le10,001 - Le20,000	<input type="checkbox"/> Le20,001 - Le50,000	<input type="checkbox"/> ABOVE Le20,000	
<b>PROOF OF IDENTITY</b>			DATE OF ISSUE:	DATE OF EXPIRY:	
TYPE OF ID:	ID NUMBER:	TIN:			

**SIGNATORY #2**

<b>TITLE:</b>		<b>SURNAME:</b>		<b>FIRST NAME:</b>	
<b>OTHER NAME (S):</b>				<b>MAIDEN NAME:</b>	
<b>DATE/PLACE OF BIRTH:</b>		D	D	M	M
		Y	Y	Y	Y
<b>MARITAL STATUS</b>		<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
<b>POSTAL ADDRESS</b>				<b>RESIDENTIAL ADDRESS:</b>	
<b>RESIDENTIAL ADDRESS:</b>				<b>TELEPHONE #:</b>	
<b>EMAIL ADDRESS:</b>					
<b>CONTACT DETAILS (in case of emergency):</b>				<b>RELATIONSHIP WITH SIGNATORY:</b>	
NAME OF CONTACT:				CONTACT'S TEL #:	
<b>NATIONALITY/COUNTRY OF ORIGIN</b>				<b>COUNTRY OF RESIDENCE</b>	
<b>RESIDENTIAL STATUS:</b>		<input type="checkbox"/> REIDENT GHANAIAAN	<input type="checkbox"/> NON-REIDENT GHANAIAAN	<input type="checkbox"/> RESIDENT FOREIGNER	<input type="checkbox"/> NON-RESIDENT
<b>If country of origin is not Sierra Leone, please provide the following additional information:</b>					
RESIDENT PERMIT NUMBER	PLACE OF ISSUE	DATE OF ISSUE	DATE OF EXPIRY		
<b>PROFESSION</b>			<b>OCCUPATION</b>		
<b>EMPLOYMENT/BUSINESS DETAILS (EMPLOYMENT STATUS):</b>			<input type="checkbox"/> SELF-EMPLOYEED		
<input type="checkbox"/> EMPLOYED			<input type="checkbox"/> UNEMPLOYED		
<b>EMPLOYER/ BUSINESS/ SCHOOL NAME:</b>		<b>YEARS OF EMPLOYMENT</b>		<b>YEARS OF CURRENT EMPLOYMENT</b>	



MONTHLY INCOME RANGE (SALARY + OTHER INCOME)	<input type="checkbox"/> Below Le1,000	<input type="checkbox"/> Le1,001 - Le2,000	<input type="checkbox"/> Le2,001 - Le5,000	<input type="checkbox"/> Le5,001 - Le10,000	<input type="checkbox"/> Le10,001 - Le20,000	<input type="checkbox"/> Le20,001 - Le50,000	<input type="checkbox"/> ABOVE Le20,000
PROOF OF IDENTITY TYPE	ID NUMBER:	TIN:	DATE OF ISSUE:	DATE OF EXPIRY:			

7 INVESTMENT AMOUNT

AMOUNT (IN FIGURES)	AMOUNT IN WORDS:		
Le.....	.....		
MODE OF PAYMENT	<input type="checkbox"/> MOBILE MONEY	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> BANK TRANSFER / DIRECT DEBIT
<input type="checkbox"/> CASH	SERVICE PROVIDER:..... NO:.....	CHQ #:..... BANK:.....	BANK:..... DATE:.....

