



Individual & Joint Account Opening Form

1. INDIVIDUAL & JOINT ACCOUNT OPENING FORM

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

BRANCH

ACCOUNT TYPE:

Current A/C ☐ Savings A/C ☐ Home Link ☐ PIP ☐

Fixed Deposit ☐ Student A/C ☐ Adwadifo ☐ Forex ☐ Mmofofra ☐

Purpose of Account (1) Personal Savings ☐ Investment ☐ Salaries ☐ Others, Please Specify

ACCOUNT NO. (1) For Official use only

Currency Type

GHC	£	\$	€	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT NO. (2) For Official use only

Currency Type

GHC	£	\$	€	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PERSONAL INFORMATION

Title Surname

First Name

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit Expiry Date

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

Place of Issue

Hometown

Profession / Occupation

SSNIT No. TIN NUMBER

3. CONTACT DETAILS

Residential Address

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 ☐ SSNIT Biometric Card ☐

Other ID Country of Issue

ID No. ID Issue Date Exp. Date

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

Card Preferences ATM Card ☐ Ezwich ☐ Visa Card ☐ Others (Please Specify)

Electronic Banking Preferences Internet Banking ☐ Mobile Banking ☐ Other Internet Banking Products ☐

Transaction Alert Preferences Email Alert ☐ SMS Alert ☐

Statement Preferences 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 ☐

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	<input type="text"/>
Employer's / Institution Address	<input type="text"/>
Nearest Landmark	<input type="text"/>
City / Town	<input type="text"/> Region <input type="text"/>
MMDA	<input type="text"/>
Nature of Business /	<input type="text"/>
Office Phone Number	<input type="text"/> Mobile Number <input type="text"/>
Employer's / Institution Email Address	<input type="text"/>

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

Title	<input type="text"/>	Gender	F <input type="checkbox"/> M <input type="checkbox"/>
Surname	<input type="text"/>		
Middle Name	<input type="text"/>		
First Name	<input type="text"/>		
Relationship	<input type="text"/>		
Phone Number (1)	<input type="text"/>	ID Number	<input type="text"/>
Residential Address	<input type="text"/>		
MMDA	<input type="text"/>		
Region	<input type="text"/>		

8. ADDITIONAL DETAILS

Full Name of Ultimate Beneficiary Owner(s) of the Account (if applicable)	<input type="text"/>
	<input type="text"/>

9. EXPECTED ACCOUNT ACTIVITY

Sources of Funds to the Account	1	<input type="text"/>
Source of Wealth	2	<input type="text"/>
Level of Deposits (Amount)	<input type="text"/>	Frequency of deposits <input type="text"/>
Expected Monthly Income from other Sources	<input type="text"/>	Frequency of Withdrawals <input type="text"/>

Name of Associated Business(es) 1

(If applicable) 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. ACCOUNTS 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.

12. TERMS AND CONDITIONS

TERMS AND CONDITIONS

To ADB.

I/we the undersigned hereby request and authorize the Bank to open account(s) each an 'Account' in my name/our joint names and until written notice to the Bank to the contrary to debit such Account whether in credit or overdrawn with cheques drawn thereon, to act on any written instructions in relation to the payment of standing orders, direct debits, issues of drafts, mail and telegraphic transfers, purchases and sales of securities and foreign currencies and to act upon instruction to close any account provided those cheques or instructions are signed by MYSELF/ANYONE OF US TOGETHER (delete as necessary and print full name below)

1.	2.
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1. It is understood that any funds received from or on behalf of myself/ any of us, are to be placed to the credit of any Account unless the Bank receives written instruction to the contrary.
2. I/ We understand and agree that you may at your discretion and without giving any reason thereto decline to accept my/our Account application. I/We also understand that until such time that you shall inform me/us in writing of the relevant number, no Account relationship is established with you.
3. I /we agree that in the event that the Bank receives from me/us ambiguous or conflicting instructions in connection with an Account, the Bank may in its absolute discretion and without any liability act or decline to act as the bank thinks fit.
4. I/we agree that these authorities shall be governed by and construed in accordance with the law of the jurisdiction in which the office of the Bank is situated and I/we hereby irrevocably submit to the non-exclusive jurisdiction of the Courts such jurisdiction.

5.

