



SOUTH AKIM RURAL BANK LTD - NANKESE

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

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

[Grid for City/Town]

Metropolitan, Municipal District Assembly Area (MMDA)

[Text box for MMDA]

Region

[Text box for Region]

Phone Number1

[Grid for Phone Number1]

Mobile Number

[Grid for Mobile Number]

Phone Number2

[Grid for Phone Number2]

Other Number

[Grid for Other Number]

Email Address

[Grid for Email Address]

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

[Text box for Class of Signatory]

Signature _____ Date

[Date grid: D D M M Y Y Y Y]

6. ACCOUNT SIGNATORY'S DETAILS (3)

Surname

[Grid for Surname]

First Name

[Grid for First Name]

Middle Name(s)

[Grid for Middle Name(s)]

Date of Birth

[Date grid: D D M M Y Y Y Y]

Gender M F

Mother's Maiden Name

[Grid for Mother's Maiden Name]

Nationality

[Grid for Nationality]

RESIDENT PERMIT NO.

[Grid for Resident Permit No.]

Type of Identification

[Grid for Type of Identification]

ID number

[Grid for ID number]

ID Issue Date

[Date grid: D D M M Y Y Y Y]

ID Expiry Date

[Date grid: D D M M Y Y Y Y]

Occupation

[Grid for Occupation]

Job Title

[Grid for Job Title]

Position

[Grid for Position]

Residential Address

[Grid for Residential Address]

Nearest Landmark

[Grid for Nearest Landmark]

City/Town

[Grid for City/Town]

Metropolitan, Municipal District Assembly Area (MMDA)

[Text box for MMDA]

Region

[Text box for Region]

Phone Number1

[Grid for Phone Number1]

Mobile Number

[Grid for Mobile Number]

Phone Number2

[Grid for Phone Number2]

Other Number

[Grid for Other Number]

Email Address

[Grid for Email Address]

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

[Text box for Class of Signatory]

Signature _____ Date

[Date grid: D D M M Y Y Y Y]

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

Surname

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First Name

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Middles Name(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

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Gender M F

Mother's Maiden Name

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Nationality

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RESIDENT PERMIT NO.

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Type of Identification

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ID number

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ID Issue Date

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ID Expiring Date

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Occupation

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Job Title

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Position

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Status as a Director (Check as appropriate)

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

Chief Financial Officer

Position/Office of the Officer

Residential Address

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Nearest Landmark

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City/Town

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

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Region

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Phone Number1

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Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone Number2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other Number

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Email Address

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

Surname

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First Name

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Middle Name(s)

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Date of Birth

D	D	M	M	Y	Y	Y	Y

 Gender M F Mother's Maiden Name

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Nationality

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ID number

RESIDENT PERMIT NO.

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ID Number

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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

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Position

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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)

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Position/Office of the Officer

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Residential Address

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Nearest Landmark

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City/Town

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

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Region

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Phone Number1

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Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone Number2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other Number

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Email Address

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

Surname

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name(s)

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Date of Birth

D	D	M	M	Y	Y	Y	Y

 Gender M F

Mother's Maiden Name

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Nationality

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RESIDENT PERMIT NO.

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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

[Grid for Full Name of Shareholder]

Address

[Grid for Address]

Status

[Grid for Status]

Percentage Holding

[Grid for Percentage Holding]

Mobile Number

[Grid for Mobile Number]

Nationality

[Grid for Nationality]

Email Address

[Grid for Email Address]

Registration Certificate (If a shareholder)

[Grid for Registration Certificate]

Country of Incorporation (if a corporate shareholder)

[Grid for Country of Incorporation]

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

[Grid for Beneficial Owner(s)]

d). Full Name of Shareholder

[Grid for Full Name of Shareholder]

Address

[Grid for Address]

Status

[Grid for Status]

Percentage Holding

[Grid for Percentage Holding]

Mobile Number

[Grid for Mobile Number]

