



# **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)

Affix  
Passport  
Photograph  
Here

Affix  
Passport  
Photograph  
Here

ACCOUNT NO (1)

(For official use only)

Currency Type

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

ACCOUNT NO (2)

(For official use only)

Currency Type

GH¢	Eur	£	\$	Y	Others
<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="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"/>							

 Permit Expiry Date 

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

Place of Issue  Hometown

Other Names

Gov't/SSNIT  
Pension No  TIN  
Number

### 3. CONTACT DETAILS

Residential Address in Ghana	<input type="text"/>														
City/Town	<input type="text"/>										Nearest Landmark	<input type="text"/>			
Proof of Address (Indicate type and Serial Number)	<input type="text"/>										Mobile Number	<input type="text"/>			
											Fixed Tel. No	<input type="text"/>			

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 Identification 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 

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

 Exp Date 

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

### 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 

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

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="text"/>	M	<input type="text"/>	
Surname	<input type="text"/>						
Middle Name	<input type="text"/>						
First Name	<input type="text"/>						
Relationship	<input type="text"/>						
Phone Number (1)	<input type="text"/>			Phone Number (2)	<input type="text"/>		
Residential Address/Family Contact	<input type="text"/>						
MMDA	<input type="text"/>						
Region	<input type="text"/>						

#### 8. ADDITIONAL DETAILS

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

#### 9. EXPECTED ACCOUNT ACTIVITY

Sources of Funds to the Account:	1	<input type="text"/>								
	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

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
<input type="text"/>							

NAME &  
ADDRESS OF  
INTERPRETER

LANGUAGE OF  
INTERPRETATION

  
\*

INTERPRETER'S PHOTOGRAPH

Affix  
Passport  
Photograph  
Here

## 1. REQUIREMENT CHECKLIST

S/N	DOCUMENT REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Duly completed Account opening form				
2.	Specimen signature card duly completed				
3.	Recent passport photograph (2)				
4.	Proof of identity: International passport, Driver's license or National Health, Insurance card, Valid Ghanaian Voter 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)				

## 2. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person?

Yes

No

Low Risk

Medium Risk

High Risk

## A. ACCOUNT OPENED BY:

NAME: 

DATE

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

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

NAME: 

DATE

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

## C. DOCUMENT VERIFICATION CARRIED OUT BY:

NAME: 

DATE

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

Comments:

## D. ACCOUNT OPENING AUTHORISED / APPROVED BY:

NAME: 

DATE

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

For higher risk category, (Head Risk / Compliance; Head Operations; MD/CEO) may sign

Designation.....

Signature.....

DATE

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

## 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

<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole proprietorship	<input type="checkbox"/>	MMDA's	<input type="checkbox"/>	Charities	<input type="checkbox"/>	Others	<input type="checkbox"/>
--------------------------	-------------	--------------------------	---------------------	--------------------------	--------	--------------------------	-----------	--------------------------	--------	--------------------------

### Account Type :

Current Account Currency		Savings Account Currency		ACCOUNT NO (For official use only)							
GHC		GHC		1							
€		€		2							
£		£		3							
\$		\$		4							
¥		¥									
Others		Others									

### 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

Annually

Statement Frequency:

Monthly

Quarterly

Semi-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	D D M M Y Y Y Y							Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name	<input type="checkbox"/>							
Nationality											<b>RESIDENT PERMIT NO</b> <input type="checkbox"/>										
Means of Identification											ID Number	<input type="checkbox"/>									
ID Issue Date	D D M M Y Y Y Y							ID Expiring Date	D D M M Y Y Y Y												
Occupation																					
Job Title																					
Position / Office of the Officer	<input type="checkbox"/>																				
Residential Address	<input type="checkbox"/>																				
Nearest Landmark	<input type="checkbox"/>																				
City Town	<input type="checkbox"/>																				
Metropolitan, Municipal District Assembly Area (MMDA)																					
Region	<input type="checkbox"/>																				
Phone Number (1)	<input type="checkbox"/>					Other Number	<input type="checkbox"/>														
Email	<input type="checkbox"/>																				

#### 5. ACCOUNT SIGNATORY'S DETAILS

Surname																					
First Name																					
Other Name																					
Date of Birth	D D M M Y Y Y Y							Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name	<input type="checkbox"/>							
Nationality											<b>RESIDENT PERMIT NO</b> <input type="checkbox"/>										
Means of Identification											ID Number	<input type="checkbox"/>									
ID Issue Date	D D M M Y Y Y Y							ID Expiring Date	D D M M Y Y Y Y												

Occupation	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>
Job Title	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>
Position / Office of the Officer	<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/>
Residential Address	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>
Nearest Landmark	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>
City Town	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>

Metropolitan, Municipal District Assembly Area (MMDA)

<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>
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Region	<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/>
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Phone Number (1)	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	Other Number	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
Email Address	<input style="width: 300px; height: 20px; border: 1px solid black;" type="text"/>		

Class of Signatory	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	Signature.....	Date	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y													
(Please indicate class in the box provided)																				

## 6. ACCOUNT SIGNATORY'S DETAILS(2)

Firstname	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>																																		
Other Name	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>																																		
Date of Birth	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Mother's Maiden Name	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>														
D	D	M	M	Y	Y	Y	Y																												
Nationality	<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/>	<b>RESIDENT PERMIT NO</b> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>																																	
Means of Identification	<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/>	ID Number <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>																																	
ID Issue Date	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									ID Expiring Date <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y																												
D	D	M	M	Y	Y	Y	Y																												
Occupation	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>																																		
Job Title	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>																																		
Position / Office of the Officer	<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/>																																		
Residential Address	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>																																		
Nearest Landmark	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>																																		
City Town	<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>																																		

Metropolitan, Municipal District Assembly Area (MMDA)

<input style="width: 600px; height: 20px; border: 1px solid black;" type="text"/>
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Region	<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/>
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Phone Number (1)

Other Number

Email Address

Class of Signatory

(Please indicate class in the box provided)

Signature.....