Paragraph 5 applies only joint accounts(s) application

We hereby acknowledge that our liability by way of Overdraft at any time in respect of our account shall be several as well as joint in the event of the death of anyone or more of us the credit balance at that date on our Account together with any security or property deposited with the Bank relating to such account shall be held to the order to the remaining account holder(s) but subject to any claim, right lien, change ,pledge, set-off, however arising which the Bank may in respect of the liabilities of anyone or more of us including a diseased account holder(s).

6. I/We hereby authorize and instruct the bank, until receipt by the Bank of written notice to the contrary to make available to the other Banks such information in relation to any Accounts as the authorized disclose may from time to time request, including without prejudice to the generality of the foregoing, details of Account balance and authorized signator(ies) provided only that the Bank act in good faith.
7. The Bank shall not be liable for any loss, howsoever, arising that may result from the disclosure of information hereunder including as a result of any error contained in the information so disclosed.
8. I/we agree that deposit and their payment are governed by the law in effect from time to time in Ghana and are payable at the branch of ADB in Ghana where the deposits are made, ADB has a discretion to allow withdrawal at other Branches in Ghana.
9. Please note that the Bank reserves the right at its discretion to obtain vilification of any information provided in the form. This may include disclosure to an authorized credit reference agency which will remain a record of any search made by the bank.

SIGNATURE:..... DATE:.....

SIGNATURE :..... DATE:.....

QUICALERT

TERMS AND CONDITIONS

1. I/we Understand and accept that these terms and conditions shall apply to any service provided by ADB to me in pursuant to this application. I /we confirm that all information and instructions contained on the face of this form are correct and that I / we shall have no claim against ADB ("the Bank") in the event of any of the information or instructions being incorrect. I/we further undertake to notify the Bank in writing should any of the said information or instructions change at any time in the future. This shall particularly apply to my cell phone number to which information shall be transmitted in terms of the ADB Update Facility.
2. I/we acknowledge that:
 - 2.1 I/we are aware that I/we may request facilities in respect of only those accounts over which I/we have direct control. I/we are aware that I/we undertake to produce proof that I/we hold power of attorney over any other accounts for which I/we may request information.
 - 2.2 Any of the activities made available by the Bank under the facility may be modified, replaced or Withdraw by the Bank at any time without notice to me and without assigning any reason, in which even the Bank shall incur no liability to me whatsoever.
 - 2.3 The Bank shall not be liable for any breakdown or failure or disruption of any equipment or medium of access to the system.

- 2.4. The cell phone number provided by me to the Bank shall enable transmission of information from the System which may be confidential and I therefore agree to:
 - 2.5. Ensure the safe-keeping and confidentiality on my cell phone and its number and SIM card and access Thereto;
 - 2.6. Make use of all security features available on my cell phone that limits unauthorized use and access to the information therein.
 - 2.7. Notify the Bank immediately on becoming aware that my cell phone and /or SIM Card may have fallen into the hands of unauthorized person(s) by giving written notice to the Head of Cards, Electronic Banking at the Bank's Head Office or the Branch Manager of any of the Bank's branches.
I /We accept that the notice shall not be regarded to have been validly given if it does not conform to terms of this sub clause, and the Bank shall not be liable for any unauthorized access of information via the facility until valid notice shall not be liable for any unauthorized access of information via the facility until valid notice shall have been given;
 - 2.8. The use of the system shall in no way vary any aspect of the banker - client relationship between me /us and the Bank.
I/we acknowledge further that:
 - 2.9. Any failure on my part to follow the recommended security procedures may result in a breach of confidentiality and may lead to unauthorised access to information about my bank affairs*.
 - 2.10. I/ we accordingly absolve and hold the Bank harmless against any and all liabilities and claims which I/ we may incur in this regard;
 - 2.11. Not be required to inquire into the authority of any person accessing the information;
 - 2.12. Be entitled to debit my account with the amount of any fees determined and payable to the Bank from time to time for the use of the system. I /we agree that the bank at it option may from time to time raise charge for the use of the system.
 - 2.13. I/We hereby indemnify the Bank against any demand claim or action against it relating to or in connection with my use of the system whether direct or indirect, unless such demand claim shall have arisen from the gross negligence or willful misconduct of the Bank or any of it employees,
3. Any demand, claim or action arisen against the Bank in them of clause 2.13 shall be limited to my/ our Direct damages and, without limited generality of the clause;
- I/we agree that the Bank shall not be liable for:
- 3.1. Any amount that is not part of the actual amount of the transaction;
 - 3.2. Any indirect, special, or consequential;
 - 3.3. Any loss or damage occasioned by the failure to adhere to these terms and conditions and any incorrect information furnished by me, including, limitation to cellular telecommunication companies.
 - 3.5. Any failure or unavailability of the system or failure by the bank to perform a destruction as a result of the loss or destruction of data, the deterioration or corruption of storage media, power failure, natural phenomena. Riots, act of vandalism, sabotage, terrorism or any other vent beyond the bank's control;
 - 3.6. Any destruction or accessing of my/ our data or any destruction or theft of, or damage to, any of my/our equipment's;
 - 3.7. Any authorized access to my/our account of any breach of security.
4. I/we acknowledge that, should I/we breach any of this terms and conditions the bank shall be entitled, without notice to cancel this agreement and withdraw the facilities under the system with immediate effect, without prejudice to any right it may have to recover any amount due to it or any losses any damages suffered by it in consequent of my/our breach.
5. I/we shall be entitled to cancel my ADB Record at any time, provided that I/we give the Bank at least seven (7) days written notice of my intention to do so.
6. I/we acknowledged that, I/we shall not be entitled to the cede, transfer or make over my right in and to the facilities or the use of the system to any other person.
7. In the event that I/we breach any of this terms and conditions, of the bank's taking any action pursuant to or as a result of such breach, the Bank shall be entitled to recover any and all cost incurred including legal and other fees, and any tracing and other cost and whatever nature.
8. I/we agree that failure or neglect by the Bank to enforce the provisions of the terms and conditions at any time shall not be construed nor deemed to be a waiver of the Bank's right or in any way affect the validity of the terms and conditions or any part of them nor prejudice the Bank's right to take consequent actions.
9. I / we agree that to be signed on the product, I/we have ADB ATM facility duly authorized by ADB and after accepting the terms and conditions of operating the ADB ATM product.

