CUSTOMER INFORMATION UPDATE

INDIVIDUAL/PERSONAL ACCOUNT

BRANCH

PERSONAL DETAILS

(Mr./Ms./Dr./Mrs./Other)

FIRST NAME(S): MIDDLE NAME

LAST NAME: MAIDEN NAME

GENDER: MALE ☐ FEMALE ☐

MARITAL STATUS: SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐

DOB: D D M M Y Y Y Y

NATIONALITY:

TYPE OF IDENTIFICATION (Please tick)

DRIVERS LICENSE ☐ PASSPORT ☐ VOTERS ID ☐ GHANA ID ☐ SSNIT ☐ OTHERS ☐ ID NUMBER:

ISSUED DATE D D M M Y Y Y Y EXPIRY DATE D D M M Y Y Y Y

ADDRESS

POSTAL ADDRESS: BOX NO: AREA: TOWN:

CURRENT RESIDENTIAL ADDRESS: HOUSE No: STREET No: AREA TOWN: DIGITAL ADDRESS:

ACCOMODATION TYPE: OWNER ☐ TENANT ☐ FAMILY OWNED ☐ EMAIL ADDRESS:

HOME PHONE No: MOBILE PHONE: WHATSAPP NO.:

EMPLOYMENT DETAILS

EMPLOYMENT TYPE (If any): FULL TIME ☐ PART TIME ☐ SELF EMPLOYED ☐ CONTRACT/ CASUAL ☐ UNEMPLOYED ☐

NAME OF EMPLOYER: ADDRESS OF EMPLOYER:

MONTHLY INCOME: INCOME CURRENCY: TIN:

ACCOUNT NUMBER ACCOUNT NUMBER

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CUSTOMER SIGNATURE/ THUMB PRINT DATE: D D M M Y Y Y Y

WORK PHONE: MOBILE PHONE:

OCCUPATION: CURRENT POSITION:

FOR BANK USE ONLY

VERIFIED BY TEAM LEADER CUSTOMER SERVICE CHECKED BY BRANCH MANAGER

SIGNATURE SIGNATURE & STAMP

DATE: D D M M Y Y Y Y DATE: D D M M Y Y Y Y