3 INVESTMENT TYPE

<input type="checkbox"/> GOVERNMENT TREASURY - BILLS, NOTES & BONDS	Cost	Face Value	<input type="checkbox"/> CITADEL COLLECTIVE INVESTMENT SCHEMES
<input checked="" type="checkbox"/> 91-Day Treasury Bills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> CITADEL EASY FUND:.....
<input checked="" type="checkbox"/> 182-Day Treasury Bills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> CITADEL SALONE FUND:.....
<input checked="" type="checkbox"/> 1-Year Treasury Bills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> CITADEL FUTURE FUND:.....
<input checked="" type="checkbox"/> 1-Year Treasury Notes.....			<input checked="" type="checkbox"/> OTHER FUNDS:.....
<input checked="" type="checkbox"/> Treasury Bonds.....			<input type="checkbox"/> EQUITIES:.....
<input checked="" type="checkbox"/> Others Government Securities.....			<input type="checkbox"/> CITADEL MANAGED PORTFOLIOS:.....
<input type="checkbox"/> CITADEL FIXED INCOME NOTES (FDs)			<input checked="" type="checkbox"/> Month of Contribution:.....
<input checked="" type="checkbox"/> Duration/Rates:.....			<input type="checkbox"/> CITADEL TARGET SAVINGS: <input checked="" type="checkbox"/> Target Amount (NLe)/Date.....
<input type="checkbox"/> COMMERCIAL PAPERS, DEBENTURE STOCK & CORPORATE BONDS			<input checked="" type="checkbox"/> Periodic Amount (NLe):..... <input checked="" type="checkbox"/> No. of Periods:.....

4 YOUR OPERATING INSTRUCTIONS

Please indicate your Operating Instructions by ticking the appropriate Box:

<input type="checkbox"/>	Invest all the Maturity Proceeds until further notice.
<input type="checkbox"/>	Re-invest Principal amount until further notice and pay me (us) the discount/interest earned by: <input type="checkbox"/> Cheque / <input type="checkbox"/> Transfer into bank account with details below: Account Name:..... Account Number:..... Bank:.....
<input type="checkbox"/>	Do not reinvest on maturity. Pay Maturity Proceeds by: <input type="checkbox"/> Cheque / <input type="checkbox"/> Transfer into into bank account with details below: Account Name:..... Account Number:..... Bank:.....

8 STATEMENT SERVICES

PLEASE INDICATE HOW YOU WISH TO RECEIVE YOUR INVESTMENT ADVICE/CONTRACT NOTE. VIA:  E-MAIL  POST  COLLECTION  OTHER.....

FREQUENCY OF DELIVERY  MONTHLY  QUARTERLY  OTHER FREQUENCY (PLEASE SPECIFY).....

9 BANKING INFORMATION

ACCOUNT NAME	ACCOUNT NUMBER
BANK NAME	BRANCH

# POLITICAL EXPOSURE/FATCA INFORMATION

<input type="checkbox"/> Does any Director/Shareholder/Executive/Principal Officer of the Organization hold/have held an Office/Position by political appointment?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Is any family member, business partner or close associate of a Director/Shareholder/Executive/Principal Officer of the Organization, a Politician or hold/ have held a Political Office?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If any of your Directors/Shareholder/Executives/Principal Officers answers Yes to either of the above, please provide the nature of the POLITICAL OFFICE and the NAME of each of the Directors/Executives/Principal Officers concerned. ..... .....	
<input type="checkbox"/> Is any Director/Shareholder/Executive/Principal Officer of the Organization a Citizen or Lawful Permanent Resident (Green Card Holder) of the USA?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Is any Director/Shareholder/Executive/Principal Officer of the Organization a Citizen or Lawful Permanent Resident of any foreign country besides Sierra Leone?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Does any Director/Shareholder/Executive/Principal Officer of the Organization hold the passport of any foreign country besides Sierra Leone?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If any of your Directors/Shareholders/Executives/Principal Officers answers Yes to any of the above, please provide the following additional information on each concerned Director / Shareholder / Executive / Principal Officer.	



