SOUTH AKIM RURAL BANK LTD - NANKESE ACCOUNT OPENING FORM - INDIVIDUAL/JOINT ACCOUNT Affix **Passport** ACCOUNT TYPE Savings Current Joint Other Specify Photograph Here AGENCY/ **BRANCH STAMP** ACCOUNT NO. (For office use only) **1A PERSONAL INFORMATION** Title Surname First Name Middle Name(s) Former Name Gender M F Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Date of Birth Place of Birth Υ Υ Υ D D M M Mother's Maiden Name Nationality Resident Permit No. Permit Issue Date Permit Expiry Date M M Υ D M Tax Identification Number (IIN) Region Purpose of Account (Please Tick) Salary Savings Business Other, Specify **1B PERSONAL INFORMATION** Title Surname First Name Middle Name(s) Former Name

Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Gender M F
Date of Birth D D M M Y Y Y Y Place of Birth
Mother's Maiden Name
Nationality Resident Permit No.
Permit Issue Date Permit Expiry Date
Tax Identification Number (TIN) Purpose of Account (Please Tick) Salary Savings Business Others (Specify)
2 CONTACT DETAILS Residential Address
City / Town / Village
Nearest Landmark
Proof of Address (Indicate type and Serial Number) Metropolitan, Municipal, District Assembly Area (MMDA)
Mailing Address Phone Number 1 Phone Number 2 Email Address
3 VALID MEANS OF IDENTIFICATION
National ID Card Driver's License Passport Voter's ID
ID No.
ID Issue D D M M Y Y Y Y Expiry Date D D M M Y Y Y Y
4 EMPLOYMENT DETAILS
Employed Self Employed Unemployed Student Others (Pls Specify)
Date of Employment (If Employed)
Annual Salary / Expected Annual Income Annual Salary Less than GHC5,000 GHC5,001 – 10,000 GHC10,001 – 20,000 More than GHC20,000

Employer's Name
Employer's Address
Nearest Landmark
City / Town / Village Region
Tregion Laboration and the state of the stat
Nature of Dusiness/Ossuration
Nature of Business/Occupation Office Phone Number Mobile Number
Email Address
5 DETAILS OF NEXT OF KIN
Title Gender F M Surname
First Name:
Date of Birth
Middle Name:
D D M M Y Y Y
Phone Number (1) Phone Number (2)
Residential Address
Design
Region
6 ADDITIONAL DETAILS
Name of Beneficial Owner(s) of the Account
Spouse's Name
Spouse's D D M M Y Y Y Y Spouse's Occupation
Spouse's D D M M Y Y Y Y Spouse's Occupation Date of Birth
Sources of Funds to the Account 1
Sources of Funds to the Account 2
Level of Deposits
Frequency of Deposits

Expected Annual Income f	rom other sources		
No. of A			
Name of Associated B	usiness(es) 1		
Name of Associated B	usiness(es) 2		
Name of Associated B	usiness(es) 3		
Type of Business			
Type of Eddiness			
D a' A I I			
Business Address			
7 ACCOUNTS WITH C	OTHER BANKS		
S/N NAME AND		ACCOUNT NUMBER	STATUS
ADDRESS O BANK/BRANC			ACTIVE/DORMAN
1.			
3.			
<u>4.</u> <u>5.</u>		+++++++++++++++++++++++++++++++++++++++	
8			
ACCOUNT MANDAT			
(Please tick as approp	riate)		
Mandate authorization Sole Signatory Eit	(Please tick as appropriate) her to Sign Both to Si) ian	
у		ıgıı []	
Name:			
Surname Other Name			
Class of Signatory			
Identification Type			
Identification No.			
Telephone Number		<u> </u>	
Signature and Date			
	PHOTO(S)	PHOTO(S)	
FOR BANK USE ONLY		FOR BANK USE ONLY	
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Name	Signature	Name	Signature
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9 ACCOUNT SERVICES(S) REQUI	RED (Please tick the applicat	le option below)
Card Preferences ATM Card	GH Link Othe	rs (Please specify)
Electronic Banking Preferences In	nternet Banking Mobile Bar	nking Others (Please specify)
Transaction Alert Preferences	Email Alert SMS Alert	
Statement Preference Statements to be collected at the Br	anch/Agency	Statement Frequency: Semi-Annually Annually
(A DEAL AD ATION / DIGOL COLUD		
10 DECLARATION / DISCLOSURE		
		nk. I/We understand that the information given (s) I/We therefore confirm that such information
I/We further undertake to indemnify the	Bank for any loss suffered as a res	ult of any false information provided to the Bank.
	out you from the credit reference bu	ureaux to check your credit status and identity. ons that make their own credit enquiries about
The Bank shall also disclose your credit Act, 2007 (Act 726).	transactions to credit reference bu	reaux in accordance with the Credit Reporting
Name	Signature	Date
Name	Signature	Date
11 (THIS SHOULD BE ADOPTED WH BY A THIRD PARTY	ERE THE APPLICANT IS NOT LI	TERATE AND THE FORM IS READ TO HIM OR HER
	reement and acknowledge that it h	nas been truly and audibly read over and
MARK/ THUMBPRINT OF CUSTOMER	Date	WITNESSED BY OFFICER OPENING THE ACCOUNT
	D D M M Y	Y Y Y
NAME AND ADDRESS OF INTERPRETER	R	
LANGUAGE OF INTERPRETATION		

1 REQUIREMENT CHECKLIST

Savings Account

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
		ı		
1.	Duly completed Account opening form.			
2.	Specimen signature card duly completed			
3.	Recent passport photograph			
4.	Proof of identity: International passport, Driver's license or National Health card, Valid Ghanaian Voters ID (original must be signed)			
5.	Resident Permit (for non-Ghanaian)			
6.	Proof of Address: Utility bills etc. (Certified true copy is acceptable if the original is not held)			
7.	Letter from Employer / School (for salary account and or student only)			

Fixed/Current/Fixed Investment/Other Types of Account

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
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2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

2 AUTHENTICATION FOR FINANCIAL INCLUSION

i. Is the customer socially or financially disadvantaged? Yes No ii. if answer to the question (i) above is YES, state other documents obtained in line with the Bank's policy on social/financially disadvantaged customer in compliance wiaragof AML/CFT Regulation,
iii. Does the Customer enjoy tiered KYC requirement? Yes No liv. If answer to question (iii) above is YES, identify the customer risk category
Low Risk Medium Risk High Risk
3 AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS
Is the Applicant a Politically Exposed Person? Yes No
Name
Signature:

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