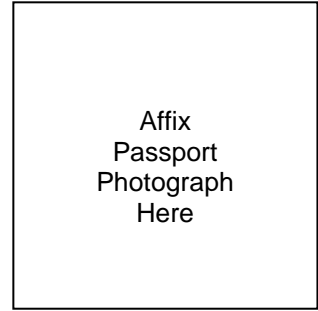


AWUTU EMASA RURAL BANK PLC

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

 Place of Birth

Mother's Maiden Name

Nationality Resident Permit No.

Permit Issue Date

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"/>

 Permit Expiry Date

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"/>

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

Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Gender M F

D	D	M	M	Y	Y	Y	Y
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--	--	--	--	--	--	--	--

Date of Birth

Place of Birth

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

Mother's Maiden Name

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Nationality

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Resident Permit No.

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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

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.

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ID Issue

Date

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

Retired

Student Others (Pls Specify)

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Date of Employment (If Employed)

D	D	M	M	Y	Y	Y	Y

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

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Employer's Address

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Nearest Landmark

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City / Town / Village

Region

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

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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 Y

Relationship

Phone Number (1)

Phone Number (2)

Residential Address

Region

6 ADDITIONAL DETAILS

Name of Beneficial Owner(s) of the Account

Spouse's Name

Spouse's Date of Birth
D D M M Y Y Y Y

Spouse's Occupation

Sources of Funds to the Account 1

Sources of Funds to the Account 2

Level of Deposits

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

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Type of Business

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

Business Address

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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

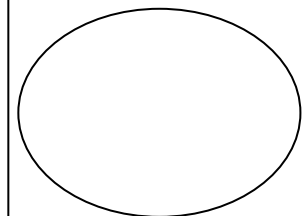
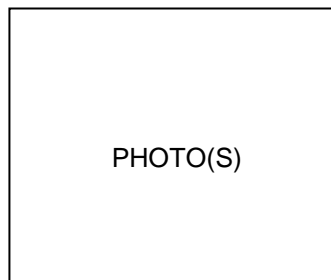
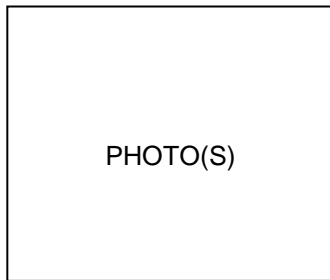
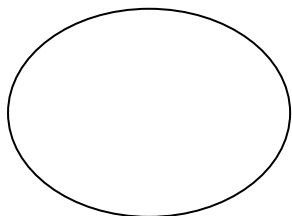
Identification Type

Identification No.

Telephone Number

Signature and Date

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



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

1 REQUIREMENT CHECKLIST

Savings Account

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
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
1.				
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 with paragraph.....of AML/CFT Regulation,
.....
- iii. Does the Customer enjoy tiered KYC requirement? Yes No
- iv. 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

A. ACCOUNT OPENED BY:

Name

Signature:

D	D	M	M	Y	Y	Y	Y

B. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:

Name

Signature:

D	D	M	M	Y	Y	Y	Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

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D		D		M		M		Y	

Signature:

COMMENTS(S) (Address description and result finding):

.....

.....

.....

.....

.....

D. ACCOUNT OPENING AUTHORIZED BY:

Name

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D		D		M		M		Y	

Signature:

AUTHORIZED

Name

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D		D		M		M		Y	

Signature:

MANAGER's CONFIRMATION