



BUSINESS

Account Opening Form

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 Partnership Sole proprietorship MMDA's Charities Others

1. Account Type :

BRANCH

| Current Account Currency | Savings Account Currency | ACCOUNT NO (For official use only) | | | | | | | | | | | |
|-----------------------------|-----------------------------|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| GHC <input type="text"/> | GHC <input type="text"/> | 1 | | | | | | | | | | | |
| € <input type="text"/> | € <input type="text"/> | 2 | | | | | | | | | | | |
| £ <input type="text"/> | £ <input type="text"/> | 3 | | | | | | | | | | | |
| \$ <input type="text"/> | \$ <input type="text"/> | 4 | | | | | | | | | | | |
| ¥ <input type="text"/> | ¥ <input type="text"/> | | | | | | | | | | | | |
| Others <input type="text"/> | Others <input type="text"/> | | | | | | | | | | | | |

2. Purpose of Account:

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

Statement Frequency: Monthly Quarterly Semi-Annually 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 Gender M F Mother's Maiden Name

Place of Birth

Nationality **RESIDENT PERMIT NO**

Type of ID ID Number

ID Issue Date ID Expiring Date

Occupation

Job Title

Position / Office of the Officer TIN

Residential Address

Nearest Landmark

City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email

5. DETAILS OF NEXT OF KIN (in case of emergency)

Title Gender F M

Surname

Middle Name

First Name

Relationship

Phone Number (1) Phone Number (2)

Residential Address/Family Contact

MMDA

Region

8. ACCOUNT SIGNATORY'S DETAILS (2)

Firstname
 Other Name
 Date of Birth Gender M F Mother's Maiden Name
 Place of Birth
 Nationality **RESIDENT PERMIT NO**
 Type of ID ID Number
 ID Issue Date ID Expiring Date
 Occupation
 Job Title
 Position / Office of the Officer TIN
 Residential Address
 Nearest Landmark
 City Town
 Metropolitan, Municipal District Assembly Area (MMDA)
 Region
 Phone Number (1) Other Number
 Email Address
 Class of Signatory Signature..... Date
 (Please indicate class in the box provided)

9. ACCOUNT SIGNATORY'S DETAILS (3)

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Place of Birth

Nationality (for Non-Ghanaians) **RESIDENT PERMIT NO**

Type of ID ID Number

ID Issue Date ID Expiring Date

Occupation

Job Title

Position / Office of the Officer TIN

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

10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATORS ETC.

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Place of Birth

Nationality (for Non-Ghanaians) **RESIDENT PERMIT NO**

Type of ID ID Number

ID Issue Date 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)

Position / Office of the Officer TIN

Residential Address

Nearest Landmark

City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email Address

11. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATORS ETC. (2)

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Place of Birth

Nationality (for Non-Ghanaians) **RESIDENT PERMIT NO**

Type of ID ID Number

ID Issue Date ID Expiring Date

12. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATORS ETC.

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)

Position / Office of the Officer TIN

Residential Address

Nearest Landmark

City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email Address

13. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATORS ETC.(3)

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Place of Birth

Nationality (for Non-Ghanaians) **RESIDENT PERMIT NO**

Type of ID ID Number

ID Issue Date 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)

Position / Office of the Officer TIN

Residential Address

Nearest Landmark

City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email Address

14. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATORS ETC.

Surname

First Name

Other Name

Date of Birth Gender M F Mother's Maiden Name

Place of Birth

Nationality (for Non-Ghanaians)

RESIDENT PERMIT NO

Type of ID ID Number

ID Issue Date 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)

Position / Office of the Officer TIN

Residential Address

Nearest Landmark

City Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number (1) Other Number

Email Address

d. Full Name of Shareholder

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

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

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)

16. 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 | | | | | | | | | | | | | | | | |

17. 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

18. 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

19. LETTER OF INDEMNITY

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

FOR BANK USE ONLY

1. REQUIREMENT CHECKLIST

| S/N | DOCUMENT REQUIRED | CHECKED | DEFERED | 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 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 Ghana Investment Promotion Centre (where applicable) | | | | |
| 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 - Passport, National Identity Card , National Driver's License, Voter's ID Card or SSNIT Biometric 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 Financials statements | | | | |
| 27 | Others (please specify) | | | | |

2. KYC PROFILE

Please tick appropriate risk profile

Low Risk

Medium Risk

Medium High

High Risk

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 |
| | | | | | | | |

Name

Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

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

Name

Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Name

Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Name

Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

COMMENT(S): (Address description and Result Findings)

.....

D. ACCOUNT OPENING AUTHORISED / APPROVED BY:

Name

Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

Name

Signature _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

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

Designation: Signature:

Date:

