



BUSINESS

Account Opening Form



GENERAL ACCOUNT INFORMATION

(Please indicate the category and type of account to open by clicking the applicable box below)

BRANCH

ACCOUNT TYPE (1) ACCOUNT TYPE (2)

Purpose of Account (1)

Purpose of Account (2)

ACCOUNT NO (1)

(For official use only)

Currency Type

GH¢	Eur	£	\$	Y	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT NO (2)

(For official use only)

Currency Type

GH¢	Eur	£	\$	Y	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. PERSONAL INFORMATION

Title Surname

FirstName

Maiden Name (If applicable)

Other Names

Marital Status (Please tick as appropriate) Single Married Others (Please specify) Gender M F

Place of Birth Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's Maiden Name

Nationality Resident Permit No.

Country of Origin Country of Residence

Permit Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Permit Expiry Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Place of Issue Hometown

Other Names

Gov't/SSNIT Pension No

3. CONTACT DETAILS

Residential Address in Ghana

City/Town Nearest Landmark

Proof of Address (Indicate type and Serial Number)

Mobile Number

Fixed Tel. No

Metropolitan, Municipal District Assembly Area (MMDA)

Email Address

Mailing Address

4. VALID MEANS OF IDENTIFICATION

National ID Card National Driver's License Passport Voter's ID National Health Insurance Card

Other Names

Marital Status (Please tick as appropriate) Single Married Others (Please specify) Gender M F

Other ID Country of Issue

ID No. ID Issue Date Exp Date

5. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences ATM Card Master Card Visa Card E-zwich Others (Please specify)

Electronic Banking Preferences Internet Banking Mobile Banking Other Internet Banking Products

Transaction Alert Preferences Email Alert SMS Alert

Statement Preference Email Post Collection at Branch

Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition Opened Cheque Cross Cheque 25 Leaves 50 Leaves 100 Leaves

6. EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Others (Please specify)

Length of period with current Employer

Salary/Expected Income

Monthly Salary: Less than GH¢ 1,000 GH¢ 1,001 - 5,000 GH¢ 5,001 - 10,000 More than GH¢ 10,000

Employer's/Institution Name

Employer's/InstitutionAddress

Nearest Landmark

City/Town Region

MMDA

Nature of Business

Office Phone Number Mobile Number

Employer's / Institution Email Address

7. DETAILS OF NEXT OF KIN (in case of emergency)

Title Gender F M

Surname

Middle Name

First Name

Relationship

Phone Number (1) Phone Number (2)

Residential Address/Family Contact

MMDA

Region

8. ADDITIONAL DETAILS

Full Name of Beneficiary Ower(s) of the Account

(if applicable)

9. EXPECTED ACCOUNT ACTIVITY

Sources of Funds to the Account: 1

2

level of Deposits Frequency of Deposits

(Amount)

Expected Monthly Income from other Sources Frequency of Withdrawals

Name of Associated Business(es) 1

2

Type of Associated Business

Associated Business Address

10. ACCOUNTS HELD WITH OTHER BANKS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER
1			
2			
3			
4			
5			

11. TERMS AND CONDITIONS

12. ACCOUNT OPENING MANDATE

Mandate authorization (Please tick as appropriate) Sole Signatory Either to sign Both to sign

a) Signatory*

Name:

Surname

First Name

Other Name

Class of Signatory

Identification Type

Identification No

Telephone Number

Signature and Date

SIGNATORY

Name

Signature

In case of joint a/c, 2nd applicant is required to complete a second information sheet and attach herewith.

13. DECLARATION

I/We hereby apply for the opening of account(s) with Bank. I understand that the information given herein and the documents supplied are the basis for the opening such account(s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

DISCLOSURE TO CREDIT REFERENCE BUREAUS

The Bank will obtain information about you from the credit reference bureaux to check your credit status and identity. The bureaux will record our enquiries which may be seen by other institutions that make their own credit enquiries about you.

The Bank shall also disclose your credit transactions to credit reference bureaux in accordance with the Credit Reporting Act, 2007(Act 726).

Name.....

Signature.....

Date.....

Name.....

Signature.....

Date.....

14. (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

MARK OF CUSTOMER/
THUMBPRINT/SIGNATURE

MARK OF CUSTOMER/
THUMBPRINT/SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

NAME &
ADDRESS OF
INTERPRETER

LANGUAGE OF
INTERPRETATION

INTERPRETER'S PHOTOGRAPH

**Affix
Passport
Photograph
Here**

ACCOUNT OPENING FORM - ENTITIES (Incorporated and Non-Incorporated)

(Please indicate the category and type of account to open by clicking the applicable box below)

Category of Business

Limited Liability Company Partnership Sole proprietorship MMDA's Charities Others

Account Type :

Current Account Currency	Savings Account Currency	ACCOUNT NO (For official use only)											
GHC <input type="checkbox"/>	GHC <input type="checkbox"/>	1											
€ <input type="checkbox"/>	€ <input type="checkbox"/>	2											
£ <input type="checkbox"/>	£ <input type="checkbox"/>	3											
\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	4											
¥ <input type="checkbox"/>	¥ <input type="checkbox"/>												
Others <input type="checkbox"/>	Others <input type="checkbox"/>												

BRANCH

1. COMPANY DETAILS (Please complete in BLOCK LETTERS and tick where necessary)

Company/
Business Name

Certificate of Incorporation
Registration Number

Date of Incorporation/Registration **D D M M Y Y Y Y** Jurisdiction of
Incorporation/Registration

Parent Company's
Country of Inc Source of Funds

Type/Nature of Business

Sector/Industry

Operating Business Address 1

Operating Business Address 2

Corporate Business Address/
Registered office (if different
from above)

Email address

Website (If any)

Phone Number (1) Phone Number (2)

Tax Identification Number Certificate to
Commence Business

Other Reference Number Please Specify

2. ANNUAL TURNOVER

a) GH¢ 0-9,999 GH¢ 10,000-49,999 GH¢ 50,000-99,999 GH¢ 100,000 above

b) Is your Company quoted on any Stock Exchange? Yes No

3. ACCOUNT SERVICE(S) REQUIRED (Please tick any applicable option below)

Card Preferences ATM Card Master Card Visa Card E-zwich Others (Please specify)

Electronic Banking Preferences Internet Banking Mobile Banking Other Internet Banking Products

Statement Preference Email Post Collection at Branch

Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition: Opened Cheque Crossed Cheque 25 Leaves

50 Leaves 100 Leaves

4. KEY CONTACT PERSONS / PRINCIPAL OFFICERS DETAILS

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Nationality **RESIDENT PERMIT NO**

Means of Identification ID Number

ID Issue Date ID Expiring Date

Occupation

Job Title

Position / Office of the Officer

Residential Address

Nearest Landmark

City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email

5. ACCOUNT SIGNATORY'S DETAILS

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Nationality **RESIDENT PERMIT NO**

Means of Identification ID Number

ID Issue Date ID Expiring Date

Occupation

Job Title

Position / Office of the Officer

Residential Address

Nearest Landmark
City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email Address

Class of Signatory Signature..... Date

(Please indicate class in the box provided)

6. ACCOUNT SIGNATORY'S DETAILS(2)

Firstname

Other Name

Date of Birth Gender M F Mother's Maiden Name

Nationality **RESIDENT PERMIT NO**

Means of Identification ID Number

ID Issue Date ID Expiring Date

Occupation

Job Title

Position / Office of the Officer

Residential Address

Nearest Landmark
City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ ADMINISTRATORS ETC

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Nationality (for Non-Ghanaians) **RESIDENT PERMIT NO**

Means of Identification ID Number

ID Issue Date ID Expiring Date

Occupation

Job Title

Status as a Director (Please tick as appropriate) Chairman Managing Director/Chief Executive Officer

Executive Director Non-Executive Director Chief Financial Officer Others(Specify)

Position / Office of the Officer

Residential Address

Nearest Landmark

City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email Address

9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ ADMINISTRATORS ETC (2)

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Nationality (for Non-Ghanaians) **RESIDENT PERMIT NO**

Means of Identification ID Number

ID Issue Date ID Expiring Date

8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ ADMINISTRATORS ETC

Occupation

Job Title

Status as a Director (Please tick as appropriate) Chairman Managing Director/Chief Executive Officer

Executive Director Non-Executive Director Chief Financial Officer Others(Specify)