I/we have read the Terms and Conditions relating to the transmission by the Bank to my cell phone of information via the Short Message Service (SMS) facility or the ADB card itemized overleaf and undertake to be bound by them.

SIGNATURE:.....

DATE:.....

DISCLAIMER FOR ADB QUICNET

While AGRICULTURAL DEVELOPMENT BANK (ADB) has taken care to ensure that the content on the ADB QUICNET website is accurate and that you suffer no loss or damage by using the product, the ADB QUICNET website and the service accessible on or via it are provided on "as is" basis and your use of the ADB QUICNET and the online services is at your own risk. ADB does not warrant that the ADB QUICNET website, any tool such as calculator, software, information, content or online services will be error-free or will meet any particular criteria of accuracy, competence, reliability, performance or quality.

ADB expressly disclaims all implied warranties, including, without limitation, warranties of merchantability, title, and fitness for a particular purpose, non-infringement, compatibility, security and accuracy. While ADB takes all reasonable precautions to prevent this ADB does not warrant that the website or any software available for download via the website is free of viruses or destructive code. ADB and its affiliates, shareholders, agents, consultants or employees are not liable for any damages whatsoever relating to your use of the ADB QUICNET website or the online services or the information contained on the ADB QUICNET website or your inability to use the ADB QUICNET website or the online services. This includes, without limitation, any direct, indirect, special, incidental, consequential or punitive damages, whether arising out of contract, statute or otherwise and regardless of whether we were expressly advised of the possibility of such loss or damage.

Without derogating from the generality of the above, we will not be liable for:

- Any interruption, malfunction, downtime or other failure of the website or online services, our system, databases or any of its components, for whatever reason;
- Any loss or damage arising from your orders, investment decisions, purchases or disposal of products and services, including financial instrument(s) or currency, from third parties, based on the information provided on the ADB QUICNET website;
- Any loss or damage with regard to customer data or other data directly or indirectly caused by malfunction or our system, third party system, power failures, unlawful access to or theft of data, computer viruses or destructive code on our system or third party system; programming defects or negligence on our part;
- Any interruption, malfunction, downtime or other failures of goods or services provided by third parties, including, without limitation, third party systems such as the public switched telecommunication service providers, internet service providers, electricity suppliers, local authorities and certification authorities;
- Any event of force majeure over which we have no direct control.

ADB CARDS

I/We hereby apply for the issuance of an ADB Card. I/We declare that the information I/We have provided in this application form is true and correct and shall advise ADB of any changes thereto. I/We hereby authorize ADB (hereinafter referred to as "the Bank"), to verify information provided by me from whatever source the Bank may consider appropriate for its own purpose. I/We unconditionally and irrevocably agree to abide by the following terms and conditions.