Nationality

[Grid for Nationality]

Email Address

[Grid for Email Address]

Registration Certificate (If a shareholder)

[Grid for Registration Certificate]

Country of Incorporation (if a corporate shareholder)

[Grid for Country of Incorporation]

Names of Beneficial owner(s) (if any)

[Grid for Beneficial Owner(s)]

e). Full Name of Shareholder

[Grid for Full Name of Shareholder]

Address

[Grid for Address]

Status

[Grid for Status]

Percentage Holding

[Grid for Percentage Holding]

Mobile Number

[Grid for Mobile Number]

Nationality

[Grid for Nationality]

Email Address

[Grid for Email Address]

Registration Certificate (If a shareholder)

[Grid for Registration Certificate]

Country of Incorporation (if a corporate shareholder)

[Grid for Country of Incorporation]

Names of Beneficial owner(s) (if any)

[Grid for Beneficial Owner(s)]

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

.....

.....

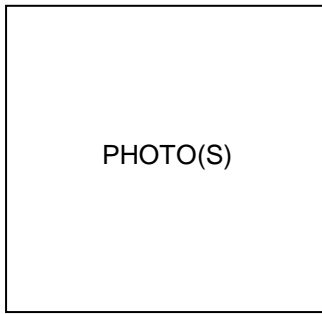
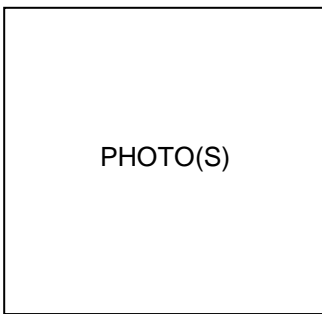
LETTER OF SET-OFF

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.

ii) Name:

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

_____	_____
_____	_____
_____	_____
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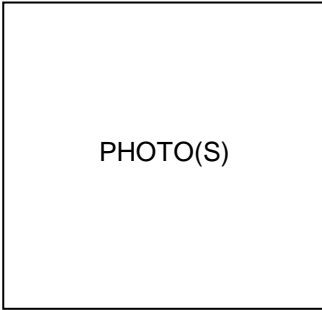
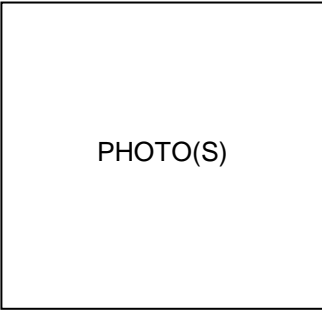
FOR BANK USE ONLY	
_____	_____
Name	Signature

FOR BANK USE ONLY	
_____	_____
Name	Signature
AUTHORIZER	

iii) Name:

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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) withBank. 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

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D	D	M	M	Y	Y	Y	Y

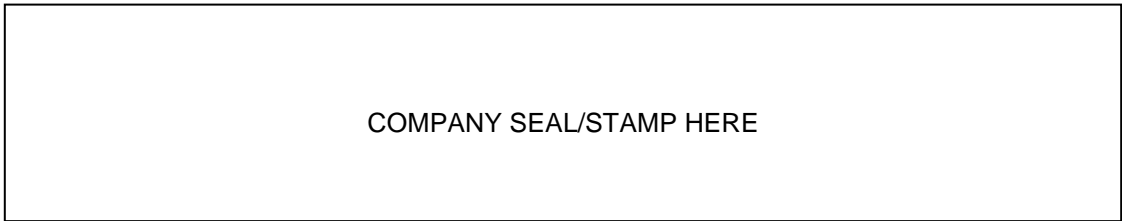
Signature: _____

Name

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D	D	M	M	Y	Y	Y	Y

Signature: _____



18. WITNESS:

In the presence of

Name

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Address

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Occupation

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Telephone Number

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D	D	M	M	Y	Y	Y	Y

Signature: _____

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

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

A. ACCOUNT OPENED BY:

Name

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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