



MABIA
MICRO FINANCE SERVICES

ACCOUNT OPENING FORM

(INDIVIDUAL / JOINT)

ACCOUNT OPENING NAME

.....

GENERAL ACCOUNT INFORMATION

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

BRANCH

ACCOUNT TYPE

Affix
Passport
Photograph
HereAffix
Passport
Photograph
Here

Purpose of Account

ACCOUNT NO (For official use only)

Currency

2. PERSONAL INFORMATION

Title

Surname

First Name

Maiden Name
(if applicable)

Other Names

Marital Status (Please tick as appropriate) Single

☐

Married

☐

Others (Pls specify)

Gender M

☐

F

☐

Place of Birth

Date of Birth

D	D	M	M	Y	Y	Y	Y

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

Permit Expiry Date

D	D	M	M	Y	Y	Y	Y

Place of Issue

Hometown

Profession / Occupation

SSNIT No

3. CONTACT DETAILS

[illegible][illegible]

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[illegible][illegible]

[illegible][illegible]

4. VALID MEANS OF IDENTIFICATION



11

11

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D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

5. EMPLOYMENT DETAILS



St

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D	D	M	M	Y	Y	Y	Y

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Less than GH¢ 5000



11

[illegible][illegible][illegible][illegible]

[illegible][illegible][illegible]

Mobile Number

[illegible]

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

M

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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8. ADDITIONAL DETAILS

[illegible][illegible]

9. EXPECTED ACCOUNT ACTIVITY

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[illegible]

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[illegible][illegible][illegible][illegible]

Business Address

10. ACCOUNTS HELD WITH OTHER BANKS / SPECIAL DEPOSIT TAKING INSTITUTIONS

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 MFI. 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 MFI 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 MFI shall also disclose your credit transactions to credit reference bureaus in accordance with the Credit Reporting Act, 2007 (Act 726).

NAME:

[illegible]

SIGNATURE.....

DATE _____

D	D	M	M	Y	Y	Y	Y

Comments:

NAME: _____

[illegible]

SIGNATURE.....

DATE _____

D	D	M	M	Y	Y	Y	Y

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

D	D	M	M	Y	Y	Y	Y

Designation..... Signature

DATE _____