TERMS AND CONDITIONS

1. I/We undertake that this application, signed by me/us, is for the issuance of an ADB CARD for myself and for my /our use and that in doing so, I/We do not represent the interest of anybody.
2. I/We understand and accept that the Bank may decline my /our application without assigning any reason.
3. I/We understand and accept that the ADB CARD remains the property of the Bank at all times and I/We undertake to surrender it unconditionally and without reservation upon demand by the bank.
4. I/We undertake not to use or attempt to use my / our card without sufficient funds in my /our account to cover transactions undertaken.
5. I/We undertake not to use or attempt to use my / our CARD after the bank has notified me of its cancellation / blockage.
6. I/We undertake to immediately advise the Bank when the ADB CARD is stolen, lost etc, giving details of surrounding circumstances by filling a Lost Card Report Form at a Branch of the Bank. I/We understand that if I/We fail to do so, I/We increase the possibility of fraud occurring on my/our account and I/We accept not to hold the bank liable for any such unauthorized transaction on/our account.

7. I/We understand and agree not to hold the Bank the Bank liable for any transaction that occurs on my /our account prior to reporting the loss of my / our ADB CARD to the Bank.
8. I / We undertake to promptly return all found Cards, previously reported by me / us as lost, stolen, misplaced etc to the Bank.
9. Under no circumstance will I / We disclose my /our Personal Identification Number (PIN) to anybody, including family member, business colleagues, or staff of the Bank. I / We take further agree not to hold the Bank liable should I / We disclose my /our PIN to anybody.
10. I/We recognize that I am We are not allowed to give my / our Card to anybody except those involved at the transaction point. The Card is the property of the Bank and same is to be held in trust for the Bank and is therefore not transferable.
11. I / We hereby authorize the Bank to debit my / our account directly with all transactions undertaken at the Point of Sale Terminals or ATMs with my / our Card and I / We take full responsibility for these transactions. I / We also agree to accept the Banks receipt of withdrawals and transactions as conclusive proof of all Transactions.
12. The Bank is authorised to debit my / our account with all respective fees in connection with issuance, usage or renewal of the ADB CARD.
13. The Bank reserves the right to block my / our Card anytime it suspects any unauthorised transactions without notice to me/us.
14. The Bank reserves the right to vary these terms and conditions at its discretion without notice to me /us.
15. The Bank and its authorised agents reserve the right to ask for proof of an ADB Cardholders identity if the ADB Card is presented at a transaction point. This measure may be utilized periodically to enable the Bank to protect its esteemed customers against possible fraud.
16. I / we agree to withdraw cash not exceeding Bank of Ghana's Foreign Exchange Control Regulation limit each Time I use my/ our card outside Ghana. The Bank of Ghana Foreign Exchange Control Regulation limit is currently \$10,000 (Ten Thousand United States Dollars) per year and the Bank of Ghana may review it from time to time.
17. I / We agree to inform the Bank anytime I / We travel outside Ghana.
18. I / We agree to inform the Bank anytime I / We return from a trip abroad. This is to enable the Bank facilitate the use of my / our cards both at home and abroad. Failure to do so may result in the sanctions listed below:

- **Blocking of Card**
- **Withdrawal of International Functionality**
- **Complete Withdrawal of Card**

19. I/We unconditionally and irrevocably undertake to abide by all the terms and conditions state above.

NAME OF CUSTOMER

SIGNATURE

DATE

PRIVACY AND DATA PROTECTION

"The Bank shall maintain the account under relevant laws of the Republic of Ghana including data protection legislation. In respect of foreign data subjects, the Bank shall ensure that personal data is processed in compliance with data protection legislation and General Data Protection Regulation (GDPR) shall apply to the relevant foreign jurisdiction of that subject. By this, we shall treat all your personal information as private and confidential. Any such personal information collected from you may be used to verify your identity and contact information, establish and set up account as well as any ancillary purpose. The Bank shall not sell, license, lease or otherwise disclose your personal information to any third party for any reason except as described below":

- (a) where necessary for the purpose of a contract to which the data subject is a party;
- (b) when authorized or required by law;
- (c) to protect a legitimate interest of the data subject;
- (d) where necessary for the proper performance of a statutory duty; or
- (e) necessary to pursue the legitimate interest of the data controller or a third party"

EMAIL INDEMNITY

We/I(.....),of
(.....) instruct and mandate ADB of 37 Independence Avenue P.O.
BOX4191 Accra to deal with our/ my account at ADB. And carry out all banking instructions given by us/me through email via the
following e-mail address(.....) only.

