

# BUSINESS Account Opening Form



GENERAL ACCOUNT INFORMATION		
(Please indicate the category and type of account to open by clicking the applicable box below	Affix	Affix
BRANCH	Passport Photograph	Passport Photograph
ACCOUNT TYPE (1) ACCOUNT TYPE (2)	Here	Here
Purpose of Account (1)		
Purpose of Account (2)	Cu	rrency Type
ACCOUNT NO (1)	GH¢	Eur £ \$ Y Others
(For official use only)		
ACCOUNT NO (2)		Currency Type
(For official use only)	GH¢	Eur £ \$ Y Others
2. PERSONAL INFORMATION		
Title Surname Surname		
FirstName		
Maiden Name     Image: Maiden Name       (If applicable)		
Other Names		
Marital Status       (Please tick as appropriate)       Single       Married       Others	(Please specify) Gene	der M F
Place of Birth Date of Birth	Y Y Y	
Mother's Maiden Name		
Nationality Resident Permit N	No.	
Country of Origin Country of Residen	nce	
Permit Issue Date D D M M Y Y Y Y P Permit Expir	ry Date D D M M Y	Y Y Y
Place of Issue	lown	
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)	
	Fixed Tel. No
Metropolitan, Municipal Dis	strict Assembly Area (MMDA)
Email Address	
Mailing Address	
4. VALID MEANS OF ID	ENTIFICATION
National ID Card	National Driver's License       Passport       Voter's ID       National Health Insurance Card
Other Names	
Marital Status (Please ti	ick as appropriate) Single Married Others (Please specify) Gender M F
Other ID	Country of Issue
ID No.	ID Issue Date
5. ACCOUNT SERVIC	E(S) REQUIRED (Please tick applicable option below)
Card Preferences A	TM Card     Master Card     Visa Card     E-zwich     Others     (Please specify)
Electronic Banking Prefere	nces Internet Banking Mobile Banking Other Internet Banking Products
Transaction Alert Preference	ces 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 DET	TAILS
Employed So	elf Employed Unemployed Retired Student Others (Please specify)
Length of period with curre	D D M M Y Y Y Y
Salary/Expected Incor	ne
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 Nam	ne								
Employer's/InstitutionAdd	ress								
Nearest Lan	dmark								
City/Town						F	Region		
MMDA									
Nature of Business									
Office Phone Number						Mobi	ile Number		
Employer's / Institution E	Email Addı	ress							
7. DETAILS OF NEXT	OF KIN	(in cas	e of em	ergency)					
Title			Gender	F	м				
Surname									
Middle Name									
First Name									
Relationship									
Phone Number (1)						Phone	Number (2)		
Residential Address/Fam	nily Contac	ct							
MMDA									
Region									
8. ADDITIONAL DET	TAILS								
Full Name of Beneficiary of the Account	Ower(s)								
(if applicable)									
9. EXPECTED ACCOL	JNT AC	ΓΙVITY							
Sources of Funds to	the Accou	int:	1						
			2						
level of Deposits							Frequency	y of Deposits	
(Amount)								L	
Expected Monthly Income	from othe	r Sources	5				Frequency o	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				J	ACC	OUI	NTNU	MBE	R			
1													
2													
3													
4													
5													

# 11. TERMS AND CONDITIONS

12. ACCOUNT OP	ENING MANDATE					
Mandate authorizati	on (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			Signatur	e	—

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

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

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NAME & ADDRESS OF INTERPRETER				1					1				1		
LANGUAGE OF INTERPRETATION	Ļ														
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**INTERPRETER'S PHOTOGRAPH** 