FOREIGN RESIDENTIAL ADDRESS:		
FOREIGN MAILING ADDRESS:		
FOREIGN:		
Tax Identity No. (TIN):.....	Social Security No.:.....	National ID No.:.....
<b>UNDERTAKING:</b>		
Subject to applicable local laws, I/We hereby give consent to CITADEL Asset Management Limited Plc ("the Fund Manager") to share my information with foreign tax authorities where necessary to establish my tax liability. Where required by domestic or foreign tax authorities, I/We give my/our consent and agree that the Fund Manager may withhold from my investments such amounts as may be required according to the applicable laws of relevant jurisdictions.		
SIGNATURE OF INVESTOR(S):	(1)	(2) DATE:

**# INVESTOR PROFILE/FINANCIAL RISK ASSESSMENT**

INVESTMENT OBJECTIVES	<input type="checkbox"/> RETIREMENT PLANNING	<input type="checkbox"/> CHILD'S EDUCATION	<input type="checkbox"/> MORTGAGE	<input type="checkbox"/> SAFETY
	<input type="checkbox"/> INCOME	<input type="checkbox"/> BALANCE	<input type="checkbox"/> GROWTH	<input type="checkbox"/> SPECULATION
INVESTMENT HORIZON	<input type="checkbox"/> SHORT TERM	<input type="checkbox"/> SHORT-MEDIUM TERM	<input type="checkbox"/> MEDIUM TERM	<input type="checkbox"/> MEDIUM TO LONG TERM
	<input type="checkbox"/> LONG TERM			
	BELOW 1 YEAR	1 - 2 YEARS	2 - 3 YEARS	3 - 5 YEARS
				ABOVE 5 YEARS
SOURCES OF INCOME	PRIMARY SOURCE OF INCOME:		OTHER SOURCES OF INCOME:	
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"/> LOW - MEDIUM	<input type="checkbox"/> MEDIUM	
	<input type="checkbox"/> MEDIUM - HIGH	<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"/> BANK SAVINGS	<input type="checkbox"/> LIFE INSURANCE	<input type="checkbox"/> OTHER.....	

**# EXPECTED ACCOUNT ACTIVITY**

SOURCES OF FUNDS	<input type="checkbox"/> PROCEEDS FROM MAIN BUSINESS	<input type="checkbox"/> OTHERS. PLEASE SPECIFY.....
TOP-UP PLANS	INITIAL AMOUNT .....	EXPECTED TOP-UP AMOUNTS .....
	EXPECTED TOP-UP FREQUENCY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER .....
WITHDRAWAL PLANS	EXPECTED WITHDRAWAL AMOUNTS .....	
	EXPECTED WITHDRAWAL FREQUENCY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER .....

**# DECLARATION**

I/We declare that the information provided is true, complete and accurate. I/We authorize CITADEL Asset Management Limited ("the Fund Manager") to use my/our personal information to evaluate my/our financial need(s) and comply with the Laws of Sierra Leone. This information may be provided to and used by the Fund Manager. I undertake to notify the Fund and the Fund Manager immediately of any change in the information provided by me/us on this form. By signing this form I agree to the terms and conditions set forth in this investment account application form and Scheme Particulars of the mutual funds managed by CITADEL Asset Management Limited. I understand and agree that the Scheme Particulars govern all aspects of the schemes and are herein incorporated by reference.

SIGNATURE(S) & NAME(S)	(1)	(2)	DATE:
------------------------	-----	-----	-------

<input type="checkbox"/> ACCOUNT MANDATE
<input checked="" type="checkbox"/> SOLE SIGNATORY <input type="checkbox"/> DUAL SIGNATORY <input type="checkbox"/> EITHER TO SIGN <input type="checkbox"/> ANYONE TO SIGN <input type="checkbox"/> OTHER, .....

**# FOR OFFICIAL USE ONLY**

RECEIVED BY: OFFICER'S NAME	KEYED BY: OFFICER'S NAME
REMARKS	
APPROVED/AUTHORIZED BY: MANAGER/CEO	DATE:
AML INFO:	<input type="checkbox"/> PEP <input type="checkbox"/> UNDESIRABLE <input type="checkbox"/> WATCHLIST <input type="checkbox"/> BLACKLIST



PORTFOLIO MANAGEMENT AGREEMENT (PMA)

This Portfolio Management Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

between

(hereinafter referred to as "the Client") of the one part; and Citadel Asset Management Limited, a company incorporated under the Laws of Sierra Leone whose registered office is at 8th floor, #11/13 Bathurst Street (IIC Tower), Freetown, Sierra Leone (hereinafter referred to as "Citadel" or "the Fund Manager") of the other part.

