



ADB CARD APPLICATION FORM

DATE: _____

BRANCH: _____

INDICATE CARD TYPE(S) Visa Classic Debit Visa Classic Prepaid Visa Platinum Credit MasterCard Pre-paid MasterCard Debit QuickCash Others

1. PERSONAL DETAILS

(Mr./Ms./Mrs./Dr./Etc):

Surname:

First Name:

Middle Name:

Sex: Male Female Date of Birth

Type of ID: Passport Voter's ID Driver's License National ID SSNIT

Other National Identification:

ID Number:, Expiry Date:

Mother's Maiden Name:

Preferred Name on Card:

(maximum 26 characters)

MARITAL STATUS

Single Married Divorced Widowed Separated

RESIDENTIAL ADDRESS

Street & House Number:

Postal Address:

.City

Ghana Post Address

Tel (Office) Tel (Res)

Cell Phone: Fax

Email:

NEXT OF KIN

Name:

Address:

Tel: Relation to Applicant

2. EMPLOYMENT DETAILS

Occupation (Current):

Name of Employer/Business:

Employer's Address:

Staff ID Number: Expiry Date:

Request Type: New Replacement Renewal

Please issue me with thecard. I hereby certify that the information contained in the application is correct, accurate and complete. You are hereby authorised to obtain any confirmation you may require about details provided by my employers and/ or other bankers/lender pursuant to this application. Having familiarized myself with the bank charges related to this product, I will not dispute any claim by the bank on the grounds that the charges are unfair and unreasonable under any circumstance.

I confirm that I have read, understood and accept to be bound by the terms and conditions which I find reasonable, fair and necessary for me to acquire the card. I agree to be liable for all debits to the card account. I will endeavour to keep the card secured at all times. In the event of the card being lost/stolen/misplaced, ADB Bank Ghana Ltd. shall be notified immediately.

Authorised Signature:

Date:

OFFICIAL USE

Prepaid Account Number

Name(CSU) Signature

Approved By:

Date:

ADB Card Terms and Conditions

I/ We hereby apply for an ADB Card . I/ We declare that the information provided in this application form is true and correct and shall inform ADB of any changes thereto. I/We hereby authorize ADB to verify any information provided herein from whatever source(s) it may consider appropriate.

I/We further agree to be bound by the following terms and conditions:

1. I/We undertake that this application form, signed by me/us, is for the issuance of Agricultural Development Bank (ADB) card for myself/ourselves and for my/our use and that in doing so, I/we do not represent the interest of someone else.
2. I/We understand that ADB may decline my/our application without any reason.
3. I/We understand that the ADB Card remains the property of ADB and I/we will surrender it unconditionally and without reservation upon demand by ADB.
4. I/We undertake not to use or attempt to use the ADB Card without the sufficient funds in my/our account to cover the ATM withdrawal or purchase transactions.
5. I/We undertake to immediately inform ADB, when the ADB Card is lost, stolen or misplaced, giving details of the loss, theft or misplacement. I/We understand that if I/we fail to so inform ADB, I/we may increase the chances of the occurrence of fraud on my/our account, and ADB would not be responsible in anyway whatsoever for any unauthorised transaction(s) on my/our account during this period.
6. I/We understand that I am/we are liable for any transaction(s) that occur(s) on my/our account prior to reporting the loss of my/our ADB Card to ADB.
7. I/We undertake to promptly return all found ADB Cards, previously reported by me/us as lost, stolen or misplaced, to ADB in the event that I/ we do find them.
8. Under no circumstances will I/we disclose my/our Personal Identification Number (PIN) to anybody, including family members, business colleagues and ADB staff, and ADB will not accept any liability should I/we disclose my/our PIN to another person.
9. I/We recognize that I am/we are not allowed to give my/our ADB Card to anyone except those involved in any Point of Sale transaction. The ADB Card is owned by ADB and has been given to me/us in trust and is therefore not transferable.
10. I/We hereby authorize ADB to debit my/our account directly with all transactions undertaken at the Point of sale Terminals or ATMs with my/our ADB Card and I/ we take full responsibility for these transactions. I/we also agree to accept ADB's receipt of withdrawals and transactions as conclusive and binding.
11. ADB is authorized to debit my/our account with fees in respect of the issuance, usage and renewal of the ADB Card, and also for providing the services stated herein.
12. ADB reserves the right to terminate the services stated herein at any time without notice to me/us and without incurring any liability (ies) whatsoever.
13. ADB reserves the right to vary these terms and conditions at its sole discretion and without notice to me/us.
14. ADB and its agents reserve the right to ask for proof of a ADB Cardholder's identity if the ADB Card is presented at its teller counters or Merchant points. I accept also that, this measure may be followed from time to time in order for ADB to protect its esteemed customers against the possibility of fraud.
15. These terms and conditions are governed by the laws of the Republic of Ghana.
16. I/We agree to spend or withdraw funds not exceeding Bank of Ghana's Foreign Exchange Control Regulation limit of \$10,000 (ten thousand US Dollars) per year each time I/we use my/our card outside Ghana.
17. I/We unconditionally and irrevocably agree to abide by all the terms and conditions contained in this agreement and I/We agree that my/our failure to do so may result in any of these penalties:
 - Blocking of my/our card
 - Withdrawal of the international functionality of my/our card
 - Complete withdrawal of my/our Card

OFFICIAL USE

Customer Signature.....Date

Approved By.....Date