Date

D D M M Y Y Y Y

## 7. ACCOUNT SIGNATORY'S DETAILS(3)

Surname

First Name

Other Name

Date of Birth  D D M M Y Y Y Y  
Gender M  F  Mother's Maiden Name

Nationality (for Non-Ghanaians)

RESIDENT PERMIT NO

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

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

(Please indicate class in the box provided)

Signature.....

Date

D D M M Y Y Y Y

## 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 Y	Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name								
Nationality (for Non-Ghanaians)							<b>RESIDENT PERMIT NO</b>								
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												
Occupation															
Job Title															
Status as a Director (Please tick as appropriate)	Chairman	<input type="checkbox"/>	Managing Director/Chief Executive Officer	<input type="checkbox"/>											
Executive Director	<input type="checkbox"/>	Non-Executive Director	<input type="checkbox"/>	Chief Financial Officer	<input type="checkbox"/>	Others(Specify)	<input type="checkbox"/>								
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	D D M M Y Y Y Y	Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name						
Nationality (for Non-Ghanaians)							<b>RESIDENT PERMIT NO</b>						
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										



## Metropolitan, Municipal District Assembly Area (MMDA)

\_\_\_\_\_

Phone Number (1)	<input type="text" value="123-4567890"/>	Other Number	<input type="text" value="123-4567890"/>
Email Address	<input type="text" value="user@example.com"/>		

**11. 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 Y			Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name					
Nationality (for Non-Ghanaians)											<b>RESIDENT PERMIT NO</b>			
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							
Occupation														
Job Title														
Status as a Director (Please tick as appropriate)	<input type="checkbox"/>		Chairman		<input type="checkbox"/>	Managing Director/Chief Executive Officer		<input type="checkbox"/>						
Executive Director	<input type="checkbox"/>	Non-Executive Director		<input type="checkbox"/>	Chief Financial Officer		<input type="checkbox"/>	Others(Specify)		<input type="text"/>				
Position / Office of the Officer	<input type="text"/>													
Residential Address	<input type="text"/>													
Nearest Landmark	<input type="text"/>													
City Town	<input type="text"/>													
Metropolitan, Municipal District Assembly Area (MMDA)														
<input type="text"/>														
Region	<input type="text"/>													
Phone Number (1)	<input type="text"/>						Other Number		<input type="text"/>					
Email Address	<input type="text"/>													

## 12. ADDITIONAL DETAILS

d. Full Name of Shareholder

Address

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

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

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

## 17. ACCOUNT OPENING MANDATE

Please tick as appropriate)

a) **Category of Account**

Joint Account

Fixed Investment Account

Other Types of Account

Current Account

Account Type

Fixed Deposit Account

Savings

Domiciliary Account

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

b) Account Name

c) Account Number

d) **Mandate authorization / Combination Rule**

Please tick as appropriate)

Sole Signatory

Two or more

if two or more are to sign, please specify

e) Signatories

i) **Name:**

Surname

First Name

Other Name

Class of Signatory

Identification Type

Identification No

Telephone Number

Signature and Date

Affix  
Passport  
Photograph  
Here

FOR BANK USE ONLY

Name  Signature

FOR BANK USE ONLY

Name  Signature

ii) **Name:**

Surname

First Name

Other Name

Class of Signatory

Identification Type

Identification No

Telephone Number

Signature and Date

Affix  
Passport  
Photograph  
Here

FOR BANK USE ONLY

Name  Signature

FOR BANK USE ONLY

Name  Signature

iii) **Name:**

Surname

First Name

Other Name

Class of Signatory

Identification Type

Identification No

Telephone Number

Signature and Date

Affix  
Passport  
Photograph  
Here

FOR BANK USE ONLY

Name  Signature

FOR BANK USE ONLY

Name  Signature

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

## 18. TERMS AND CONDITIONS

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..... Signature..... Date.....

Name..... Signature..... Date.....

Name:

Status:

Signature \_\_\_\_\_ Date 

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

Name:

Status:

Signature \_\_\_\_\_ Date 

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

Company Seal Here

## 20. IN THE PRESENCE OF:

Name

Address

Occupation

Signature \_\_\_\_\_ Date 

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

## 1. REQUIREMENT 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	Y

Name Signature  Date 

D	D	M	M	Y	Y	Y	Y	Y

**B. DEFERRAL / WAIVER OF DOCUMENTS (IF ANY) AUTHORISED BY:**Name Signature  Date 

D	D	M	M	Y	Y	Y	Y	Y

Name Signature  Date 

D	D	M	M	Y	Y	Y	Y	Y

**C. ADDRESS VERIFICATION CARRIED OUT BY:**Name Signature  Date 

D	D	M	M	Y	Y	Y	Y	Y

Name Signature  Date 

D	D	M	M	Y	Y	Y	Y	Y

COMMENT(S): (Address description and Result Findings)  
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-----**D. ACCOUNT OPENING AUTHORISED / APPROVED BY:**Name Signature  Date 

D	D	M	M	Y	Y	Y	Y	Y

Name Signature  Date 

D	D	M	M	Y	Y	Y	Y	Y