That we/ I shall call you on telephone and confirm our/ my instruction to you within twenty (20) minutes of giving banking instruction to you through e-mail address (.....). We/ I instruct and mandate you after receiving our /my confirmation to deal with our /my bank account and carry out all banking instructions given to you by us /me through our/ my said email address.

That in dealing with our / my bank account and carrying out all banking instructions given to you through e-mail address (.....) WE / UNDERTAKE to completely indemnify and hold harmless and absolve you ADB Bank from all forms loss, liability, claim or damage that might be incurred by you or made against you or made against you and / or us/ me as a result of instructing you through e-mail.

We / I shall at our / my own expense defend any action or claim that any third party or person may bring against you in the event that you rely on our /my instruction and there is any loss.

DATED THE.....

SIGNED AND DELIVERED BY:

Name:.....
Address.....
Occupation:.....

}

Signature

IN THE PRESENCE OF

Name:.....
Address:.....
Occupation:.....

}

Signature

FAX INDEMNITY

We/I(.....),of
(.....)instruct and mandate ADB of 37 Independence Avenue
P.O. BOX 4191 Accra to deal with our/ my account at ADB and carry out all banking instructions given by us/me through email
via the following fax number (.....)

In the event that we /I send a fax to you that fax message shall bear the signature and name of the signatory(s) of our /my bank
account namely;(.....)

That we/ I shall call you on telephone and confirm our/ my instruction to you within twenty (20) minutes of giving banking
instruction to you through fax number (.....). We/ I instruct and
mandate you after receiving our /my confirmation to deal with our /my bank account and carry out all banking instructions given
to you by us /me through our/ my said fax number.

That in dealing with our / my bank account and carrying out all banking instructions given to you through fax
(.....) WE / UNDERTAKE to completely indemnify and hold harmless and
absolve you ADB from all forms of loss, liability, claim or damage that might be incurred by you or made against you or made
against you and / or us/ me as a result of instructing you through fax.

We / shall at our / my own expense defend any action or claim that any third party or person may bring against you in the event
that you rely on our /my instruction and there is any loss.

DATED THE.....

SIGNED AND DELIVERED BY:

Name:.....
 Address.....
 Occupation:.....

.....
Signature

IN THE PRESENCE OF

Name:.....
 Address:.....
 Occupation:.....

.....
Signature

13. DECLARATION

I/We hereby apply for the opening of account(s) withBank. 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 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 INTERPRETER/
THUMBPRINT / SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

NAME & ADDRESS OF INTERPRETER

LANGUAGE OF INTERPRETATION

FOR BANK USE ONLY

1. REQUIREMENT CHECKLIST

1.	Duly completed Account opening form				
2.	Specimen signature Card duly completed				
3.	Recent passport photograph				
4.	Proof of identity; International passport, Driver's license or Valid Ghanaian Voters ID Card (original must be sighted)				
5.	Resident Permit (for non-Ghanaian)				
6.	Proof of Address: Utility bills, etc (Certified true copy is acceptable if original is not held)				
7.	Letter from Employer / School (for salary account and or student only)				
8.	Reference Letter (Others)				

Is the Applicant a Politically Exposed Person? Yes ☐ No ☐
 Low Risk ☐ Medium Risk ☐ Medium High ☐ High Risk ☐

Name of PeP: Position of PeP:

A. ACCOUNT OPENED BY:

NAME

B. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

SIGNATURE DATE

C. DEFERRAL / WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:

NAME

SIGNATURE DATE

D. DOCUMENT VERIFICATION CARRIED OUT BY:

NAME

SIGNATURE DATE

Comments:

E. ACCOUNT OPENING AUTHORISED / APPROVED BY:

NAME

SIGNATURE DATE

For High Risk & PEP Category (AMLRO, Head Operations, GM Operations, MD/CEO) may sign

DESIGNATION Signature DATE

Note:.....



...truly agric and more

Accra Financial Centre, 3rd Ambassadorial Development Area, Ridge-Accra,
P. O. Box 4191, Accra-Ghana
Tel: [exch] 233 (30) 2770403, 2762104, 2784394
Fax: 233 (30) 2784803, 2770411
Email: customercare@agricbank.com
Website: www.agricbank.com