ACCOUNT OPENING FORM – Entities (Incorporated and Non-Incorporated)

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

Category of Business

Limited Liability Company ☐ Partnership ☐ Sole Proprietorship ☐ MMDA's ☐ Charities ☐

Other (Specify) ☐

Account Type

Current Account ☐ Savings ☐

ACCOUNT NO. (For office use only)

AGENCY/ BRANCH STAMP

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 Incorporation

Type or 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 Number2

Tax Identification Number

Certificate to Commence Business Number

Other Reference Number

Please Specify

2. ANNUAL TURNOVER

a) GHS 0-9,999 ☐ GHS 10,000 – 49,999 ☐ GHS 50,000 – 99,999 ☐ GHS 100,000 and above ☐

b) Is your Company listed on the Ghana Stock Exchange? Yes ☐ No ☐ GSE Ref. No. ☐

3. KEY CONTACT PERSON /PRINCIPAL OFFICER DETAILS

Surname

First Name

Middle Name(s)

Date of Birth D D M M Y Y Y Y

Gender M ☐ F ☐

Mother's Maiden Name

Nationality

RESIDENT PERMIT NO.

Type of Identification

ID number

ID Issue Date D D M M Y Y Y Y

ID Expiry Date D D M M Y Y Y Y

Occupation

Job Title

Position

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area **(MMDA)**

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

4. ACCOUNT SIGNATORY'S DETAILS (1)

Surname

First Name

Middle Name(s)

Date of Birth D D M M Y Y Y Y

Gender M ☐ F ☐

Mother's Maiden Name

Nationality

RESIDENT PERMIT NO.

Type of Identification

ID number

ID Issue Date D D M M Y Y Y Y

ID Expiry Date D D M M Y Y Y Y

Occupation

Job Title

Position

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area **(MMDA)**

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

Class of Signatory (please indicate class in the box provided)

Signature_____

Date D D M M Y Y Y Y

5. ACCOUNT SIGNATORY'S DETAILS (2)

Surname

First Name

Middle Name(s)

Date of Birth D D M M Y Y Y Y

Gender M ☐ F ☐

Mother's Maiden Name

Nationality

RESIDENT PERMIT NO.

Type of Identification

ID number

ID Issue Date D D M M Y Y Y Y

ID Expiry Date D D M M Y Y Y Y

Occupation

Job Title

Position

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area **(MMDA)**

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

Class of Signatory (please indicate class in the box provided)

Signature_____

Date D D M M Y Y Y Y

6. ACCOUNT SIGNATORY'S DETAILS (3)

Surname

First Name

Middle Name(s)

Date of Birth D D M M Y Y Y Y

Gender M ☐ F ☐

Mother's Maiden Name

Nationality

RESIDENT PERMIT NO.

Type of Identification

ID number

ID Issue Date D D M M Y Y Y Y

ID Expiry Date D D M M Y Y Y Y

Occupation

Job Title

Position

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area **(MMDA)**

Region

Phone Number1

Mobile Number

Phone Number2

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. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS (1)

Surname

First Name

Middles Name(s)

Date of Birth D D M M Y Y Y Y

Gender M ☐ F ☐

Mother's Maiden Name

Nationality

RESIDENT PERMIT NO.

Type 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

Status as a Director (Pls tick as appropriate)

Chairman ☐ Managing Director/Chief Executive Officer ☐ Executive Director ☐ Non-Executive Director ☐

Chief Financial Officer ☐ Other (Pls Specify)

Position/Office of the Officer

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area **(MMDA)**

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS ETC (2)

Surname

First Name

Middle Name(s)

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

Nationality

RESIDENT PERMIT NO.

ID number

ID Number

ID Issue Date D D M M Y Y Y Y ID Expiry Date D D M M Y Y Y Y

Occupation

Job Title Position

Status as a Director (Pls tick as appropriate)
Chairman ☐ Managing Director/Chief Executive Officer ☐ Executive Director ☐ Non-Executive Director ☐
Chief Financial Officer ☐ Other (Pls Specify)

Position/Office of the Officer

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area **(MMDA)** Region

Phone Number1 Mobile Number

Phone Number2 Other Number

Email Address

9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS ETC (3)

Surname

First Name

Middle Name(s)

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

Nationality

RESIDENT PERMIT NO.

Type 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

Status as a Director (Pls tick as appropriate)
Chairman ☐ Managing Director/Chief Executive Officer ☐ Executive Director ☐ Non-Executive Director ☐
Chief Financial Officer ☐ Other (Pls Specify)

Position/Office of the Officer

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area **(MMDA)**

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS (4)

Surname

First Name

Other Name

Date of Birth D D M M Y Y Y Y

Gender M ☐ F ☐

Mother's Maiden Name

Nationality

RESIDENT PERMIT NO.

Type of Identification

ID number

ID Issue Date D D M M Y Y Y Y

ID Expiry Date D D M M Y Y Y Y

Occupation

Job Title

Position

Status as a Director (Pls tick as appropriate)

Chairman ☐ Managing Director/Chief Executive Officer ☐ Executive Director ☐ Non-Executive Director ☐

Chief Financial Officer ☐ Other (Pls Specify)

Position/Office of the Officer

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area **(MMDA)**

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

11. DETAILS OF PRINCIPAL SHAREHOLDERS

I. Name of affiliated Company/Body

1

2

3

II. PRINCIPAL SHAREHOLDERS (Shareholding of 10% and above)

a). Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (If a shareholder)

Country of Incorporation (if a corporate shareholder)

Name(s) of Beneficial owner(s) (if any)

b). Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (If a shareholder)

Country of Incorporation (if a corporate shareholder)

Name(s) of Beneficial owner(s) (if any)

c). Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (If a shareholder)

Country of Incorporation (if a corporate shareholder)

Name(s) of Beneficial owner(s) (if any)

d). Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (If a 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 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 shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

12. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

NO.	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/ DORMANT
1.				
2.				
3.				
4.				
5.				

