

Account Opening Form

Personal



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 PERSONAL ACCOUNT

1. Personal details of the account holder or signatory to the account (i.e. date of birth, identity and residential address etc.)
2. Two (2) recent passport-sized photographs of the personal account holder.
3. Valid photo identification of the account holder (e.g. Passport / Driver's Licence / Voter ID / National ID, National Health Insurance ID (NHIS), etc).

- **Foreign nationals shall submit valid Passport and Residence Permit. (This is Mandatory)**

4. Proof of residential address of the account holder or signatory to the account.

Directional sketch to the residence of each account holder or signatory. 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.

5. U.S. citizens, residents, and green card holders are required to complete Foreign Account Tax Compliance Act (FATCA) supplementary form.
6. 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.

7. Specimen signature of the account holder or signatory to the account.
8. Initial minimum deposit:
 - Cedi Current Account – GH¢20.00
 - Cedi Savings Account – GH¢10.00
 - 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 at any branch of the Bank

Please complete in **BLOCK LETTERS** and tick (✓) where applicable

Branch Name: _____

1. TYPE OF ACCOUNT

SELECT THE TYPE OF ACCOUNT(S) YOU WISH TO OPEN.

NOTE: YOU CAN OPEN MORE THAN ONE TYPE OF ACCOUNT WITH THIS FORM

GHANA CEDI ACCOUNTS
 Current Account

Savings Account

 Standard PBSA PWSA Student A/C

FOREIGN ACCOUNTS

Foreign Currency Account (FCA)

Foreign Exchange Account (Forex)

	USD	GBP	EUR	CNY
Current Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	USD	GBP	EUR	CNY
Current Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PURPOSE OF ACCOUNT(S)
 Personal Savings Investment Salary Loan Servicing Business Other: _____
 (Please specify)

E-BANKING PRODUCTS REQUIRED
 ATM (cashWise) VISA Debit Card E-Zwich Internet Banking (netWise)
 (E-STATEMENT AVAILABLE)

Mobile Banking:
 SMS Banking (textWise) Mobile Money Transaction Alert (alertWise)
 (E-STATEMENT AVAILABLE) Cardless ATM Transaction

MODE OF DISPATCH OF STATEMENT/ADVICE
 By Post (Current Account Only) Collection By Self Hand Delivery (with a fee) Email

OTHER ACCOUNT SERVICES
Cheque Confirmation: Please note that the Bank may confirm cheques issued with the drawer before payment is made

2. PERSONAL INFORMATION

 Title: Mr Mrs Miss Dr Other: _____
 (Please specify)

Surname

First Name

Middle Name(s)

Previous Name (if any)

 Date of Birth: Gender: M F

Place of Birth: _____

Mother's Maiden Name: _____

Educational Status:

 Undergraduate Non Student Graduate Post Graduate

Nationality: _____

Profession/Vocation: _____

Home Town: _____

District: _____ Region: _____

 Social Security No.:

 Tax Identification No. (TIN):

 Residential Status: Resident Non-Resident

Which of the following describes your status?

PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

-
- Head of State or Government
-
- Senior Military Official
-
-
- Minister of State
-
- Senior Judicial official
-
-
- Politician*
-
- 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.

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

Nationality: _____

Profession/Vocation: _____

 Passport Number:

 Date of Issue:

 Date of Expiry:

Country of Issue: _____

Residence Permit No.:

 Date of Issue:

 Date of Expiry:

Work Permit No.

Date of Issue: _____ Date of Expiry: _____

Country of Residence (if non-resident): _____

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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3a. CONTACT DETAILS IN GHANA

 Residential Address: _____

Nearest Landmark: _____

 Postal Address: _____

 Telephone No.:

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

 Mobile No:

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

 Mobile No:

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

 Fax No.:

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

Email: _____

3b. FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAI APPLICANTS

 Residential Address: _____

 Postal Address: _____

Town/City: _____

Country: _____

 Telephone No.:

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 Mobile No:

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 Mobile No:

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 Fax No.:

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

Email: _____

4. CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS
i. 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
---	---	---	---	---	---	---	---

ii. Residential Address Confirmation

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

5. OTHER DETAILS
Marital Status:

- Single
 Married
 Divorced
 Separated
 Widowed

Spouse Details

Surname

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First Name

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

Middle Name(s)

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

Previous Name (if any)

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

Postal Address: _____

 Telephone No.:

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

 Mobile No.:

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

Name of Employer: _____

6. OTHER ACCOUNTS

A. Do you have other account(s) with Prudential Bank
(e.g. Personal or Business Account) Yes No

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

ii. Additional account numbers:

B. Do you have accounts with other banks? Yes No

If yes, please provide details:

i. Bank Account 1:

Bank Name

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Bank Branch

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

Account Name

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

Account Number

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

Do you have a credit facility with the Bank named above?

