



# NSOATREMAN RURAL BANK PLC

## Account Opening Requirements Checklist for Entities (incorporated and Non-Incorporated)

	DOCUMENTS REQUIRED (FOR BANK USE ONLY)	CHECKED (✓)	DEFERRED (✓)	WAIVED (✓)	N/A (✓)
1.	Duly completed account opening form				
2.	Mandate completed by each signatory to the account				
3.	Certificate of Incorporation, certificate of Registration, Registration of Business Name/Act/Gazette				
4.	Form A details of Ownership showing registration of Business Name, Registration Receipt (current year)				
5.	Copy of constitution, rules of the prospective club, society or charity				
6.	Certificate to commence Business				
7.	Resolution to open account				
8.	Memorandum and Article of Association				
9.	TIN Certificate/ Tax Clearance Certificate				
10.	Partnership Deed, Approval Letters (MMDAs), Trust Deed				
11.	Introduction Letter (where applicable)				
12.	Bank's Opinion				
13.	Evidence of Registration with other Government Agency (ies)				
14.	Search Report (Registrar General's Department)				
15.	Power of Attorney (where applicable)				
16.	Letter of Indemnity				
17.	Proof of Business Address				
18.	Business Premises Visitation Certificate				
19.	One recent clear passport size photographs of signatory with name and signature written on the reverse side (				
20.	Proof of identity: International passport, Driver's license or National Health card, Valid Ghanaian Voters ID, SSNIT Card (original must be sighted)				
21.	Residence Permit (for non-Ghanaian)				
22.	Mandatory Initial Deposit				
23.	Proof of Address: Utility bills i.e. (Certified true copy is acceptable if the original is not held)				
24.	Letter of Administration/Will for account of the estate of a deceased				
25.	Two completed satisfactory reference forms				
26.	Copy of audited Financial statements/statement of affairs				
27.	Others (please specify)				

\*Note: Original and Photocopies of documents mentioned above must be provided

**Account Name**

**Account Number**

**Customer Contact**

**Customer Number**



# NSOATREMAN RURAL BANK PLC

**ACCOUNT OPENING FORM- ENTITIES ( INCORPORATED AND NON - INCORPORATED)** (Please read carefully and complete all relevant sections and return to your local agency /Branch and *Please complete in BLOCK LETTERS and Tick (✓) where applicable*)

ENTITY TYPE: Limited Liability Company  partnership  Sole Proprietorship   
MMDA's  Charity  Others (Please Specify)

BRANCH NAME / STAMP  ACCOUNT NO.

**COMPANY DETAILS** (Please complete in BLOCK LETTERS and Tick (✓) where applicable)

Company/Business Name   
Certificate of Incorporation/ Registration Number   
Date of Incorporation/ Registration  /  /  Jurisdiction of Incorporation/ Registration   
Name of Parent Company & Country of Incorporation   
Type or Nature of Business   
Sector/Industry   
Operating Business Address 1   
Operating Business Address 2   
Registered Office Address (If different from above)   
Email Address  Business website   
Phone number  Phone Number   
Tax Identification Number  certificate to commence Business   
Other reference Number (Please specify)

**ANNUAL TURNOVER** (Please Tick (✓) where applicable)

a) GHS 0-9,999  GHS 10,000 – 49,999  GHS 50,000 – 99,999  GHS 100,000 and above   
b) Is your Company listed on the Ghana Stock Exchange? Yes  No  GSE Ref. No.

**ACCOUNT SERVICE (S)** (Please Tick (✓) where applicable)

**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

**KEY CONTACT PERSON /  
PRINCIPAL OFFICER I**

Full Legal Name

Others

Mother's Maiden Name

Date of Birth  Sex: Male  Female

Place of Birth

Identification Type

Identification No.

ID issue Date  ID Expiry Date

Residential Permit No. ( If applicable)

Citizenship/hometown

Occupation /Job Title

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal, District Assembly Area (MMDA'S)

Business Phone No.

Phone Number

Email Address

I hereby attest that the above information is true and complete: **Signature**

**KEY CONTACT PERSON /  
PRINCIPAL OFFICER II**

Full Legal Name

Others

Mother's Maiden Name

Date of Birth Sex: Male  Female

Place of Birth

Identification Type

Identification No.

ID issue Date  ID Expiry Date

Residential Permit No. (If applicable)

Citizenship/hometown

Occupation /Job Title

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal, District Assembly Area (MMDA'S)

Business Phone No.