WHEREAS:

A. The Fund Manager is a limited liability company licensed in Sierra Leone by the Bank of Sierra Leone to provide Investment Advisory and Asset Management services to clients;

B. The Client wishes to appoint an investment manager and hereby appoints Citadel as its discretionary investment manager to manage the Portfolio (collection of securities) to which the Fund Manager has agreed and hereby accepts the appointment under the terms and conditions herein stated:

C. Citadel is the Fund Manager for the Citadel Easy Fund, Citadel Salone Fund and Citadel Future ("the Funds"), which are mutual funds licensed by the Bank of Sierra Leone. By investing in any of the Funds and completing the attached application form, the Client expressly appoints Citadel as its Fund Manager under the following terms and conditions ("the Agreement"):

i) This agreement shall come into force on the date first indicated above and shall terminate upon receipt of written notification from either party to that effect.

ii) The Fund Manager shall provide professional investment portfolio management services in accordance with the investment objectives, instructions and preferred asset allocation structure of the Client subject to provisions of relevant laws, legislations and guidelines and applicable amendments thereof in force.

iii) The Client shall receive an initial statement within one week of the initial investment or account opening and quarterly thereafter. The initial statement shall provide the Client's Citadel Account or Unique Identification Number which the Client is required to quote in all communications with the Fund Manager.

iv) The Client shall pay the fund management fees not exceeding 2.5% (annualized) on the value of investments held on behalf of the Client, which shall be accrued daily but payable monthly, quarterly or at the end of each year or upon the termination of this Agreement by the Client. The above fund management fees may vary depending on the fee structure specified in the scheme particulars or prospectuses of the mutual fund or unit trust the Client has invested in. In the case of the Citadel Easy Fund, Citadel Salone Fund and Citadel Future Fund, the fund management fee is 2.5% per annum.

v) The Client shall indemnify and hold blameless the Fund Manager on demand for all losses, claims and proven expenses incurred by the Fund Manager as a result of willful misconduct or gross negligence of the Client or by Force Majeure.

vi) Any party who suffers or incurs any losses, claims or expenses shall as soon as possible give written notice of this fact to the other party.

vii) Neither party hereto shall terminate this Agreement without an opportunity of discussing the matter with the other party and attempting to resolve any existing misgivings.

viii) Either party may terminate this Agreement after giving a thirty (30) days' notice in writing in the event of a breach of this Agreement.

ix) The termination of this Agreement shall not affect the rights and or liabilities incurred by any of the parties before the date of termination and in particular without limitation the Fund Manager shall be entitled to receive on demand all fees and proven expenditure accrued and outstanding in favour of the Fund Manager on the date of termination. After termination, the Fund Manager shall render a final statement of account to the Client.

x) The Client shall be paid by crossed/open cheque or bank transfer within three (3) working days upon receipt of a valid withdrawal request from the Client.

xi) Payments to Clients through payment methods other than cheques and bank transfers shall attract an appropriate fee.

xii) This Agreement shall be governed by and construed in accordance with the Laws of the Republic of Sierra Leone.

xiii) All disputes arising out of this Agreement that cannot be settled by mutual agreement within a month shall be referred for settlement to one or more arbitrators selected by mutual Agreement in accordance with the provisions of the Sierra Leone Arbitration Act of 2022. The parties hereto agree that the decisions of the arbitration panel shall be final and binding and shall be enforceable in any court of competent jurisdiction.

xiv) Amendments to this Agreement are valid only on the basis of explicit written amendments agreed between both parties to this Agreement.

Signature (Client)

\_\_\_\_\_

Date: \_\_\_\_\_

Signature (Citadel Asset Management Limited)

\_\_\_\_\_



PORTFOLIO MANAGEMENT AGREEMENT (PMA)

This Portfolio Management Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

between

(hereinafter referred to as "the Client") of the one part; and Citadel Asset Management Limited, a company incorporated under the Laws of Sierra Leone whose registered office is at 8th floor, #11/13 Bathurst Street (IIC Tower), Freetown, Sierra Leone (hereinafter referred to as "Citadel" or "the Fund Manager") of the other part.