Affix Passport Photograph Here

1. REQUI	RME	NT CHECK	LIST															
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	4.																	
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	5.	Resident P														$\rightarrow$		
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A. ACCOU	NT (	DPENED BY	:															
NAME:				-														
SIGNATU	RF											DATE		D D	N	1 N	<u>/ Y Y</u>	Y
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3. DEFERF	RAL	WAIVER OF	DOC	UME	NT (I	IF ANY) /	AUTH	IORIS	ED B	Y:								
NAME:					1										1			
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SIGNATURE	E											DATE	D	D	М	M	ΥY	Y Y
. DOCUM	IENT	VERIFICAT	ION	CARR	IED	OUT BY	:											
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NAME:	_			:		-			ε,		2							
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SIGNATU	KE											DATE				111		
Comment	ts:																	
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NAME:							1				3							
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SIGNATU	RE											DATE	D	D	М	М	ΥY	ΥY
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Account Type	e :										nt						A	cou	JNT	NO (F	for off	icial u	ise only	y)			
BRANCH		]	GH e e e e e					GHC € £ \$ ¥																			
1. COMPANY DE	TAILS	(Please	e comp	olete i	n BLC	OCK L	.ETTE	RS a	nd ti	ck wh	ere n	ecce	ssar	/)													
Company/ Business Name	-						-																				
		n																									
Account Type :       Current Account       Savings Account       ACCOUNT NO (For official use only)         BRANCH       GHC       GHC       1																											
													] so	urce	of Fı	unds											
Type/Nature of Bu	isiness	;										2															
Sector/Industry												1					Ι	Ţ						_			
Operating Business Ad	dress	1			$\exists$				-		-		1	$\frac{1}{1}$		+	1	+		+	-				+	-	
Operating Business Ad	dress	2												İ		İ		1		╡							
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Registered office (if d					Í		Í		Ī	$\frac{1}{1}$		T														 	]
Email address																											]
Website (If any)																											]
Phone Number (1)													F	hone	ə Nur	nber	(2)	[									
Tax Identification Numb	oer												]					s									
Other Reference Num	ıber													Plea	ise S	pecif	у										
2. ANNUAL TURN	NOVE	R																									
a) GH¢ 0-9,999		GH	¢ 10,0	00-49,	999							GH	¢ 50,	000-9	9,99	9					GH¢	100,	000 ab	ove			
b) Is your Company q	luoted	on any s	Stock I	Excha	nge?					٢	'es					No											
3. ACCOUNT SEF	RVICE	E(S) RE	QUI	RED	(Plea	se tic	k any	appli	cabl	e opti	on be	low)															
Card Preferences	AT	M Card			M	aster	Card			Visa	Card			_ E-	zwic	h			Othe	rs	(Plea	ase s	pecify)	)			
Electronic Banking	Prefer	ences	I	Intern	et Ba	nking	I				Мо	bile	Banl	king					Othe	r Inte	rnet E	Banki	ng Pro	oduc	ts		
Statement Preferen	се	Emai	I		Po	ost				Co	llecti	on at	Bra	nch								г		I			
Statement Frequency	:	Month	У		_ Q	uarter	ly				\$	Semi	-Ann	ually					Α	nnua	lly	L					
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				50	Leav	/es						10	00 Le	aves													

4. KEY CONTAC	T PERSONS / PRINCIPAL C	OFFICERS DETAILS		
Surname				
First Name				
Other Name				
Date of Birth	D D M M Y Y Y Y	Gender M F	Mother's Maide Name	en
Nationality				RESIDENT PERMIT NO
Means of Identification			ID Number	
ID Issue Date	D D M M Y Y Y		ID Expiring Date	D D M M Y Y Y Y
Occupation				
Job Title				
Position / Office o	f the Officer			
Residential Add	ress			
Near	est Landmark			
	City Town			
Metropolitan, Mun	icipal District Assembly Area (MM	DA)		
Region				
Phone Number (1)			Other Number	
Email				
5. ACCOUNT SI	GNATORY'S DETAILS			
Surname				
First Name				
Other Name				
Date of Birth	D D M M Y Y Y	Gender M F	Mother's Mai Name	iden
Nationality				RESIDENT PERMIT NO
Means of Identification			ID Number	
ID Issue Date	D D M M Y Y Y Y		ID Expiring Date	