Yes No

Account status: Active Dormant

ii. Bank Account 2:

Bank Name

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Bank Branch

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Account Name

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

Account Number

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

Do you have a credit facility with the Bank named above?

Yes No

Account status: Active Dormant

7. EMPLOYMENT STATUS

Employee Self-Employed Unemployed Student Retired Part time/Casual Other: _____
(Please specify)

Occupation: _____ Current Employer: _____

Office Location: _____ Postal Address: _____

No. of Years with Current Employer: _____ Previous Employer: _____

Monthly Income (Please select as appropriate)

Up to GHS 500 Between GHS 501 and GHS 1,000 Between GHS 1,001 and GHS 2,000 Between GHS 2,001 and GHS 3,000
 Between GHS 3,001 and GHS 4,000 Between GHS 4,001 and GHS 5,000 Between GHS 5,001 and GHS 10,000 Above GHS 10,000

8. FINANCIAL INFORMATION**A. Source(s) of Funding the Account**

Income from Employment Inheritance/Gift

Personal Savings Remittance

Investment Income Business Income

Other _____

(Please specify)

B. Anticipated Value of Transactions per Month in Ghana Cedis**Deposits:**

Less than 1,000
 1,000 to 5,000
 Between 5,001 to 10,000
 Above 10,000

Withdrawals:

Less than 1,000
 1,000 to 5,000
 Between 5,001 to 10,000
 Above 10,000

9. CONTACT PERSON DETAILS

Surname

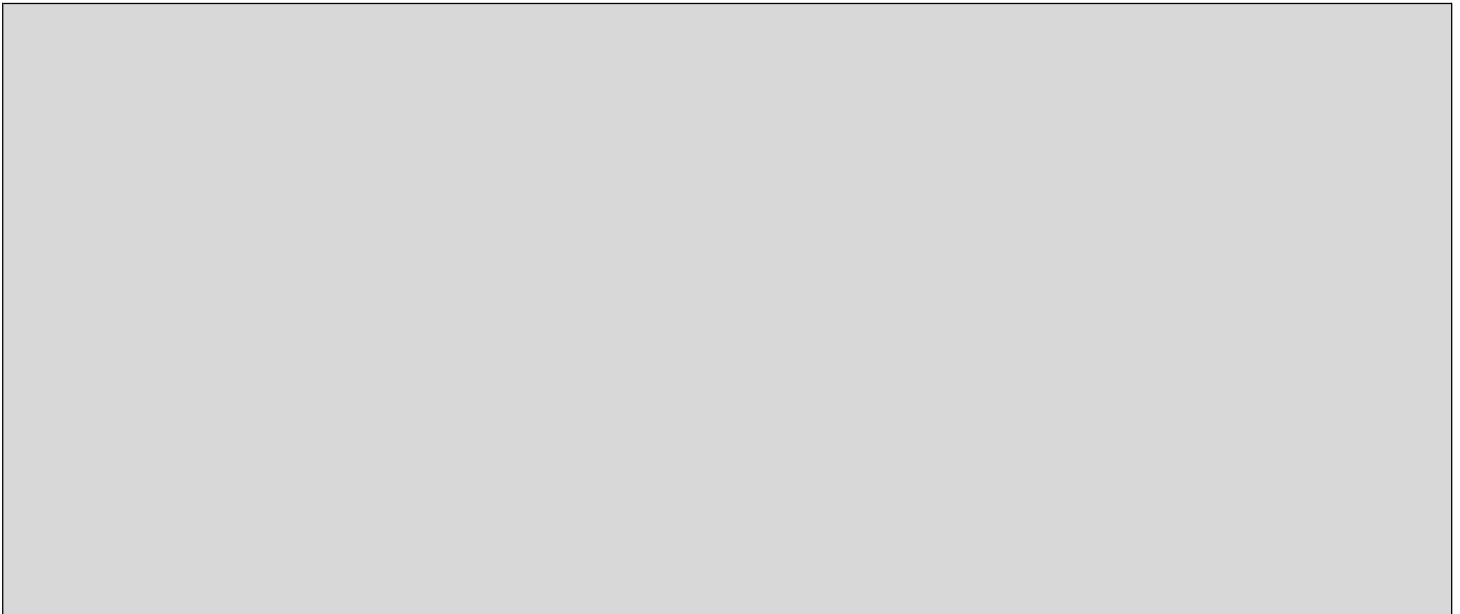
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name(s)