WHEREAS:

A. The Fund Manager is a limited liability company licensed in Sierra Leone by the Bank of Sierra Leone to provide Investment Advisory and Asset Management services to clients;

B. The Client wishes to appoint an investment manager and hereby appoints Citadel as its discretionary investment manager to manage the Portfolio (collection of securities) to which the Fund Manager has agreed and hereby accepts the appointment under the terms and conditions herein stated:

C. Citadel is the Fund Manager for the Citadel Easy Fund, Citadel Salone Fund and Citadel Future ("the Funds"), which are mutual funds licensed by the Bank of Sierra Leone. By investing in any of the Funds and completing the attached application form, the Client expressly appoints Citadel as its Fund Manager under the following terms and conditions ("the Agreement"):

i) This agreement shall come into force on the date first indicated above and shall terminate upon receipt of written notification from either party to that effect.

ii) The Fund Manager shall provide professional investment portfolio management services in accordance with the investment objectives, instructions and preferred asset allocation structure of the Client subject to provisions of relevant laws, legislations and guidelines and applicable amendments thereof in force.

iii) The Client shall receive an initial statement within one week of the initial investment or account opening and quarterly thereafter. The initial statement shall provide the Client's Citadel Account or Unique Identification Number which the Client is required to quote in all communications with the Fund Manager.

iv) The Client shall pay the fund management fees not exceeding 2.5% (annualized) on the value of investments held on behalf of the Client, which shall be accrued daily but payable monthly, quarterly or at the end of each year or upon the termination of this Agreement by the Client. The above fund management fees may vary depending on the fee structure specified in the scheme particulars or prospectuses of the mutual fund or unit trust the Client has invested in. In the case of the Citadel Easy Fund, Citadel Salone Fund and Citadel Future Fund, the fund management fee is 2.5% per annum.

v) The Client shall indemnify and hold blameless the Fund Manager on demand for all losses, claims and proven expenses incurred by the Fund Manager as a result of willful misconduct or gross negligence of the Client or by Force Majeure.

vi) Any party who suffers or incurs any losses, claims or expenses shall as soon as possible give written notice of this fact to the other party.

vii) Neither party hereto shall terminate this Agreement without an opportunity of discussing the matter with the other party and attempting to resolve any existing misgivings.

viii) Either party may terminate this Agreement after giving a thirty (30) days' notice in writing in the event of a breach of this Agreement.

ix) The termination of this Agreement shall not affect the rights and or liabilities incurred by any of the parties before the date of termination and in particular without limitation the Fund Manager shall be entitled to receive on demand all fees and proven expenditure accrued and outstanding in favour of the Fund Manager on the date of termination. After termination, the Fund Manager shall render a final statement of account to the Client.

x) The Client shall be paid by crossed/open cheque or bank transfer within three (3) working days upon receipt of a valid withdrawal request from the Client.

xi) Payments to Clients through payment methods other than cheques and bank transfers shall attract an appropriate fee.

xii) This Agreement shall be governed by and construed in accordance with the Laws of the Republic of Sierra Leone.

xiii) All disputes arising out of this Agreement that cannot be settled by mutual agreement within a month shall be referred for settlement to one or more arbitrators selected by mutual Agreement in accordance with the provisions of the Sierra Leone Arbitration Act of 2022. The parties hereto agree that the decisions of the arbitration panel shall be final and binding and shall be enforceable in any court of competent jurisdiction.

xiv) Amendments to this Agreement are valid only on the basis of explicit written amendments agreed between both parties to this Agreement.