Occupation	
Job Title	
Position / Office of	of the Officer
Residential Address	
Nearest Landmark City Town	
Metropolitan, Muni	cipal District Assembly Area (MMDA)
Region	
Phone Number (1)	Other Number
Email Address	
Class of Signator	
(Please indicate c	class in the box provided)
6. ACCOUNT S	IGNATORY'S DETAILS(2)
Firstname	
Firstname Other Name	
	D     D     M     Y     Y     Y       Gender     M     F     Mother's Maiden Name     Image: Comparison of the second se
Other Name	
Other Name Date of Birth	D         D         M         T         T         Name         I
Other Name Date of Birth Nationality Means of	Gender     M     F     Name
Other Name Date of Birth Nationality Means of Identification	Gender M     F     Name     RESIDENT PERMIT NO     ID Number     ID Number
Other Name Date of Birth Nationality Means of Identification	Gender M     F     Name     RESIDENT PERMIT NO     ID Number     ID Number
Other Name Date of Birth Nationality Means of Identification ID Issue Date Occupation	Gender       M       F       Name         RESIDENT PERMIT NO       RESIDENT PERMIT NO         ID       ID       Number         ID       D       M       Y       Y         ID       Expiring Date       D       M       Y       Y         ID       ID       ID       ID       ID       ID       ID
Other Name Date of Birth Nationality Means of Identification ID Issue Date Occupation Job Title	Gender       M       F       Name         RESIDENT PERMIT NO       RESIDENT PERMIT NO         ID       ID       Number         ID       D       M       Y       Y         ID       Expiring Date       D       M       Y       Y         ID       ID       ID       ID       ID       ID       ID
Other Name Date of Birth Nationality Means of Identification ID Issue Date Occupation Job Title Position / Office of Residential	Gender       M       F       Name         RESIDENT PERMIT NO       RESIDENT PERMIT NO         ID       ID       Number         ID       D       M       Y       Y         ID       Expiring Date       D       M       Y       Y         ID       ID       ID       ID       ID       ID       ID
Other Name Date of Birth Nationality Means of Identification ID Issue Date Occupation Job Title Position / Office of Residential Address	Gender       M       F       Name         RESIDENT PERMIT NO       RESIDENT PERMIT NO         ID       ID       Number         ID       D       M       Y       Y         ID       Expiring Date       D       M       Y       Y         ID       ID       ID       ID       ID       ID       ID

Region

Phone Number (1)	Other Number	
Email Address		
Class of Signatory	DD	ММҮҮҮҮ
(Please indicate clas	ss in the box provided)	
7. ACCOUNT SIG	NATORY'S DETAILS(3)	
Surname		
First Name		
Other Name		
Date of Birth	D D M M Y Y Y Y Gender M F Name	
Nationality (for Non-	-Ghanaians)	MIT NO
Means of Identification		
ID Issue Date	D D M M Y Y Y Y D D D M M Y Y Y Y D D D M M Y Y Y Y	
Occupation		
Job Title		
Position / Office of t	the Officer	
Residential Address		
Nearest Landmark		
City Town		
Metropolitan, I	Municipal District Assembly Area (MMDA)	
Region		
Phone Number (1)	Other Number	
Email Address		
Class of Signatory	ss in the box provided) Date	р м м ү ү ү ү
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# 8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ ADMINISTRATORS ETC

Surname															
First Name															
Other Name															
Date of Birth	D D M M Y Y Y Gender M E Name														
Nationality (for Non-	Ghanaians)														
Means of Identification	ID Number														
ID Issue Date	D D M M Y Y Y Y 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)														
	ce of the Officer														
Position / Office	of the Officer														
Residential Address															
Address															
Nearest Landmark															
City Town															
Metropolita	n, Municipal District Assembly Area (MMDA)														
Region															
Phone Number (1)	Other Number														
Email Address															
9. DETAILS OF TH Surname	IE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ ADMINISTRATORS ETC (2)														
Sumanie															
First Name															
Other Name															
Date of Birth	D D M M Y Y Y Y Gender M F Mother's Maiden Name														
Nationality (for No	n-Ghanaians)														
Means of															
Identification	ID Number														
ID Issue Date	D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y														

8. DETAILS OF TH	IE D	IREC	TOF	RS/E	XEC	UTI	/ES/	TRUS	STEE	S/PR	омо	TER	R/EXE	CUT	ORS	<b>AD</b>	MIN	ISTR	ATOF	RS E	тс						
Occupation		1					-	-																			1
Job Title		1					-	-																			1
Status as a Director Executive Director		(Pleas	se tick	k as ap					irman			]					nief E	xecut	ive Off								
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Position / Office	of the	e Offic	er	[	_											]											
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City Town	Ē	╈	t	$\pm$		╈	1	+		t					╈	1	╡	1		+	╈	╈	Ę				
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10. DETAILS OF T	HE	DIRE	стс	ORS/I	EXE	СИТ	IVES	/TRU	STE	ES/PI	ROM	оте	R/EX	ECU <sup>.</sup>	TORS	S/ AI	DMI	NISTI	RATO	RS	ЕТС	(3)					
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ID Issue Date	) D	М	М	Y Y	Y	Y						ID E	Expirin	g Date	)	D	D	MM	Y	Y	Y Y						
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Job Title				1		1							1														
Status as a Director	(F	Please	tick a	as app	ropria	ate)		Chair	man				Manag	jing D	irecto	r/Chie	ef Exe	ecutiv	e Offic	er							
Executive Director					Non-	Exec	utive I	Directo	or			Chi	ef Fina	ncial	Office	r	Ľ		] 01	thers(	Spec	cify)	[				
Position / Office of the	Offic	cer	[												]												
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Region																							
Phone Number (1)										C	Other I	Numbe	er										
Email Address				-																			
11. DETAILS OF T	HE DIR	ECTOR	S/EX	ECUT	IVES/	TRUST	EES/	PRO	моте	R/E	XECI	JTOR	S/ A	DMI		RATO	RS E	тс					
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Nationality (for Non-	Ghanaiar	ıs)	Ē													RE	SIDE	NT	PER		10		
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Occupation [	· · · · ·											- 1											
Job Title								1															
Status as a Director	(Ple	ase tick a	s appro	opriate	)	Chairm	an			Ма	anagin	g Dire	ctor/C	hief E	xecuti	ve Offi	cer				]		
Executive Director	[		N	lon-Exe	ecutive	Director			_	Chief	Finand	ial Off	icer			_ (	Others	(Spe	cify)				
Position / Office of	the Offic	er																					
Residential				-	1						-				1								
Address					1																		
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Metropolitan, Muni	cipal Dis	trict Asse	mbly /	Area (M	IMDA)																	_	
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Email Address		1	1	ľ	-	-	1		-				1				1		1		-	-	1

