

Account Opening Form

Partnerships



PRUDENTIAL BANK LTD.

Your Trusted and Dependable Partner

Dear Applicant,

IMPORTANT INFORMATION FOR OPENING A NEW BANK ACCOUNT

Thank you for your decision to open an account with Prudential Bank Limited.

We wish to inform you that the Bank is required in compliance with the Anti-Money Laundering Act, 2008 (Act 749), Anti-Terrorist Act, 2008 (Act 762), and other statutes and regulations of relevance, to obtain, verify and record information, which identifies each person, company or institution that opens a bank account in Ghana.

Applicants are required to provide their names, residential and postal addresses, proof of identity, date of birth, occupation, source(s) of income and other pertinent personal details which are spelt out on page 2 of this document.

Please ensure that you read carefully the Terms and Conditions on pages

We count on your co-operation.

By Management

REQUIREMENTS FOR OPENING A PARTNERSHIP ACCOUNT

1. Particulars of the partners (i.e. date of birth, identity and residential address, etc.).
2. Certificate of Registration – (original/certified true copy).
3. Copies of Partnership Agreement.
4. Resolution to open account signed by the partners (please contact Account Opening Desk for Specimen Resolution).
5. Two (2) recent passport-sized photographs of each partner.
6. Valid identification of each partner (e.g. Passport / Driver's Licence / Voter ID / National ID, NHIS ID, etc).

Note: For foreign nationals, valid Passport and Residence permit are mandatory

7. Proof of residential address of each signatory to the account.

Directional sketch to the residence of each signatory to the account. Directional sketch will be confirmed by the Bank.

In addition to the directional sketch, provide any of the following:

- a. Original copy of utility bill (e.g. electricity, water, telephone etc) not more than 3 months old or
- b. Current Tenancy Agreement to confirm the residential address.

c. For foreign nationals and non-resident Ghanaians, a phone bill, bank statement or driver's licence etc confirming the residential and postal addresses in the country of permanent residence is required.

8. A reference may be required from any of the following to open a Current Account. This will be subject to confirmation by the Bank:
 - Prudential Bank current account holder;
 - Applicant's employer;
 - Heads of recognised educational institutions;
 - Reputable individuals and professionals in good standing (e.g. Senior Public Officer, Lawyer, Medical Doctor, Accountant, Senior Banking Official and Religious Leader.)

A photocopy of the referee's ID is required and subject to confirmation.

9. Application on Partnership letterhead to open account signed by the partners.
10. Partnership stamp/seal.
11. Specimen signatures of authorized signatories/partners.
12. Initial minimum deposit:
 - Cedi Current Account – GH¢100.00
 - Cedi Savings Account – GH¢100.00
 - Forex a/c – USD100, £100, €100 or CHINESE YUAN (CNY) 1,000
 - Foreign Currency a/c – no initial deposit required (to be fed with transfers from abroad).

For further clarification please contact the Account Opening Desk

4. OTHER ACCOUNTS

A. Does the Partnership have other account(s) with Prudential Bank? Yes No

i. If yes, provide account number(s):

ii. Additional account numbers:

B. Does the Partnership have accounts with other banks? Yes No If yes, please provide details:

i. Bank Account 1:

Bank Name

Bank Branch

Account Name

Account Number

Does the Partnership have a credit facility with the Bank named above?

Yes No

Account status: Active Dormant

ii. Bank Account 2:

Bank Name

Bank Branch

Account Name

Account Number

Does the Partnership have a credit facility with the Bank named above?

Yes No

Account status: Active Dormant

iii. Bank Account 3:

Bank Name

Bank Branch

Account Name

Account Number

Does the Partnership have a credit facility with the Bank named above?

Yes No

Account status: Active Dormant

iv. Bank Account 4:

Bank Name

Bank Branch

Account Name

Account Number

Does the Partnership have a credit facility with the Bank named above?