Position / Office of the Officer

Residential Address

Nearest Landmark

City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email Address

10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ ADMINISTRATORS ETC (3)

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Nationality (for Non-Ghanaians)

RESIDENT PERMIT NO

Means of Identification ID Number

ID Issue Date ID Expiring Date

Occupation

Job Title

Status as a Director (Please tick as appropriate) Chairman Managing Director/Chief Executive Officer

Executive Director Non-Executive Director Chief Financial Officer Others(Specify)

Position / Office of the Officer

Residential Address

Nearest Landmark

City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email Address

11. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ ADMINISTRATORS ETC

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Nationality (for Non-Ghanaians)

RESIDENT PERMIT NO

Means of Identification

ID Number

ID Issue Date

ID Expiring Date

Occupation

Job Title

Status as a Director (Please tick as appropriate) Chairman Managing Director/Chief Executive Officer

Executive Director Non-Executive Director Chief Financial Officer Others(Specify)

Position / Office of the Officer

Residential Address

Nearest Landmark

City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email Address

12. ADDITIONAL DETAILS

I. Name of affiliated Company/Body

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

II. PRINCIPAL SHAREHOLDERS

(Sharing of 10% and above)

a. Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s)

(if any)

b. Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s)

(if any)

c. Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s)

(if any)

d. Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

e. Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

f. Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

13. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER										STATUS: ACTIVE/DORMANT			
1																
2																
3																
4																
5																

14. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

.....Bank

Dear Sir,

AUTHORITY TO DEBIT OUT CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorise you to debit our account with the applicable charges for the legal search conducted on our account at the Registrar General's Department or relevant agency / authority.
 Thank you

Yours faithfully

Authorised Signature of the Customer / Representative & Date

Authorised Signature of the Customer / Representative & Date

15. LETTER OF SET-OFF

(Title) _____

..... Bank

LETTER OF SET-OFF

I/We agree that you (in addition to any general lien or similar right to which you as my / our banker may have at any time and without notice to me /us) combine or consolidate all or any of the company's accounts with liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my / our liabilities to you or any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

Banks should be permitted to insert their term and condition for operation

Authorised Signature of the Customer / Representative & Date

Authorised Signature of the Customer / Representative & Date

16. LETTER OF INDEMNITY

Financial Institutions are permitted to insert their terms to reflect unique business operations

1. REQUIRMENT CHECKLIST

S/N	DOCUMENT REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Account opening form duly completed				
2	Specimen signature card duly completed				
3	Copy of Registrar General's Department Certificate				
4	Board Resolution				
5	Copy of Memorandum and Article of Association (certified true copy by the Registrar of Companies)				
6	Tax Clearance Certificate				
7	TIN Registration No				
8	Partnership Deed (where applicable)				
9	Approval Letter (MMDAs)				
10	Trust Deed				
11	Act / Gazette (for Government Agency) (where applicable)				
12	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
13	Introduction letter(where applicable)				
14	Status report from Banker (where applicable)				
15	Resident Permit (for non-Ghanaians)				
16	Evidence of Registration with Ghana Investment Promotion Centre (where applicable)				
17	Evidence of Registration with other Government Agency				
18	Search Report				
19	Power of Attorney (where applicable)				
20	Letter of indemnity				
21	Proof of Company Address				
22	Business Premises visitation certificate				
23	Proof of Identity of all Signatories and Directors / Officers whose names appear on the account opening forms / documents – NHIS, Passport, National Identity Card, National Driver's License or Voter's ID Card				
24	Proof of Address of all Signatories and Directors / Officers whose names appear on the account opening forms / documents – Utility bill (Certified true copy is acceptable if original is not held				
25	Two completed satisfactory reference forms				
26	Copy of the audited Financial statements				
27	Others (please specify)				

2. KYC PROFILE

Please tick appropriate risk profile

Low Medium High

Indicate which Director, Executive, Trustee, Promoter, Executor or Administrator is a PEP

Name

Position

A. ACCOUNT OPENED BY:

Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

B. DEFERRAL / WAIVER OF DOCUMENTS (IF ANY) AUTHORISED BY:

Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

COMMENT(S): (Address description and Result Findings)

.....
.....
.....
.....

D. ACCOUNT OPENING AUTHORISED / APPROVED BY:

Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y