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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
First Name
Middle Neme (a)
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.
KESIDENT FERMIT 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
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 Number 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 Y Gender M F	Mother's Maiden Name
Nationality	
	RESIDENT PERMIT NO.
	_
Type of Identification	ID number
ID Issue Date D M M Y Y Y Y ID Expire	y Date D D M M Y Y Y Y
Occupation	
Job Title	Position
Residential Address	[
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Metropolitan, Municipal District Assembly Area (MMDA)	Region
Well opolitan, Wullicipal District Assembly Area (WWDA)	Region
Dhana Niveshard	Nahila Niyashar
Phone Number1	Mobile Number
Dhara Numbaro	Others Newscher
Phone Number2	Other Number
Email Address	
Class of Signatory (please indicate class in the box provided)	D D M M Y Y Y
Signature	Date Date
olginataro	
E ACCOUNT SIGNATORY'S RETAILS (9)	
5. ACCOUNT SIGNATORY'S DETAILS (2) Surname	
First Name	
Middle Name (a)	
Middle Name(s)	
Date of Birth D D M M Y Y Y Y Gender M F	Mother's Maiden Name
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Nationality	RESIDENT PERMIT NO.
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Occupation	
Job Title	Position
Residential Address	
Nearest Landmark	
City/Tours	
City/Town	
Metropolitan, Municipal District Assembly Area (MMDA)	
Metropolitari, Muriolpai District Assembly Area (MINDA)	rtegion
Phone Number1	Mobile Number
Phone Number2	Other Number
Email Address	
Class of Signatory (please indicate class in the box provided)	
	D D M M Y Y Y
Signature	Date
6. ACCOUNT SIGNATORY'S DETAILS (3)	
Surname	
Surname	
First Name	
First Name	
First Name  Middle Name(s)	
First Name	Mother's Maiden Name
First Name  Middle Name(s)	Mother's Maiden Name
First Name  Middle Name(s)	
First Name  Middle Name(s)  Date of Birth  D  M  M  Y  Y  Y  Gender M  F	Mother's Maiden Name  RESIDENT PERMIT NO.
First Name  Middle Name(s)  Date of Birth  D D M M Y Y Y Gender M F  Nationality	RESIDENT PERMIT NO.
First Name  Middle Name(s)  Date of Birth  D  M  M  Y  Y  Y  Gender M  F	
First Name  Middle Name(s)  Date of Birth  D D M M Y Y Y Gender M F  Nationality	RESIDENT PERMIT NO.
First Name  Middle Name(s)  Date of Birth  D  M  M  Y  Y  Y  Gender M  F  Nationality  Type of Identification	RESIDENT PERMIT NO.
First Name  Middle Name(s)  Date of Birth  D D M M Y Y Y Gender M F  Nationality	RESIDENT PERMIT NO.  ID number
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Metropolitan, Municipal District	Assembly Area (MMDA)	Region
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Phone Number1		Mobile Number
		Mobile Humber
Phone Number2		Ulling State of the Control of the C
		Cure Number
Email Address		
Class of Signatory (please indica	te class in the box provided)	
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	Signature	Date
7. DETAILS OF ACCOUNT HEL	D WITH OTHER BANKS BY T	HE PROSPECTIVE CUSTOMER
7. DETAILS ST ASSOSIT HEL	B WITH STILL BANKS BT	TIET ROOF EOTIVE GOOTOMER
	OUNT NAME	ACCOUNT NUMBER STATUS:
ADDRESS OF		ACTIVE/ DORMANT
BANK/BRANCH		JOKIMANT .
1. 2.	+++	<del>                                     </del>
3.		
		<u> </u>
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8. ACCOUNTS SERVICE(S) R	EQUIRED (Please tick any a	pplicable option below)
Transaction Alert Preferences	s Email Alert SMS	S Alert
Statement Preference		Statement Frequency:
Statements to be collected at the	ne Branch/Agency	Semi-Annually Annually
9. LETTER OF SET-OFF		
		(Title)
	Donk	
LETTER OF SET-OFF		
		right to which you as my / our banker may have
	ta ma / uc) combina ar cancal	date all or any of the company's accounts with
at any time and without notice		
at any time and without notice liabilities to you and set off or tr	ansfer any sum standing to th	e credit of any such accounts, be it cash,
at any time and without notice liabilities to you and set off or tr cheques, valuable, deposits, se	ansfer any sum standing to th curities, negotiable instrumen	ts or other assets belonging to me / us with you in
at any time and without notice liabilities to you and set off or tr cheques, valuable, deposits, se or towards satisfaction of any or	ansfer any sum standing to th curities, negotiable instrumen f my / our liabilities to you or a	ts or other assets belonging to me / us with you in ny other account or in any respect, whether such
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at any time and without notice liabilities to you and set off or tr cheques, valuable, deposits, se or towards satisfaction of any o liabilities be actual or contingen	ansfer any sum standing to the curities, negotiable instrumen f my / our liabilities to you or a t, primary or collateral, severa	ts or other assets belonging to me / us with you in ny other account or in any respect, whether such I or joint.

10. 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.

## 12. DECLARATION / DISCLOSURE

**DECLARATION** 

I/We hereby apply for the opening of account(s) with	Bank.	I/We unde	erstand	that the
information given herein and the documents supplied are the basis for opening	such acc	ount(s) and	l I/We th	nerefore
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).

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

14. KYC RISK PROFILE Please tick appropriate risk						
Low		Medium		н	igh	
Please refer the AML/CFT Indicate which Director, E (PEP)		, Promoter, E	xecutor or A	dministrator is a	Politically Ex	posed Person
Name				Position		
11. ACCOUNT OPENING	G MANDATE					
(Please tick as appropria	te)					
a) Account Type Current Account	Savings Account	Other T	ypes of Accou	unt		
b) Account Name						
c) Account Number (For I		ule (Please tid	ck as approp	oriate)		
If two or more are to sign, pl	lease specify					
Name: Surname Other Name Class of Signatory Identification Type Identification No. Telephone Number Signature and Date						
	РНОТС	D(S)	F	PHOTO(S)		

Name: Surname Other Name Class of Signatory Identification Type Identification No. Telephone Number Signature and Date			
	PHOTO(S)	PHOTO(S)	
FOR BANK USE ONLY  A. ACCOUNT OPENED BY	٧٠		
Name	'		
		<u> </u>	
Signature:		Date D D	M Y Y Y Y
Name			
Signature:		Date D D	M Y Y Y
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Name			
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C. ADDRESS VERIFICATI	ON CARRIED OUT BY:		
Name			
Signature:		Date D D	M Y Y Y

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