

SOUTH AKIM RURAL BANK LTD - NANKESE

ACCOUNT OPENING FORM – INDIVIDUAL/JOINT ACCOUNT

Affix
Passport
Photograph
Here

ACCOUNT TYPE Savings Current Joint Other Specify

**AGENCY/
BRANCH
STAMP**

ACCOUNT NO. (For office use only)

1A 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

D	D	M	M	Y	Y	Y	Y

Permit Expiry Date

D	D	M	M	Y	Y	Y	Y

Tax Identification Number (TIN)

Region

Purpose of Account (Please Tick)

Salary

Savings

Business

Other, Specify

1B PERSONAL INFORMATION

Title

Surname

First Name

Middle Name(s)

Former Name

Employer's Name

Grid for Employer's Name

Employer's Address

Grid for Employer's Address

Nearest Landmark

Grid for Nearest Landmark

City / Town / Village

Grid for City / Town / Village

Region

Text box for Region

Text box for Region

Nature of Business/Occupation

Office Phone Number

Grid for Office Phone Number

Mobile Number

Grid for Mobile Number

Email Address

Grid for Email Address

5 DETAILS OF NEXT OF KIN

Title

Text box for Title

Gender F

M

Surname

Grid for Surname

First Name:

Grid for First Name

Date of Birth

Middle Name:

Grid for Middle Name

D D M M Y Y Y Y

Grid for Date of Birth

Relationship

Grid for Relationship

Phone Number (1)

Grid for Phone Number (1)

Phone Number (2)

Grid for Phone Number (2)

Residential Address

Grid for Residential Address

Region

Text box for Region

6 ADDITIONAL DETAILS

Name of Beneficial Owner(s) of the Account

Grid for Name of Beneficial Owner(s) of the Account

Grid for Name of Beneficial Owner(s) of the Account

Spouse's Name

Grid for Spouse's Name

Spouse's Date of Birth

D D M M Y Y Y Y

Grid for Spouse's Date of Birth

Spouse's Occupation

Text box for Spouse's Occupation

Sources of Funds to the Account 1

Grid for Sources of Funds to the Account 1

Sources of Funds to the Account 2

Grid for Sources of Funds to the Account 2

Level of Deposits

Grid for Level of Deposits

Frequency of Deposits

Text box for Frequency of Deposits

Expected Annual Income from other sources

Name of Associated Business(es) 1

Name of Associated Business(es) 2

Name of Associated Business(es) 3

Type of Business

Business Address

7 ACCOUNTS WITH OTHER BANKS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
1.				
2.				
3.				
4.				
5.				

8 ACCOUNT MANDATE

(Please tick as appropriate)

Mandate authorization (Please tick as appropriate)

Sole Signatory Either to Sign Both to Sign

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

9 ACCOUNT SERVICES(S) REQUIRED (Please tick the 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

10 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) I/We therefore confirm that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information provided to the Bank.

DISCLOSURE TO CREDIT REFERENCE BUREAUX

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

Name..... Signature..... Date.....

Name..... Signature..... Date.....

11 (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

MARK/ THUMBPRINT OF CUSTOMER Date WITNESSED BY OFFICER OPENING THE ACCOUNT

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"/>

NAME AND ADDRESS OF INTERPRETER

LANGUAGE OF INTERPRETATION