Yes No

Account status: Active Dormant

5. NAME AND SPECIMEN SIGNATURES OF PARTNERS

POSITION	FULL NAME	NATIONALITY	OCCUPATION	BUSINESS ADDRESS	SPECIMEN SIGNATURE
1 ST PARTNER					
2 ND PARTNER					
3 RD PARTNER					
4 TH PARTNER					
5 TH PARTNER					
6 TH PARTNER					

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 Gender: M F Nationality: _____ Profession/Vocation: _____
 Country of Residence: _____ Mother's Maiden Name: _____

(i) CONTACT DETAILS IN GHANA

Residential Address: _____
 Nearest Landmark: _____ City/Town: _____
 Postal Address: _____ District: _____ Region: _____
 Telephone No.:

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 Mobile No.:

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 Mobile No. II:

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 Social Security No.:

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 Email Address: _____ Tax Identification Number (TIN):

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(ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAN PARTNER

Residential Address: _____
 Postal Address: _____ City/Town: _____
 Country: _____
 Telephone No.:

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 Mobile No.: | | | | |

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 Email Address: _____

(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS

1. Type of Identification document
 Passport Driver's Licence Voters ID National ID National Health Insurance ID (NHIS) Other: _____
(Please Specify)

ID Number:

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 Place of Issue: _____
 Date of Issue:

D	D	M	M	Y	Y	Y	Y
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 Date of Expiry:

D	D	M	M	Y	Y	Y	Y
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2. Residential Address Confirmation
 Directional Sketch Utility Bill Tenancy Agreement Bank Statement (Foreign Nationals) Other: _____
(Please Specify)

Which of the following describes your status? PLEASE INDICATE BY TICKING THE APPROPRIATE BOX
 Head of State or Government Minister of State Politician* Senior Military Official
 Senior Judicial official Senior Public Official Chief Executive of State Owned Corporation
 Family Member or Close Associates of any of the above Private Individual
 * Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

Have you ever been the subject of bankruptcy proceedings?: Yes No
 If yes, provide details and continue on a separate sheet if required:

ADDITIONAL INFORMATION FOR NON-GHANAIS RESIDENT IN GHANA, PLEASE PROVIDE DETAILS BELOW.

Nationality _____ Passport Number:

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 Date of Issue:

D	D	M	M	Y	Y	Y	Y
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 Date of Expiry:

D	D	M	M	Y	Y	Y	Y
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 Country of Issue: _____

Residence Permit No.:

 Date of Issue:

 Date of Expiry:

 Work Permit No.:

 Date of Issue:

 Date of Expiry:
(E) 5th Partner

 Surname:

 First Name:

 Middle Name(s):

 Date of Birth:

 Gender: M F

Nationality: _____

Profession/Vocation: _____

Country of Residence: _____

Mother's Maiden Name: _____

(i) CONTACT DETAILS IN GHANA

Residential Address: _____

Nearest Landmark: _____ City/Town: _____

Postal Address: _____ District: _____ Region: _____

 Telephone No.:

 Mobile No.:

 Mobile No. II:

 Social Security No.:

Email Address: _____

 Tax Identification Number (TIN):
(ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAN PARTNER

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____

 Telephone No.:

 Mobile No.:

Email Address: _____

(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS
1. Type of Identification document
 Passport Driver's Licence Voters ID National ID National Health Insurance ID (NHIS) Other: _____
(Please Specify)

ID Number:

Place of Issue: _____

 Date of Issue:

 Date of Expiry:
2. Residential Address Confirmation
 Directional Sketch Utility Bill Tenancy Agreement Bank Statement (Foreign Nationals) Other: _____
(Please Specify)
Which of the following describes your status? PLEASE INDICATE BY TICKING THE APPROPRIATE BOX
 Head of State or Government Minister of State Politician* Senior Military Official
 Senior Judicial official Senior Public Official Chief Executive of State Owned Corporation
 Family Member or Close Associates of any of the above Private Individual

* Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

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Place of Issue: _____

 Date of Issue:

D	D	M	M	Y	Y	Y	Y
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 Date of Expiry:

D	D	M	M	Y	Y	Y	Y
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2. Residential Address Confirmation

- Directional Sketch
 Utility Bill
 Tenancy Agreement
 Bank Statement (Foreign Nationals)
 Other: _____
 (Please Specify)

Which of the following describes your status? PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

- Head of State or Government
 Minister of State
 Politician*
 Senior Military Official
 Senior Judicial official
 Senior Public Official
 Chief Executive of State Owned Corporation
 Family Member or Close Associates of any of the above
 Private Individual

* Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

Have you ever been the subject of bankruptcy proceedings?: Yes No

If yes, provide details and continue on a separate sheet if required:

ADDITIONAL INFORMATION FOR NON-GHANAIS RESIDENT IN GHANA, PLEASE PROVIDE DETAILS BELOW.

 Nationality _____ Passport Number:

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

 Date of Issue:

D	D	M	M	Y	Y	Y	Y
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 Date of Expiry:

D	D	M	M	Y	Y	Y	Y
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Country of Issue: _____

Residence Permit No.:

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Date of Issue:

D	D	M	M	Y	Y	Y	Y
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Date of Expiry:

D	D	M	M	Y	Y	Y	Y
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Work Permit No.:

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Date of Issue:

D	D	M	M	Y	Y	Y	Y
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Date of Expiry:

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

7. NAME AND SPECIMEN SIGNATURES OF AUTHORISED SIGNATORIES

POSITION	FULL NAME	NATIONALITY	OCCUPATION	BUSINESS ADDRESS	SPECIMEN SIGNATURE
1 ST PARTNER					
2 ND PARTNER					
3 RD PARTNER					
4 TH PARTNER					
5 TH PARTNER					
6 TH PARTNER					

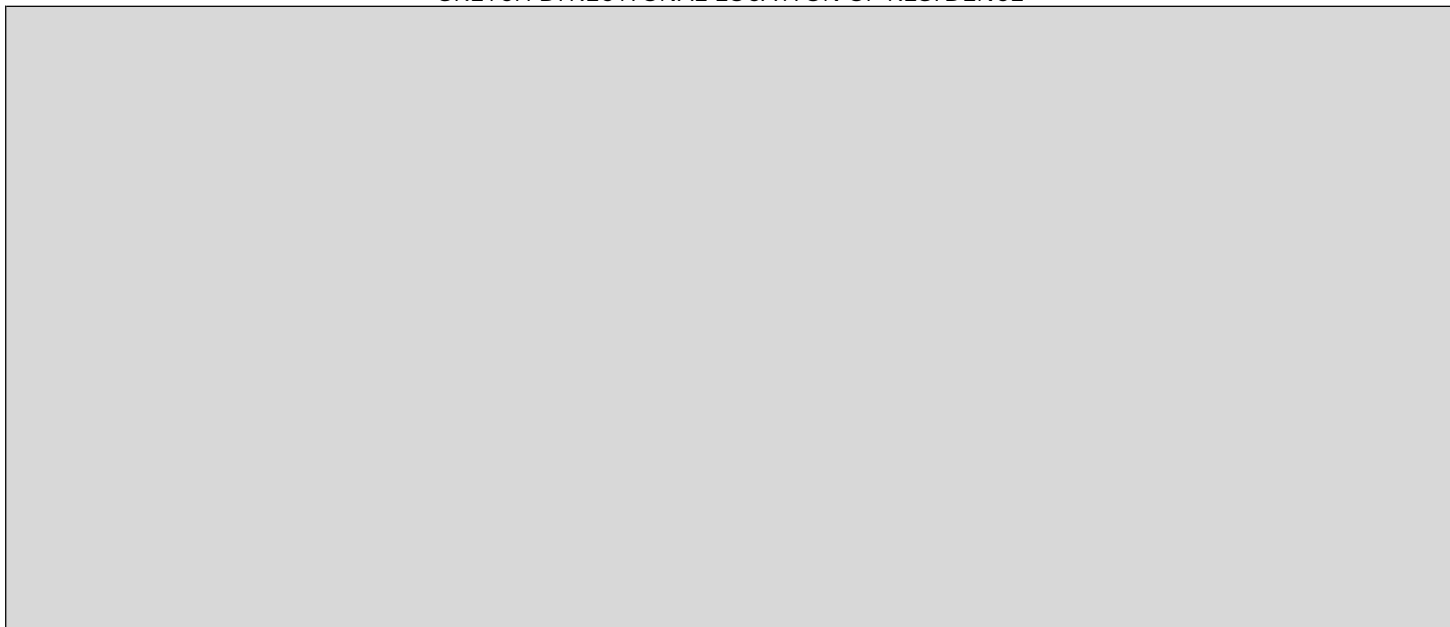
8. RESIDENTIAL INFORMATION OF PARTNERS
i. Name of 1st Partner

