



NSOATREMAN RURAL BANK PLC

Account Opening Requirements Checklist For Group/Association Account

	DOCUMENTS REQUIRED	CHECKED (√)	DEFERRED (√)	WAIVED (√)
1.	Duly completed account opening form			
2.	Mandate completed by the signatory to the account			
3.	Recent clear passport size photographs of signatory with name and signature written on the reverse side			
4.	Proof of identity: International passport, Driver's license or National Health card, Valid Ghanaian Voters ID, SSNIT ID, NIA Card (original must be sighted)			
5.	Residence Permit (for non-Ghanaian)			
6.	Mandatory Initial Deposit			
7.	Proof of Address: Utility etc. (Certified true copy is acceptable if the original is not held)			
8.	Certificate of Incorporation, certificate of Registration, (If Any)			
9.	Resolution to open account			

Be advised by signing the application you agree that in addition to any general lien or similar right which; as a bank, we may be entitled by law, we may at any time and without notice to you combine or consolidate all your account with the liability to us and set off or transfer any sums standing to the credit of any one or more of such accounts in or towards the satisfaction of any of your liability (ies) to us on any account or in any other respect whether liabilities be actual contingent primary or joint.

Account Name

Account Number

Customer Number

Contact Number



NsoATREMAN RURAL BANK PLC

ACCOUNT OPENING FORM- (GROUP ACCOUNT) (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)

TYPE OF ACCOUNT: Current Savings

BRANCH NAME / STAMP ACCOUNT NO.

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

Name of Group/Association

Certificate of Incorporation/ Registration Number

Date of Incorporation/ Registration/Inception / / Jurisdiction of Incorporation/ Registration

Type of Group/Association

Association/Group Address

Registered Office Address (If different from above)

Email Address Group website

Phone number Phone Number

Tax Identification Number

KEY PRINCIPAL PERSON (Please complete in **BLOCK LETTERS** and Tick (✓) where applicable)

Joint Account Name

Title First Name Surname

Other Name sex: Male Female Date of Birth / /

Type of ID ID No.

Date of Issue / / Expiry Date / / Position

Mother's name Father's name

Marital Status: Single Married Others

Residential Address

Proof of Address (Indicate type and Serial Number)

City/Village

Nearest Landmark Phone Number

ACCOUNT SIGNATORY'S PERSONAL INFORMATION (Please complete in BLOCK LETTERS and Tick (✓) where applicable)

Signatory I

Signatory II

Signatory II

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 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

Position

Position

Position

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**

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

EMPLOYMENT DETAILS (Please complete in **BLOCK LETTERS** and Tick (✓) where applicable)Employed Self Employed Unemployed Retired Student Others (Pls Specify) Date of Employment (If Employed)

Annual Salary / Expected Annual Income

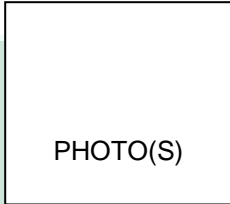
Less than GHC5, 000 GHC5, 001 – 10,000 GHC10, 001 – 20,000 More than GHC20, 000 Employer's Name Employer's Address Nearest Landmark City / Town / Village Region Nature of Business/Occupation Office Phone Number Mobile Number Email Address **ADDITIONAL DETAILS OF BENEFICIAL OWNER OF ACCOUNT** (Please complete in **BLOCK LETTERS** and Tick (✓) where applicable)Name of Beneficial Owner(s) of the Account Source of Funds to the Account 1 Source of Funds to the Account 2 Level of Deposit Frequency Expected Annual Income from other source Name of Associated Group (es) 1 Name of Associated Group (es) 2 Type of Group Group address **ACCOUNTS WITH OTHER BANKS**

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

Mandate authorization: Key principle person plus any one to sign Any Two to Sign Either to Sign

(i)
Name of signatory
Identification Type
Identification No.
Telephone Number

(ii)
Name of signatory
Identification Type
Identification No.
Telephone Number



Signature/Thumbprint

Signature/Thumbprint

Date

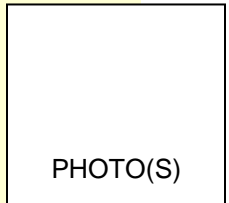
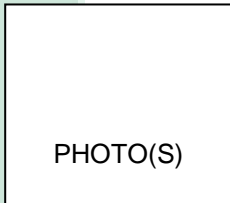
Date

FOR BANK USE ONLY
Name Signature

FOR BANK USE ONLY
Name Signature

(iii)
Name of signatory
Identification Type
Identification No.
Telephone Number

(iv)
Name of signatory
Identification Type
Identification No.
Telephone Number



Signature/Thumbprint

Signature/Thumbprint

Date

Date

FOR BANK USE ONLY
Name Signature

FOR BANK USE ONLY
Name Signature

ACCOUNT SERVICE(S) Please complete in **BLOCK LETTERS** and 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

Statement Frequency:

Statements to be collected at the Branch/Agency

Semi-Annually

Annually

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	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>

THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND 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

WITNESSED BY OFFICER OPENING THE ACCOUNT

Name and address of interpreter

Language of interpreter

Date

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

AUTHENTICATION FOR POLITCALLY EXPOSED PERSON

Is the Applicant a Politically Exposed Person? Yes No

ACCOUNT OPENED BY

Name

Signature

Date / /

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

Name

Signature

Date / /

ADDRESS VERIFICATION CARRIED OUT BY:

Name

Signature

Date / /

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

.....
.....
.....
.....
.....

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.

(1) (Name of the client)

Signature of the client

(2) (Name of the client)

Signature of the client

(3) (Name of the client)

Signature of the client

(Name of officer)

Signature of the officer)

(Date)