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First Name

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Directional sketch confirmed by:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

I hereby submit this application for an account to be opened in the name of:

12. DECLARATION

- I confirm that all the information provided in connection with this application is true and complete.
- I confirm that all documents provided in connection with this application are genuine.
- I authorize you to make any reference and other enquiries in accordance with your normal procedures.
- I authorize you to submit information on this account(s) to any credit reference bureau licensed under the credit reporting Act 2007 (Act 726).
- I acknowledge that the Bank may decline the application at its sole discretion.
- I consent to the Bank contacting me at the postal address, email address and telephone numbers provided on this

application form.

- I have read and understood the Prudential Bank Terms and Conditions 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 Applicant

Name of Witness

Signature/Thumbprint of Applicant

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

13. AUTHORISED SIGNATORY

PLEASE ENSURE THAT YOU HAVE FULLY COMPLETED THIS FORM BEFORE SIGNING

Name: _____

First Name
Middle Name
Surname

Date:

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

1. Specimen Signature/Thumbprint of Personal Account holder

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2. Specimen Signature/Thumbprint of Personal Account holder

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Please affix passport-sized photograph of signatory
--

Thumbprint
witnessed by:

Name

Signature

Date								
<table border="1" style="display: inline-table;"> <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 Mandate: _____

14. FOR BANK USE ONLY

Account Name:

CIF Number:

Date Account Opened:

	Currency	Account Number	Account Class	Initial Deposit
1	<input type="text"/>	<input type="text"/>	_____	_____
2	<input type="text"/>	<input type="text"/>	_____	_____
3	<input type="text"/>	<input type="text"/>	_____	_____
4	<input type="text"/>	<input type="text"/>	_____	_____

MIS Code (Customer Sector): _____ AML Risk Classification: Low Medium Medium-High High

Customer Identification was done: Face-to-face Remotely

Name Signature Date

Document Verification
Carried Out By

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

A/C Opening
Officer:

Name
<input type="text"/>

Signature
<input type="text"/>

Date							
D	D	M	M	Y	Y	Y	Y

Deputy Branch
Manager:

Name
<input type="text"/>

Signature
<input type="text"/>

Date							
D	D	M	M	Y	Y	Y	Y

Branch Manager:

Name
<input type="text"/>

Signature
<input type="text"/>

Date							
D	D	M	M	Y	Y	Y	Y

Waiver/Deferred of
Document (if any)
Authorized By:

Name
<input type="text"/>

Signature
<input type="text"/>

Date							
D	D	M	M	Y	Y	Y	Y

Please list documents waived/deferred:

15. HIGH-RISK APPLICANTS

A. Compliance Officer's Comments:

Name
<input type="text"/>

Signature
<input type="text"/>

Date							
D	D	M	M	Y	Y	Y	Y

B. Senior Management Approval

Managing

Name
<input type="text"/>

Signature
<input type="text"/>

Date							
D	D	M	M	Y	Y	Y	Y

Director/Deputy
 Managing Director:

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16. DOCUMENTS CHECKLIST

	DOCUMENTS REQUIRED	SUBMITTED	DEFERRED	WAIVED	N/A
1.	Duly completed Account Opening Form				
2.	Two (2) recent passport-sized photographs of the personal account holder				
3.	Valid photo identification (e.g. Passport/Driver's Licence/Voter ID/National ID/ National Health Insurance ID (NHIS), etc). Foreign nationals shall submit ccountvalid Passport				
4.	Directional sketch to the residence of the personal account holder or signatory to the account				
5.	Proof of residential address of the personal account holder or signatory to the account (e.g. Utility bill /Current Tenancy Agreement)				
6.	Proof of residential address for foreign nationals personal account holder or signatory to the account (e.g. Phone bill, Bank Statement or driver's licence)				
7.	Residence Permit for Foreign nationals				
8.	Work Permit for Foreign nationals				
9.	Completion of Foreign Account Tax Compliance Act (FATCA) supplementary form.				
10.	Reference from the list of PBL acceptable individuals				
11.	Initial minimum deposit				
12.	Specimen signature /thumbprint of the personal account holder or signatory to the account				