13. ACCOUNTS SERVICE(S) REQUIRED (Please tick any applicable option below)

Card Preferences ATM Card GH Link ☐ Others (Please specify)

Electronic Banking Preferences Internet Banking ☐ Mobile Banking ☐ Others (Please specify) ☐

Transaction Alert Preferences Email Alert ☐ SMS Alert ☐

Statement Preference
Statements to be collected at the Branch/Agency

Statement Frequency:
Semi-Annually ☐ Annually ☐

14. 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 respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

Authorized Signature of the Customer/Representative & Date

_____

Authorized Signature of the Customer/Representative & Date

_____

15. LETTER OF INDEMNITY

I/We 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.

16. ACCOUNT OPENING MANDATE

(Please tick as appropriate)

a)
Account Type
Current Account ☐ Savings Account ☐ Other Types of Account ☐

b) Account Name

c) Account Number (For Bank Use Only)

d) Mandate authorization / Combination Rule (Please tick as appropriate)
Sole Signatory ☐ Two or more ☐

If two or more are to sign, please specify ☐

d) Signatories

i) Name:

Surname	_____	_____
Other Name	_____	_____
Class of Signatory	_____	_____
Identification Type	_____	_____
Identification No.	_____	_____
Telephone Number	_____	_____
Signature and Date	_____	_____

PHOTO(S)

PHOTO(S)

FOR BANK USE ONLY

Name Signature

FOR BANK USE ONLY

Name Signature

AUTHORIZER

ii) Name:

Surname

Other Name

Class of Signatory

Identification Type

Identification No.

Telephone Number

Signature and Date

PHOTO(S)

PHOTO(S)

FOR BANK USE ONLY

Name Signature

FOR BANK USE ONLY

Name Signature

AUTHORIZER

iii) Name:

Surname

Other Name

Class of Signatory

Identification Type

Identification No.

Telephone Number

Signature and Date

PHOTO(S)

PHOTO(S)

FOR BANK USE ONLY

Name Signature

FOR BANK USE ONLY

Name Signature

AUTHORIZER

17. DECLARATION / DISCLOSURE

DECLARATION

I/We hereby apply for the opening of account(s) with ……Bank. I/We 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 BUREAUX

The Bank shall obtain any information about you from the credit reference bureaux to check your credit status and identity. The bureaux shall 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 Credit Reporting Act, 2007 (Act 726).

Name

Signature: _____

D	D	M	M	Y	Y	Y	Y

Name

Signature: _____

D	D	M	M	Y	Y	Y	Y

COMPANY SEAL/STAMP HERE

18. WITNESS:

In the presence of

Name

Address

Occupation

Telephone Number

Signature: _____

D	D	M	M	Y	Y	Y	Y

I/We agree that the Bank shall obtain any information about us from the Credit Reference Bureaux to check our status and identity.

FOR BANK USE ONLY

1. REQUIREMENTS CHECKLISTS

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Certificate of Incorporation				
4.	Certificate of Registration				
5.	Form A details of Ownership showing registration of Business name, Registration receipt (Current year)				
6.	Copy of constitution rules of the prospective Club, Society or Charity				
7.	Certificate to Commence Business				
8.	Board Resolution to Open Account				
9.	Memorandum and Article of Association				
10.	Tax Clearance Certificate				
11.	Tax Identification Number (TIN)				
12.	Partnership Deed (where applicable)				
13.	Approval Letter (MMDAs)				
14.	Trust Deed				
15.	Act / Gazette (for Government Agency) (where applicable)				
16.	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
17.	Introduction letter (where applicable)				
18.	Banker's Opinion				
19.	Resident Permit (for non-Ghanaians)				
20.	Evidence of Registration with Ghana Investment Promotion Centre (where applicable)				
21.	Evidence of Registration with other Government Agency/Agencies				
22.	Search Report (Registrar General's Department)				
23.	Power of Attorney (where applicable)				
24.	Letter of indemnity				
25.	Proof of Company Address				
26.	Business Premises visitation certificate				
27.	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms/documents – Passport, National ID Card, National Driver's License and Voter's ID Card.				
28.	Proof of Identity 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				
29.	Two completed satisfactory reference forms				
30.	Copy of the audited Financial statements/statement of affairs				
31.	Others (please specify)				

***Note**
Originals and photocopies of documents mentioned above must be provided.

2. KYC RISK PROFILE

Please tick appropriate risk profile

Low ☐ Medium ☐ High ☐

Please refer the AML/CFT Handbook
Indicate which Director, Executive, Trustee, Promoter, Executor or Administrator is a Politically Exposed Person (PEP)

Name _____ Position _____

_____ _____

FOR BANK USE ONLY

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. DEFFERAL / WAIVER OF DOCUMENTS (IF ANY) AUTHORIZED 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 AUTHORIZED/APPROVED BY:

Name

Signature: _____ Date D D M M Y Y Y Y

Name

Signature: _____ Date D D M M Y Y Y Y