Phone Number

Email Address

I hereby attest that the above information is true and complete: **Signature**

**KEY CONTACT PERSON /  
PRINCIPAL OFFICER II**

Full Legal Name

Others

Mother's Maiden Name

Date of Birth Sex: Male  Female

Place of Birth

Identification Type

Identification No.

ID issue Date  ID Expiry Date

Residential Permit No. (If applicable)

Citizenship/hometown

Occupation /Job Title

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal, District Assembly Area (MMDA'S)

Business Phone No.

Phone Number

Email Address

I hereby attest that the above information is true and complete: **Signature**

**Signatory I**

Full Legal Name

Others

Mother's Maiden Name

Date of Birth  /  /  Sex : Male  Female

Place of Birth

Identification Type

Identification No.

ID issue Date  /  /  ID Expiry Date  /  /

Residential Permit No. ( If applicable)

Citizenship/hometown

Occupation /Job Title

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal, District Assembly Area (MMDA'S)

Business Phone No.

Phone Number

Email Address

**I hereby attest that the above information is true and complete: Signature**

**Signatory II**

Full Legal Name

Others

Mother's Maiden Name

Date of Birth Sex: Male  Female

Place of Birth

Identification Type

Identification No.

ID issue Date  /  /  ID Expiry Date  /  /

Residential Permit No. ( If applicable)

Citizenship/hometown

Occupation /Job Title

Residential Address

Nearest Landmark

City/Town

Metropolitan ,Municipal, District Assembly Area (MMDA'S)

Business Phone No.

Phone Number

Email Address

**I hereby attest that the above information is true and complete : Signature**

**Signatory II**

Full Legal Name

Others

Mother's Maiden Name

Date of Birth Sex: Male  Female

Place of Birth

Identification Type

Identification No

ID issue Date  /  /  ID Expiry Date  /  /

Residential Permit No. ( If applicable)

Citizenship/hometown

Occupation /Job Title

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal, District Assembly Area (MMDA'S)

Business Phone No.

Phone Number

Email Address

**I hereby attest that the above information is true and complete : Signature**

**Director I**

**Director II**

**Director III**

**Status as Director:** Chairman  Managing Director/Chief Executive Officer  Executive Director  Non-Executive Director  Chief Financial Officer  Other (Pls Specify)

Full Legal Name

Full Legal Name

Full Legal Name

Others

Others

Others

Mother's Maiden Name

Mother's Maiden Name

Mother's Maiden Name

Date of Birth  Sex : Male  Female

Date of Birth Sex: Male  Female

Date of Birth Sex: Male  Female

Place of Birth

Place of Birth

Place of Birth

Identification Type

Identification Type

Identification Type

Identification No.

Identification No.

Identification No.

ID issue Date  ID Expiry Date

ID issue Date  ID Expiry Date

ID issue Date  ID Expiry Date

Residential Permit No. (If applicable)

Residential Permit No. (If applicable)

Residential Permit No. (If applicable)

Citizenship/hometown

Citizenship/hometown

Citizenship/hometown

Occupation /Job Title

Occupation /Job Title

Occupation /Job Title

Residential Address

Residential Address

Residential Address

Nearest Landmark

Nearest Landmark

Nearest Landmark

City/Town

City/Town

City/Town

Metropolitan, Municipal, District Assembly Area (MMDA'S)

Metropolitan, Municipal, District Assembly Area (MMDA'S)

Metropolitan, Municipal, District Assembly Area (MMDA'S)

Business Phone No.

Business Phone No.

Business Phone No.

Phone Number

Phone Number

Phone Number

Email Address

Email Address

Email Address

I hereby attest that the above information is true and complete: **Signature**

I hereby attest that the above information is true and complete: **Signature**

that the above information is true and complete: **Signature**

**Shareholder I**

NAME OF AFFILIATED COMPANY /BODY

1.

2.

3.

Full Legal Name

Nationality/Country Of Incorporation

Date of Birth  /  /

Identification Type: Driver License [  ] Voter ID card [  ] NHIS Card [  ]  
 Passport [  ] NIA Card [  ] SSNIT [  ]

Identification No.

Tax Identification No.

Share Registration Certificate No.

Status

Mobile Number

Email Address

Nature of Business

Percentage Shareholding

Name of Beneficial owner

**Shareholder II**

NAME OF AFFILIATED COMPANY /BODY

1.

2.

3.

Full Legal Name

Nationality/Country of Incorporation

Date of Birth  /  /

Identification Type: Driver License [  ] Voter ID card [  ] NHIS Card [  ]  
 Passport [  ] NIA Card [  ] SSNIT [  ]

Identification No.

