AWUTU EMASA RURAL BANK LTD

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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
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 Number Mobile Number
Phone Number Other Number
Email Address
A ACCOUNT SIGNATORY'S DETAILS (4)
4. ACCOUNT SIGNATORY'S DETAILS (1) Surname
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Middle Name(s)

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Class of Signatory (please indicate class in the box provided)														
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Signature	Date
7. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/	PROMOTER/EXECUTORS/ADMINISTRATORS (1)
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First Name	
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Middles 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.
Time of Identification	ID number
Type of Identification	ID number
ID Issue Date D D M M Y Y Y Y	D Expiring Date D M M Y Y Y Y
Occupation	
Job Title	Position
	. 5551
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														
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Metropolitan, Municipal District Assembly Area (MMDA) Region														
Phone Number1 Mobile Number														
Phone Number Other Number														
Email Address														
9 DETAILS OF THE DIRECTORS/EVECUTIVES/EDUCTES/DROMOTER/EVECUTORS/ADMINISTRATORS FTO /S														
8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS ETC (2 Surname														
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Middle Name(s)														
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Date of Birth														
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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														
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Job Title Position														
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Status as a Director (Pls tick as appropriate)														
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)														
Status as a Director (Pls tick as appropriate) Chairman Managing Director/Chief Executive Officer Executive Director Non-Executive Director														
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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														
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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														

Phone Number2	Other Number
Email Address	
9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/	EXECUTORS/ADMINISTRATORS FTC (3)
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Residential Address	
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Metropolitan, Municipal District Assembly Area (MMDA)	Region
Phone Number1 Phone Number2	Mobile Number Other Number

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First Name														
Other Name														
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11. DETAILS OF PRINCIPAL SHAREHOLDERS I. Name of affiliated Company/Body

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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 PANKS BY THE PROSPECTIVE CUSTOMER														
12. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER														
NO. NAME AND ACCOUNT NAME ACCOUNT NUMBER STATUS: ADDRESS OF ACTIVE/														
ADDRESS OF ACTIVE/														
BANK/BRANCH 1. DORMANT														
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 Statement Frequency:														
Statements to be collected at the Branch/Agency Semi-Annually Annually Annually														
14. LETTER OF SET-OFF														
14. LETTER OF SET-OFF (Title)														
(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														

Authorized Signature of the Customer/Representative & Date

liabilities be actual or contingent, primary or collateral, several or joint.

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	WANDATE		
(Please tick as appropriate)		
a) Account Type Current Account	Savings Account Other Ty	pes of Account	
b) Account Name			
c) Account Number (For Ba	ank Use Only)		
d) Mandata suth suitation /	Combination Bulg (Blaces tip	L a annuariata)	
Sole Signatory Two or	Combination Rule (Please tick	k as appropriate)	
If two or more are to sign, plea	ase specify		
d) Signatories			
i) Name:			
Surname			
Other Name			
Class of Signatory			
Identification Type			
Identification No.			
Telephone Number			
Signature and Date			
	PHOTO(S)	PHOTO(S)	
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FOR BANK USE ONLY	1	FOR BANK USE ONLY	
Name	Signature	Name AUTH	Signature HORIZER
ii) Name:			
Surname			
Other Name			
Class of Signatory			
Identification Type			
Identification No.			
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Signati	ure and Date		
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_	Name	Signature	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).

Signature:	Name																							
Name																								
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Signature: COMPANY SEAL/STAMP HERE COMPANY SEAL/STAMP HERE 18. WITNESS: In the presence of Name Address Cocupation Telephone Number D D M M Y Y Y Y Y	Ciana atuma i															D	D	M	M	Υ	Y	Y	Υ	
Signature: COMPANY SEAL/STAMP HERE COMPANY SEAL/STAMP HERE 18. WITNESS: In the presence of Name Address Occupation Telephone Number D D M M Y Y Y Y Y	Signature:														J				ļ		ļ			
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	Name Address Occupation	ence																						
Signature:	Name Address Occupation	ence																						

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)	
Copy of constitution rules of the prospective Club, Society or Charity	
7. Certificate to Commence Business	
Board Resolution to Open Account	
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 (PEP)	, Promoter	, Executor or	Administrator is a Politically	Exposed Person
Name			Position	
FOR BANK USE ONLY				
A. ACCOUNT OPENED BY:				
Name				
		1 1 1		

Cinnatura	Date	D D M M Y Y Y
Signature:	l	
Name		
		D D M M Y Y Y
Signature:	Date	
B. DEFFERAL / WAIVER OF DOCUMENTS (IF ANY) AUTHORI	ZED BY:	
Name		
	Date	D D M M Y Y Y
Signature:	Date	
Name		
Signature:	Date	D D M M Y Y Y
C. ADDRESS VERIFICATION CARRIED OUT BY:	I	
Name		
Name		
	Date	D D M M Y Y Y
Signature:	Date	
Name		
Signature:	Date	D D M M Y Y Y Y
COMMENT(S): (Address description and Result Findings)	I	
D. ACCOUNT OPENING AUTHORIZED/APPROVED BY:		
Name		
	Date	D D M M Y Y Y
Signature:		
Name		
		D D M M Y Y Y
Signature:	Date	D D M M Y Y Y Y