Residential Address: _____ Landmark: _____

Residential Status: Home Owner Tenant Living with Parents Living with Friends

Residential Type: Family House Compound House Apartment Bungalow-Type
 Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE

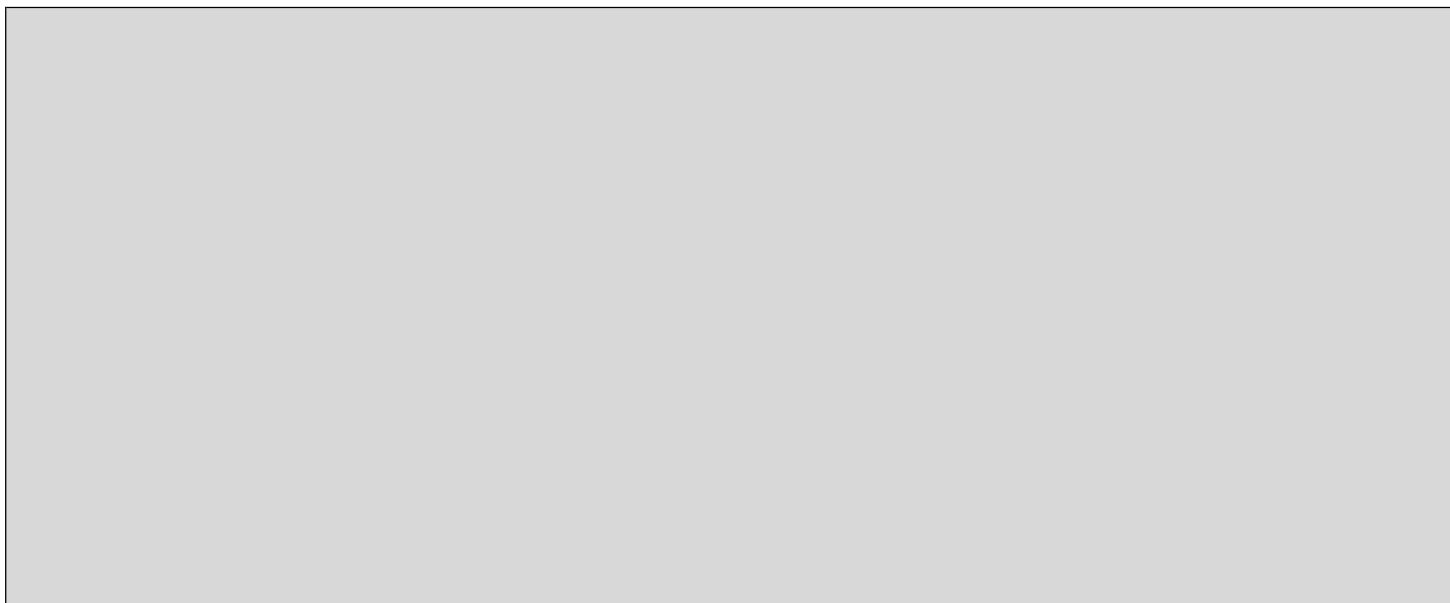

ii. Name of 2nd Partner

Residential Address: _____ Landmark: _____

Residential Status: Home Owner Tenant Living with Parents Living with Friends

Residential Type: Family House Compound House Apartment Bungalow-Type
 Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE



iii. Name of 3rd Partner

Residential Address: _____ Landmark: _____

Residential Status: Home Owner Tenant Living with Parents Living with Friends

Residential Type: Family House Compound House Apartment Bungalow-Type
 Executive Bungalow-Type

SKETCH DI RECTIONAL LOCATION OF RESIDENCE



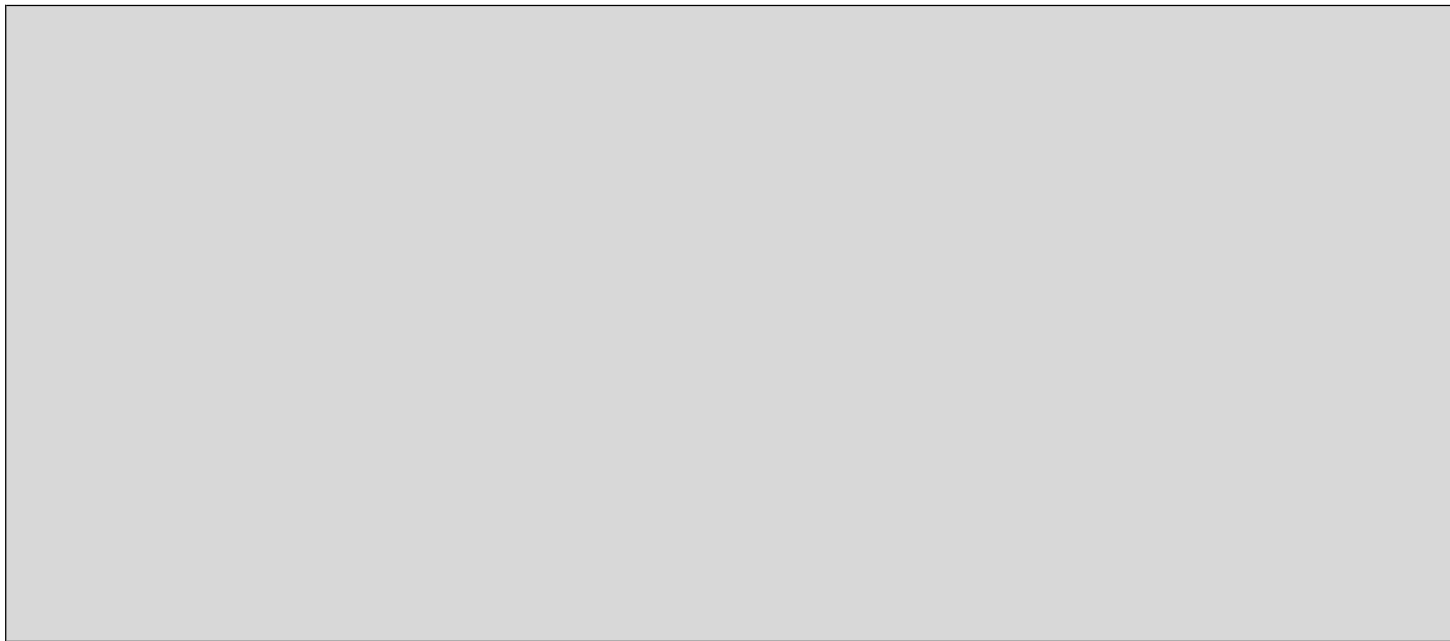
iv. Name of 4th Partner

Residential Address: _____ Landmark: _____

Residential Status: Home Owner Tenant Living with Parents Living with Friends

Residential Type: Family House Compound House Apartment Bungalow-Type
 Executive Bungalow-Type

SKETCH DI RECTIONAL LOCATION OF RESIDENCE



v. Name of 5th Partner

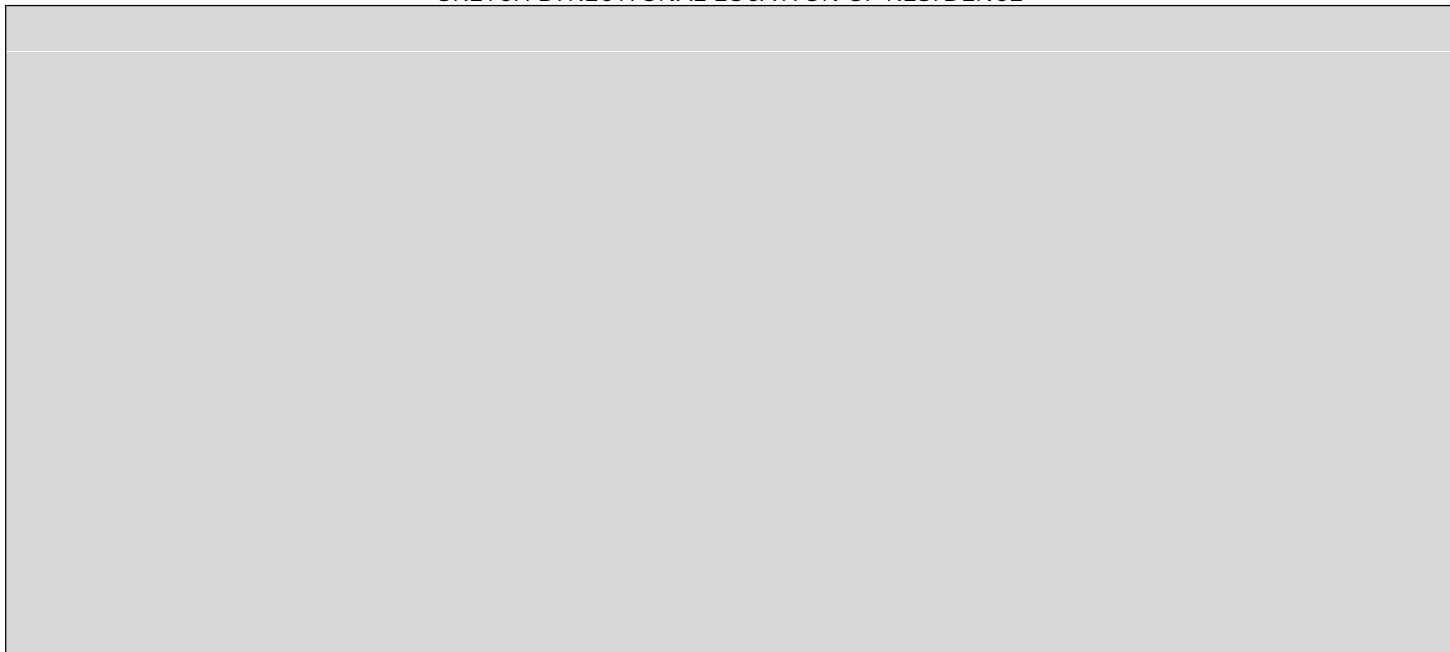
Residential Address: _____ Landmark: _____

Residential Status: Home Owner Tenant Living with Parents Living with Friends

Residential Type: Family House Compound House Apartment Bungalow-Type

Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE



vi. Name of 6th Partner

Residential Address: _____ Landmark: _____

Residential Status: Home Owner Tenant Living with Parents Living with Friends

Residential Type: Family House Compound House Apartment Bungalow-Type

Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE

Directional sketch confirmed by:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

9. DECLARATION

- We confirm that all the information provided in connection with this application is true and complete.
- We authorize you to make any reference and other enquiries in accordance with your normal due-diligence procedures.
- We authorize you to submit information on this account(s) to any credit reference bureau licensed under the credit reporting Act 2007 (Act 726).
- We acknowledge that the Bank may decline the application at its sole discretion.
- We consent to the Bank contacting us at the postal address, email address and telephone numbers provided on this application form.
- We have read and understood the Prudential Bank Terms and Conditions for operating a bank account on pages ... and ... of this application form and agree to be bound by them.

MARKED AND THUMBPRINTED by **after the contents hereof had first been read over, interpreted and explained to him/her in** **language by** **of** (address) **when he/she appeared to understand perfectly the import of same before making his/her mark hereto in the presence of:**

Name of Partner

Name of Witness

Signature/Thumbprint of Partner

Signature/Thumbprint of Witness

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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Name of Partner

Name of Witness

Signature/Thumbprint of Partner

Signature/Thumbprint of Witness

Date

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

Date

D	D	M	M	Y	Y	Y	Y
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10. AUTHORISED SIGNATORIES TO THE ACCOUNT

Signatory I

Name: _____
First Name Middle Name Last Name

Title: _____

Residential Address: _____

Type of Identification document: Passport Driver's Licence Voters ID National ID Other: _____
(Please Specify)

Specimen Signature/Thumbprint I

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Specimen Signature/Thumbprint II

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Please affix passport-sized photograph of signatory

Date:

D	D	M	M	Y	Y	Y	Y
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Signatory II

Name: _____
First Name Middle Name Last Name

Title: _____

Residential Address: _____

Type of Identification document: Passport Driver's Licence Voters ID National ID Other: _____
(Please Specify)

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

 Please affix
passport-sized
photograph of
signatory

 Date:

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

Signatory VI

 Name: _____

First Name
Middle Name
Last Name

Title: _____

Residential Address: _____

 Type of Identification document: Passport Driver's Licence Voters ID National ID Other: _____ (Please Specify)

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

 Please affix
passport-sized
photograph of
signatory

 Date:

D	D	M	M	Y	Y	Y	Y
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 Thumbprint
witnessed by:

Name

Signature

Date								
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

Indicate groupings of signatories and combination for signing payment instruments in accordance with resolution to open an account and appointing signatories.

Indicate Mandate: _____

KEY CONTACT PARTNER

 Name: _____

First Name
Middle Name
Last Name

Address: _____

Name	Signature	Date								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">D</td> <td style="width: 10%;">D</td> <td style="width: 10%;">M</td> <td style="width: 10%;">M</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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B. Senior Management Approval

Managing Director/Deputy Managing Director:	Name	Signature	Date								
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">D</td> <td style="width: 10%;">D</td> <td style="width: 10%;">M</td> <td style="width: 10%;">M</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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12 DOCUMENTS CHECKLIST

	DOCUMENTS REQUIRED	SUBMITTED	DEFERRED	WAIVED	N/A
1.	Duly completed Account Opening Form				
2.	Two (2) recent passport-sized photographs of each signatory to the account				
3.	Certificate of Registration (Original or Certified true copy)				
4.	Copies of Partnership Agreement				
5.	Application on Partnership letterhead to open account signed by the partners				
6.	Valid photo identification (e.g. Passport/Driver's Licence/Voter ID/National ID/ National Health Insurance ID (NHIS), etc). Foreign nationals shall submit valid Passport				
7.	Proof of residential address of each signatory to the account (e.g. Utility bill /Current Tenancy Agreement /Bank Statement from another bank)				
8.	Directional sketch to the residence of each signatory to the account				
9.	Proof of residential address for foreign nationals of each signatory to the account (e.g. Phone bill, driver's licence)				
10.	Residence Permit for Foreign nationals				
11.	Work Permit for Foreign nationals				
12.	Partnership stamp/seal				
13.	Reference from the list of PBL acceptable individuals				
14.	Specimen signature/Thumbprint of each signatory to the account				
15.	Initial minimum deposit				

ACCOUNT OPENING COMPLIANCE OFFICER'S COMMENTS AND RECOMMENDATIONS:

First Review by the Compliance Officer:

Final Review by Compliance Officer:

Account Opening Compliance Officer:	Name	Signature	Date							
			D	D	M	M	Y	Y	Y	Y