Tax Identification No.

Share Registration Certificate No.

Status

Mobile Number

Email Address

Nature of Business

Percentage Shareholding

Name of Beneficial owner

**Shareholder III**

NAME OF AFFILIATED COMPANY /BODY

1.

2.

3.

Full Legal Name

Nationality/Country of Incorporation

Date of Birth  /  /

Identification Type: Driver License [  ] Voter ID card [  ] NHIS Card [  ]  
 Passport [  ] NIA Card [  ] SSNIT [  ]

Identification No.

Tax Identification No.

Share Registration Certificate No.

Status

Mobile Number

Email Address

Nature of Business

Percentage Shareholding

Name of Beneficial owner

**DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER**

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

(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 at any time and without notice to me / us) combine or consolidate all or any of the company's accounts with liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me / us with you in or towards satisfaction of any of my / our liabilities to you or any other account or in any respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

Authorized Signature of the Customer/Representative & Date

Authorized Signature of the Customer/Representative & Date

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.

ACCOUNT OPENING MANDATE (Please Tick (✓) where applicable)

a) Account Type  
Current Account  Savings Account  Other Types of Account

b) Account Name

c) Account Number (For Bank Use Only)

**d) Mandate authorization /: Combination rule**

Sole Signatory  Either to Sign  Both to Sign

i) Name of signatory

ii) Name of Signatory

Identification Type

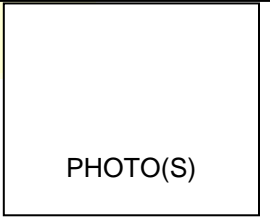
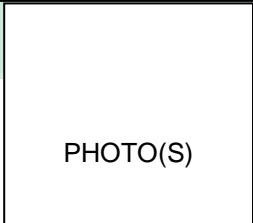
Identification Type

Identification No.

Identification No.

Telephone Number

Telephone Number



Signature/Thumbprint

Signature/Thumbprint

FOR BANK USE ONLY	
_____	_____
Name	Signature

iv) FOR BANK USE ONLY	
_____	_____
Name	Signature

Name of signatory

Identification Type

Identification No.

Telephone Number

Name of signatory

Identification Type

Identification No.

Telephone Number

PHOTO(S)

PHOTO(S)

Signature/Thumbprint

Signature/Thumbprint

FOR BANK USE ONLY	
_____	_____
Name	Signature

FOR BANK USE ONLY	
_____	_____
Name	Signature

**DECLARATION /**

**DECLARATION**

I/We hereby apply for the opening of account(s) with .....Bank. 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 bureau to check your credit status and identity. The bureau 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 bureau in accordance with Credit Reporting Act, 2007 (Act 726).

Name

Signature:

Date  /  /

Signature:

Date  /  /

COMPANY SEAL/STAMP HERE

**WITNESS**

In the presence of

Name

Address

Occupation

Telephone Number

Signature:  Date  /  /

I/We agree that the Bank shall obtain any information about us from the Credit Reference Bureau to check our status and identity.

**2KYC RISK PROFILE (Please Tick (✓) where applicable)**

Please tick appropriate risk profile

Low  Medium  High

Please refer the AML/CFT Handbook

Indicate which Director, Executive, Trustee, Promoter, Executor or Administrator is a Politically Exposed Person (PEP)

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

**ACCOUNT OPENED BY ( FOR BANK USE ONLY )**

Name

Signature  Date  /  /

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

Name

Signature  Date  /  /

**ADDRESS VERIFICATION CARRIED OUT BY:**

Name

Signature  Date  /  /

**ACCOUNT OPENING AUTHORISED BY:**

Name

Signature  Date  /  /

AUTHORIZED

Name

Signature  Date  /  /

MANAGER'S CONFIRMATION



# NSOATREMAN RURAL BANK PLC

## CONFIRMATION OF RECEIPT OF LEAFLET AND VERBAL EXPLANATION ON THE GHANA DEPOSIT PROTECTION SCHEME

I hereby confirm that I have received from Nsoatreman Rural Bank Ltd. verbal explanations and a leaflet on the deposit protection scheme in Ghana.

\_\_\_\_\_  
(Name of the client)

\_\_\_\_\_  
(Name of officer)

\_\_\_\_\_  
(Signature of the client)

\_\_\_\_\_  
(Signature of the officer)

\_\_\_\_\_  
(Date)