

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)	Affix . Affix
BRANCH	Passport Passport
ACCOUNT TYPE	Photograph Here 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 B	Birth
Mother's Maiden Name	
Nationality	Resident Permit No.
Country of Origin	Country of Residence
Permit Issue Date D D M M Y Y Y U U U U U U U U U U U U U U U U	Permit Expiry Date
Place of Issue	Hometown
Profession / Occupation	
SSNIT No	

3. CONTACT DETAIL			
Residential Address in Ghana			
City / Town			Nearest Landmark
Proof of Address (Indicate type and Serial Number.			Mobile Number Fixed Tel. No
Metropolitan, Munici	al District Assembly Area	a (MMDA)	
Email Address			
Mailing Address			
4. VALID MEANS O	National Driver's		assport Voter's ID TIN Ountry of Issue
ID No.) Issue Date	D M M Y Y Y Exp. Date D D M M Y Y Y Y
5. EMPLOYMENT DE	AILS		
Employed Se		nployed Retired	Others (Pls specify)
Salary/Expected Incor	e		
Monthly Salary Le	s than GH¢ 5000	GH¢1,001 – 5,000	GH¢5001 – 10,000 More than GH¢10,000
Employer's Name			
Employer's Address			
Nearest Landmark			
City/ Town			Region
MMDA			
Nature of Business/			

Office Phone Number										Mob	ile N	ımbe	r											
Employer's Email Addre	ess								L															
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7. DETAILS OF NEXT O	F KIN (in c	ase of	emer	gency)																				
Title						Ge	nder	F]	м													
Surname																								
Middle Name																								
First Name																								
Relationship																								
Phone Number (1)							-			P	hone	Numi	ber (2	2)										
Residential Address		T									Τ	Γ			T	I	I			1	T	T	1	
MMDA [_											7
Region -					-					-	1							-						
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8. ADDITIONAL DETA	ILS																							
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Full Name of Beneficial Owner(s) of the Accou																						<u> </u>		_
(if applicable)																					<u> </u>			
9. EXPECTED ACCOU	NT ACTIVI	ΤY																						
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Sources of Funds to th	ne Accoun	t 1.																						
Level of Deposits	11		Т-		-	Т	_	-т	\neg	ı	Frequ	ency	of De	posit	ts									7
(Amount)															L									_
Expected Monthly Inc	ome fron	n other	Sourc	es							ı	requ	ency	of W	ithdr	awal	s							
Name of Associated I	Businessle	s) 1	<u> </u>		T	T		T			T	\top	T	T	Т	T		Т		T	٦			
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Type of Associated Business																								
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	S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	
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	2				
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	5				
11. T	ERMS /	AND CONDITIONS			
			-		
12. A	ccoun	T OPENING MANDATE			
a)		date authorization (Please tick as apatory*	opropriate) Sole Signatory	Either to Sign Both to sign	
Name:					
Surnam	e				
First Na	me				
Other N	lame				
Class of	Signat	ory			
Identifi	cation 7	Гуре			
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In case of joint a/c, 2nd applicant is required to complete a second information sheet and attach herewith.

13. DECLARATION

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).

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	Resident																	T						T		
	Proof of not held	Addre	ess: Util	lity bil	ls, etc	. (Cei								iginal	is											
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