Signature (Client)

\_\_\_\_\_

Date: \_\_\_\_\_

Signature (Citadel Asset Management Limited)

\_\_\_\_\_

**TERMS AND CONDITIONS BETWEEN YOU AND CITADEL ASSET MANAGEMENT LIMITED**

This page contains information about your Investment Account with Linx CITADEL Asset Management Limited ("Citadel"). Please read, detach and retain this leaflet containing:

- The terms and conditions of the Agreement between you and Citadel, the Fund Manager;
- Requirements for opening an Investment Account with Citadel Asset Management Limited

**1.1 All Investment Accounts**

1. By completing, signing and submitting the attached application form, you agree to open and operate an Investment Account with Citadel Asset Management Ltd under these terms and conditions. You thus become a Client of Citadel. This investment account enables you to purchase all types of investment instruments as permitted by the sovereign laws of the Republic of Sierra Leone and all amendments thereof as well as all Regulations, Guidelines and Directives issued by the Bank of Sierra Leone from time to time.
2. Clients shall be required to supply the true and accurate details about themselves and their investment preferences as requested in this investment application form. Clients are therefore required to notify Citadel of any subsequent changes to their personal details such as address, telephone numbers and email addresses, etc.
3. The Citadel Easy Fund, Citadel Salone Fund and Citadel Future Fund are mutual fund licensed by the Bank of Sierra Leone and Citadel is its Fund Manager. This Investment Account qualifies you to invest in any other licensed investment instrument or product to be introduced and managed by Citadel without demanding the same personal information required in this application form.
4. Citadel shall not be liable for any loss or damages resulting from our failure or inability 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.
5. Each Client shall be entitled to an investment account number and an investment advice or contract note which shall serve as proof of each investment.
6. Additionally, each Investment Account shall receive quarterly reports showing their Account Statements, Investment Statements and Valuation Reports of all their existing investments with Citadel Asset Management Ltd.

**1.1.1 In-Trust-For Accounts (ITF Accounts)**

1. ITF Accounts can be opened only for beneficiaries less than eighteen (18) years of age. In this case, the Guardian shall complete the application form with all his/her relevant personal information and shall provide the name and other relevant information of the person for whom the account is held in trust for under the section headed as "In-Trust-For".
2. A suitable Next-of-Kin may be elected; however, the Beneficiary of the ITF Account is automatically the person for whom the account is held in trust for and he/she can access the account after age 18 years.

**1.1.2 Joint Accounts**

1. More than one person may complete the application form or enter into the Agreement and the account will be treated as a Joint Account and will be operated as per signatory instruction given on the form.
2. If Citadel is advised of a dispute between any of the parties to the Joint Account and one party wishes to terminate this Agreement or close the Joint Account, Citadel will inform the other parties to the Joint Account advising them of the intention of one party and request their confirmation of the instructions.

**1.1.3 Agency/Proxy Arrangements**

Where a Client wishes that a third party operates the Investment Account on his/her behalf, an Agent may be appointed with specific powers as stated in a duly executed Power of Attorney.

**1.2 Product Characteristics**

1. Clients are required to obtain, read and understand the Product Brochure, Scheme Particulars, Prospectus, Information Memorandum or the relevant Term Sheet of the investment product they are applying for. Clients will have to meet conditions spelt out in product features to enjoy benefits unique to their Investment Accounts and choices of investments.
2. In the case of the Citadel's Collective Investment Schemes (Citadel Easy, Citadel Salone and Citadel Future Funds), investors are required to obtain the Scheme Particulars or the Prospectus of the Funds which is available at the Offices of Citadel Asset Management Limited, can be emailed on demand in pdf format and downloadable on its website at [www.citadelasset.com](http://www.citadelasset.com).

**1.3 Investment Withdrawals/Redemptions**

1. Citadel shall normally act on duly signed investment withdrawal requests only.
2. Clients are required to complete the investment withdrawal or redemption form, provide the necessary details, preferred mode of payment, sign and submit to Citadel.
3. Each investment product has its unique conditions for investment withdrawal and as such Clients are expected to understand these conditions before initiating the investments.
4. All withdrawal requests will require proof of identity.

**1.4 Giving Instructions**

1. For this Investment Account or services provided hereunder, Citadel will accept instructions for transactions:
  - a. in writing and hand-delivered, by post or via approved electronic channels such as SMS, WhatsApp, web portal, or Apps, etc;
  - b. by facsimile;
  - c. verbally (only for placing funds for investments, but not for withdrawals);
  - d. electronically (via internet banking and mobile banking); and
  - e. email (signed and scanned instructions with subsequent telephone confirmation).
2. Citadel will accept instructions only from signatories to an account. Citadel reserves the right to determine which form of instruction to accept as valid. Instructions other than in writing would be accepted with an indemnity in the standard form provided.

**1.5 Discretionary Investment Management Service**

1. The Discretionary Investment Management Service is for Clients who wish to delegate the day-to-day running of their portfolios to Citadel Asset Management Ltd. After agreeing on a specific investment strategy, Citadel will manage the portfolio of assets at our own discretion while seeking to achieve the objectives of that investment strategy.
2. Linx Capital will not seek the Client's consent prior to implementing investment decisions provided they fall within the agreed investment strategy. This service applies to Managed Portfolio such as mutual funds and unit trusts.
3. By investing in any of the collective investment schemes managed by Citadel, you give Citadel full discretionary investment management powers over your investments.

**1.6 Non-Discretionary Investment Management Service**

1. Non-Discretionary Investment Management Service is for clients who wish to retain control over their investments. The Client is therefore ultimately responsible for the performance of their portfolio.
2. This applies to "Execution Only" Clients who wish to invest in the Bank of Sierra Leone Treasury Bills, Notes and Bonds, corporate bonds or shares of Listed Equities through Citadel.

**1.7 FATCA Requirements**

1. Citadel 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 Sierra Leone required to provide account information on all US Citizens and Lawful Permanent Residents of the USA.
2. Therefore, if you are a Citizen or Lawful Permanent Resident of the USA, as indicated in section (8) of this form, please provide us with the following additional information:
3. Completed IRS Form W-9 or W-8BEN
4. Non-U.S. passport or similar documentation establishing foreign citizenship.

**1.8 Enquiries**

1. All enquiries regarding your Citadel investment account should be directed to

The Fund Manager, Citadel Asset Management Limited  
 8th Floor, #11/13 Bathurst Street  
 P. O. Box 465, Freetown - Sierra Leone  
 Tel: 0597 832 255 (landline) / 0244 619 705 (Cell) / 0209 115 299 (WhatsApp only)  
 Email: [customerservice@citadelasset.com](mailto:customerservice@citadelasset.com)

**1.9 Complaints**

1. If you have a complaint, your Relationship Manager or Officer will usually be best placed to receive your complaint and work with you to resolve it.
2. If your complaint is not resolved to your satisfaction, you may write to or call:

The Managing Director/Chief Executive Director, Citadel Asset Management Limited  
 P.O. Box AT 465, Freetown, Sierra Leone  
 Tel: 0302 788 420 / 0244 619 705  
 Email: [info@citadelasset.com](mailto:info@citadelasset.com)

**CITADEL ASSET MANAGEMENT LIMITED INVESTMENT ACCOUNT APPLICATION REQUIREMENTS****Application Requirements – Individuals & Joint Accounts**

- Completed Application and KYC Forms.
- Form of Identification for each Signatory – National ID or Passport (for foreigners).
- One (1) passport-sized coloured photograph fully endorsed for each Signatory.
- Resident Permit for Foreign Nationals desiring to invest in of Sierra Leone Treasury Bills. (Not a requirement for investments in mutual funds and unit trusts)
- Water/Electricity Bills for address confirmation

**Application Requirements: Companies & Organizations**

- 1 Completed Application and KYC Forms
- 2 Certificate of Incorporation; Constitution or Rules; Certificate of Registration or License to Operate from a recognized Regulatory Body.
- 3 Board Resolution authorizing the opening of an Investment Account
- 4 Form of Identification for each Signatory – National ID or Passport (for foreigners).
- 5 One (1) passport-sized coloured photograph fully endorsed for each Signatory.
- 6 Water/Electricity Bills for address confirmation