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12. ADDITIONAL	DETAILS																
I. Name of affiliated	Company/Body	1															
		2															
		3						-	Т			T					
II. PRINCIPAL SHAR	EHOLDERS	(Sharing of 10%	and abo	ve)													
a. Full Name of S	Shareholder																
Address																	
								2									
Status							Perc	centage	Holdi	ng							
Mobile Number							Natior	nality									
Email Address																	
Registration Certificat	e (if a corporate	shareholder)															
Country of Incorporati	ion (if a corpora	te shareholder)															
Names of Beneficial	owner(s)	(if any)															
b. Full Name of Sha	reholder																
Address																	
Status							Perc	centage	Holdi	ng							
Mobile Number			<u> </u>		<del></del>	7	— Natior	nality	Γ	Τ					Τ	Τ	
Email Address			Ť.	1 1		_			-	1.	-		1		T		
Registration Certific	ate (if a corpora	te shareholder)												<u> </u>	$\frac{1}{1}$		
Country of Incorporati	ion (if a corpora	te shareholder)						1						T	T		
Names of E	Seneficial owner(s)	(if any)						T						T	T		
											<u> </u>						
c. Full Name of Sh	areholder																
Address									-								
Status							Perc	centage	Holdi	ng							
Mobile Number							Natior	nality									
Email Address					-												
Registration Certificat	e (if a corporate	shareholder)															
Country of Incorporati	i <b>on</b> (if a corpora	te shareholder)															
Names of E	Beneficial owner(s)	(if any)															

d. Full Name of §	Sharehold	der																												
Address					Ì	1	ľ						1									T			Ī				1	
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Status														P	ercen	tage	Holdi	ng									Ι			
Mobile Number														Nat	ionali	ity														
Email Address											1																			
Registration Certificat	e (if a	a corp	orate	share	holde	er)	[																							
Country of Incorporati	i <b>on</b> (i	f a co	rporat	e sha	reholo	der)	[																							
Names of Beneficial	owner(s)				(if a	any)	[																				Ι	Ι		
e. Full Name of Sha	reholder																													
Address								1			1																			
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Status						Τ	Τ					Τ		P	ercen	tage	Holdi	ng												
Mobile Number				T		_		T	T	Т	-			 Nat	ionali	ity	Γ	Т		Т					Т	Т	Т	Т		
Email Address		ľ	-	-	Ť		- - 1	-	1	1			1	1			1	1.1	1			1			1	-			Ť	
Registration Certific	ate (i	f a co	rporat	e sha	reholo	der)	[	-									<u> </u>		T	T							Τ	T	T	]
Country of Incorporati	i <b>on</b> (i	f a co	rporat	e sha	reholo	der)	[																		Ι	Τ	Τ	Τ	Τ	٦
Names of E	Beneficial o	owner	r(s)		(if a	any)	٢		Т	Т				Т					Т	Т	Т			1	Г	Т	Т	Т	Т	٦
			.,						-										-	_				-		-	-	-	-	
f. Full Name of Sh	areholde	r						Í																						
Address		-	1			1	-																		ľ					
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Status											Γ	Τ			ercen	tage	Holdi	na		Г					Γ	Γ	Τ_			
						_	_			_	-		_	_									_	-						
Mobile Number														Nat	ionali	ity														_
Email Address							-																		1					
Registration Certificat	e (if a	a corp	orate	share	holde	er)																								
Country of Incorporati	i <b>on</b> (i	f a co	rporat	e sha	reholo	der)																								
Names of E	Beneficial of		(if a	any)											Τ						Τ									

