AWUTU EMASA RURAL BANK PLC

Affix ACCOUNT OPENING FORM - INDIVIDUAL/JOINT ACCOUNT Passport Photograph ACCOUNT TYPE Savings Current Joint Other Specify 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 Married Other (Pls Specify) Marital Status (Please tick as appropriate) Single Place of Birth Date of Birth D M Μ Mother's Maiden Name Nationality Resident Permit No. Permit Issue Date Permit Expiry Date M M M D M 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)

D D M M Y Y Y

Former Name

Marital Status (Please tick as appropriate) Single

Other (Pls Specify)

Married [

Gender M F

Date of Birth 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)
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
VALID MEANS OF IDENTIFICATION
National ID Card Driver's License Passport Voter's ID
Transition for the control of the co
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 Retired 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

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:	
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 Spouse's Occupation	
Sources of Funds to the Account 1	
0	
Sources of Funds to the Account 2	
Sources of Funds to the Account 2	
Level of Deposits	
Level of Deposits Frequency of Deposits	
Level of Deposits	
Level of Deposits Frequency of Deposits Expected Annual Income from other sources	
Level of Deposits Frequency of Deposits	
Level of Deposits Frequency of Deposits Expected Annual Income from other sources	
Level of Deposits	
Level of Deposits	

Name of Associated Busine	ess(es) 3		
Type of Business			
l Justiness			
Business Address			
7 ACCOUNTS WITH OTH	HER BANKS		
S/N NAME AND	ACCOUNT	ACCOUNT NUMBER	STATUS:
ADDRESS OF BANK/BRANCH	NAME		ACTIVE/DORMANT
1.			
2. 3.			
4.			
5.			
8 ACCOUNT MANDATE			
(Please tick as appropriate Mandate authorization (Ple Sole Signatory Either to Name: Surname	ease tick as appropriate)	I 	
Other Name	-		
Class of Signatory			<u> </u>
Identification Type			
Identification No.	·		
Telephone Number			
Signature and Date			
	PHOTO(S)	PHOTO(S)	
FOR BANK USE ONLY		FOR BANK USE ONLY	
Name	Signature	Name	Signature
9 ACCOUNT SERVICES	(S) REQUIRED (Please tick th	ne applicable option below	v)
	ATM Card GH Link	Others (Please specify	
Electronic Banking Prefe	rences Internet Banking M	Nobile Banking Others (Please specify)
Transaction Alert Prefere	ences Email Alert S	SMS Alert	
Statement Preference Statements to be collected	Lat the Branch/Agency	Statement Fr Semi-Annual	
Statements to be collected	at the branch/Agency	Semi-Amila	

10. LETTER OF SET-OFF	
	(Title)
Bank	
LETTER OF SET-OFF I/We agree that you (in addition to any general lien or similar time and without notice to me / us) combine or consolidate a you and set off or transfer any sum standing to the credit of a deposits, securities, negotiable instruments or other assets of any of my / our liabilities to you or any other account or in contingent, primary or collateral, several or joint.	all or any of the company's accounts with liabilities to any such accounts, be it cash, cheques, valuable, belonging to me / us with you in or towards satisfaction
Authorized Signature of the Customer/Representative & Date	Authorized Signature of the Customer/Representative & Date
11. LETTER OF INDEMNITY	
I/We	undertake to indemnify the Bank for any ne information provided to the Bank.
12. DECLARATION / DISCLOSURE	
DECLARATION I/We hereby apply for the opening of account(s) with	
I/We further undertake to indemnify the Bank for any loss suffered a	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 refer bureaux will record our enquiries which may be seen by other institution.	
The Bank shall also disclose your credit transactions to credit refere 2007 (Act 726).	ence bureaux in accordance with the Credit Reporting Act,
Name	Date
NameSignature	Date
13. (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 me by an interpreter.	that it has been truly and audibly read over and explained to
MARK/ THUMBPRINT OF CUSTOMER Date	WITNESSED BY OFFICER OPENING THE ACCOUNT
D D M	M Y Y Y Y
NAME AND ADDRESS OF INTERPRETER	
LANGUAGE OF INTERPRETATION	
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1 REQUIREMENT CHECKLIST Savings Account CHECKED WAIVED **DOCUMENTS REQUIRED DEFERRED** NO. 1. Duly completed Account opening form. 2. Specimen signature card duly completed 3. Recent passport photograph Proof of identity: International passport, Driver's license or 4. National Health card, Valid Ghanaian Voters ID (original must be signed) Resident Permit (for non-Ghanaian) 5. 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 **DOCUMENTS REQUIRED** CHECKED DEFERRED **WAIVED** 1. 2. 3. 4. 5. 6. 7. 8. 9. **2 AUTHENTICATION FOR FINANCIAL INCLUSION** Yes No i. Is the customer socially or financially disadvantaged? 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 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? No Yes A. ACCOUNT OPENED BY: Name M B. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY: Name D M M Y Signature:

Name					1		I			T	T		1	T	T			Т		1			T		1	T	T	
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Name Signate																						M	M	Y	Y	Y	Y	

MANAGER's CONFIRMATION