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

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME			A	cco	UNT	NU	MBI	ER				STATUS: ACTIVE/DORMANT
1	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 contigent, 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

<b>17. ACCOUNT OPENING</b>	MANDATE		
Please tick as appropriate)			
a) <u>Category of Accour</u>	at		
	<u>"</u>		
Joint Account	Fixed Investment Account	Other Types of Account	
Current Account	-		
Account Type	Fixed Deposit Account	Savings Domiciliary Account	GH¢ € £ \$ ¥ Others
., <b>.</b> Г			
b) Account Name			
c) Account Number			
d) Mandate authorization /	Combination Rule Please tick as	appropriate)	
Sole Signatory	Two or more if tw	o or more are to sign, please specify	
e) Signatories			
i) Name:	-		
Surname			
First Name	-		Affix
Other Name	-		Passport
Class of Signatory	-		Photograph
Identification Type			Here
Identification No	-		
Telephone Number	-		
Signature and Date	-		
-	-		
FOR BANK USE ONLY		FOR BANK USE ONLY	
		· · · · · · · · · · · · · · · · · · ·	
Name	Signature	Name	Signature
ii) Name:			
Surname			Affix
First Name	-		Passport
Other Name	-		Photograph
Class of Signatory			Here
Identification Type			
Identification No	-		
Telephone Number	-		
Signature and Date	-		
Signatare and Date	-		
FOR BANK USE ONLY		FOR BANK USE ONLY	
New			
Name	Signature	Name	Signature
iii) Name:			
Surname			Affix
First Name			Passport
Other Name			Photograph
Class of Signatory			Here
Identification Type			
Identification No			
Telephone Number			
Signature and Date			
FOR BANK USE ONLY		FOR BANK USE ONLY	]
I ON DAINE USE UNLT			
		Name	Signature
Name	Signature	Name	Signature

NOTE: Financial Institutions can provide more space if number of signatories is more than spaces provided

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

### 19. DECLARATION

#### **CUSTOMER INFORMATION**

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 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 bureaus to check your credit status and identity. The bureaus 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 bureaus in accordance with the Credit Reporting Act, 2007 (Act 726).

Name	 				S	ignati	ure		 						Date.				
Name	 				S	ignati	ure		 						Date.				
Name:																			
Status:																			
Signature					_					Da	ate	D	D	N	1 M	I Y	Y	Y	Y
Name:		T		-												-			
Status:		Ť.		-				-								1			
Signature 20. IN THE PR	Compa	ny Sea	al Here	9						[	Date		D		M	M			Y
Name			ĺ		1					1									
Name						_			 							4			
Address			-																
Occupation																			
Signature									D	ate	D	D	M	M	Y	Y	Y	Y	

S/N	DOCUMENT REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Account opening form duly completed	CHECKED	DEFENNED		14/1
2	Specimen signature card duly completed				
2	Copy of Registrar General's Department				
3	Certificate				
	Board Resolution				
4					
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				<u> </u>
26	Copy of the audited Financial statements				-
	Others (please specify)				

# 2. KYC PROFILE

Please tick appropriate risk profile										
Low	Medium		High							
Indicate which Director, Executive, Trustee, Promoter, E	Executor or Administrator is a PEP									
Name		Position								

A. ACCOUN	T OPENE	D BY:												
Name														
Signature								_				Da	ate	D D M M Y Y Y Y
Name													ľ	
Signature								_				Da	ate	D D M M Y Y Y Y
B. DEFERRA	AL / WAIV	ER OF	DOC	UME	NTS (	IF AN	Y) Al	UTH	ORIS	ED E	BY:			
Name														
Signature								-				Da	ate	D D M M Y Y Y
Name							1		1					
Signature								-				ļ	Date	D D M M Y Y Y
C. ADDRESS	VERIFIC	ATION	CARF	RIED	OUTI	BY:								
Name							1							
Signature													Date	D D M M Y Y Y
Name														
Signature							_						Date	D D M M Y Y Y
COMMENT(S):	(Address de	escriptio	on and	Result	Findin	gs								
D. ACCOUNT	OPENING	G AUT	HORIS	SED /	APPI	ROVE	DBY	<b>'</b> :						
Name														
Signature								_				Da	ate	D D M M Y Y Y
Name		Ì			1	-			1		2			
Signature								_				Date	 Э	<b>D D M M Y Y Y</b>
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