

Account Opening Form

Societies, Clubs & Associations



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 SOCIETY, CLUB OR ASSOCIATION ACCOUNT

1. Personal Details of Chairman/President/Rev. Minister and Secretary/Executive Members
2. Two (2) recent passport-sized photographs of each signatory to the account.
3. Certificate of Registration (if any) – (original/certified true copy).
4. Copies of Constitution/Rules and Bye Laws.
5. Valid identification of each signatory to the account (e.g. Passport / Driver's Licence / Voter ID / National ID, NHIS ID, etc).

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

6. Proof of residential address of each signatory to the account.
 - Directional sketch to the residence of each signatory. Directional sketch will be confirmed by the Bank.
In addition to the directional sketch, provide any of the following:
 - Original copy of utility bill (e.g. electricity, water, telephone etc) not more than 3 months old or
 - Current Tenancy Agreement to confirm the residential address.
 - **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.**
7. Resolution to open account signed by Chairman/President/Rev. Minister and Secretary/Executive Member (Please contact Account Opening Desk for Specimen Resolution).
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;
 - 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 Society, Club or Association's letterhead to open account signed by the Chairman/President/Rev. Minister and Secretary/Executive member.
10. Society, Club or Association's stamp/seal.
11. Particulars of the Executive members (i.e. date of birth, identity and residential address, etc.).
12. Specimen signatures of authorized signatories.
13. 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

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

FOREIGN ACCOUNTS

	Foreign Currency Account (FCA)				Foreign Exchange Account (Forex)			
	USD	GBP	EUR	CNY	USD	GBP	EUR	CNY
Current Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PURPOSE OF ACCOUNT(S)

Members Welfare

Investment

Savings

Business operations

Other: _____

(Please specify)

E-BANKING PRODUCTS REQUIRED

Internet Banking (netWise)

Mobile Banking:

SMS Banking (textWise)

Mobile Money

Transaction Alert (alertWise)

Third Party Bill Payment

(E-STATEMENT AVAILABLE)

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 before payment is made

2. SOCIETY, CLUB & ASSOCIATION INFORMATION

Name: _____

City/Town: _____

Society, Club or Association's Registration No. (if any):

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District: _____ Region: _____

Registration Date

D	D	M	M	Y	Y	Y	Y
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Mailing Address: _____

Principal Business/Activity: _____

Telephone No.: _____

Principal Place of Activity: _____

Fax: _____

Registered office (if different from principal place of activity):

Email Address: _____

Website: _____

3. FINANCIAL INFORMATION

A. Source of Funding the Account

Members Contribution Donations Investment Income Other: _____

(Please specify)

B. Estimated Annual Income GH¢: Up to 50,000 Between 50,001 to 100,000 100,001 to 500,000 Above 500,000

C. Anticipated Value of Transactions per Month in Ghana Cedis (GH¢)

Deposits: Up to 5,000 Between 5,001 to 20,000 Above 20,000

Withdrawals: Up to 5,000 Between 5,001 to 20,000 Above 20,000

4. OTHER ACCOUNTS

A. Does the Club/Society have other account(s) with Prudential bank?

Yes No

If yes, please provide number(s):

Additional account numbers:

B. Does the Club/Society have accounts with other banks?

Yes No

If yes, please provide details:

i. Bank Account 1:

Bank Name

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Bank Branch

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Account Name

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Account Number

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Does the Club/Society 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

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Account Number

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Does the Club/Society have a credit facility with the Bank named above?

Yes No

Account status: Active Dormant

iii. Bank Account 3:

Bank Name

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Bank Branch

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Account Name

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Account Number

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Does the Club/Society have a credit facility with the Bank named above?

Yes No

Account status: Active Dormant

iv. Bank Account 4:

Bank Name

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Bank Branch

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Account Name

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Account Number

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Does the Club/Society have a credit facility with the Bank named above?

Yes No

Account status: Active Dormant

5. NAME AND SPECIMEN SIGNATURES OF EXECUTIVE MEMBERS

POSITION	FULL NAME	NATIONALITY	OCCUPATION	SPECIMEN SIGNATURE
Chairman/President/ Rev. Minister				
Vice Chairman/ Vice President/Elder/ Steward				
Secretary				
Financial Secretary				
Treasurer				

Executive Member				
Executive Member				

6. PERSONAL INFORMATION OF EXECUTIVE MEMBERS

Please provide details for ALL EXECUTIVE MEMBERS (continue on separate sheet if required)

(A) Chairman/President/Rev. Minister-in-charge

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 GHANAIAI CHAIRMAN/PRESIDENT

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.

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: Date of Expiry: Country of Issue: _____

Residence Permit No.: Date of Issue: Date of Expiry:

Work Permit No.: Date of Issue: Date of Expiry:

(B) Vice Chairman/Vice President/Elder/Steward

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 VICE CHAIRMAN/PRESIDENT

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:

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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:

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

 Nationality: _____ Passport Number:

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 Date of Issue:

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 Date of Expiry:

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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
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(C) Secretary

 Surname:

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 First Name:

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 Middle Name(s):

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 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 SECRETARY

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.

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: Date of Expiry: Country of Issue: _____

Residence Permit No.:

Date of Issue: Date of Expiry:

Work Permit No.:

Date of Issue: Date of Expiry:

(D) Financial SecretarySurname 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: _____

Postal Address: _____ City/Town: _____

Nearest Landmark: _____ 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 GHANAIA FINANCIAL SECRETARY**

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.

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

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

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ADDITIONAL INFORMATION FOR NON-GHANAIAANS 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.:

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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
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(E) TREASURER

Surname

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 First Name

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Middle Name(s)

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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: _____

Postal Address: _____ City/Town: _____

Nearest Landmark: _____ District: _____ Region: _____

Telephone No.:

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 Mobile No.: | | | | | | | | | | | | | | | | | | | | | | | |

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 TREASURER

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____

Telephone No.:

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 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:

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

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.:

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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
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(F) Executive Member

Surname:

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

 First Name:

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

Middle Name(s):

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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: _____
Postal Address: _____ City/Town: _____
Nearest Landmark: _____ 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 EXECUTIVE MEMBER

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.

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:
 Date of Expiry:
 Country of Issue: _____

Residence Permit No.:

Date of Issue:
 Date of Expiry:

Work Permit No.:

Date of Issue:
 Date of Expiry:

(G) Executive Member

Surname

First Name

Middle Name(s)

Date of Birth:
 Gender: M F
 Nationality: _____
 Profession/Vocation: _____

Country of Residence: _____
 Mother's Maiden Name: _____

Work Permit No.:

Date of Issue:

Date of Expiry:

7. NAME AND SPECIMEN SIGNATURES OF AUTHORISED SIGNATORIES

POSITION	FULL NAME	NATIONALITY	SPECIMEN SIGNATURE
Chairman/President/ Rev. Minister			
Vice Chairman/Vice President/Elder/ Steward			
Secretary			
Financial Secretary			
Treasurer			
Executive Member			
Executive Member			

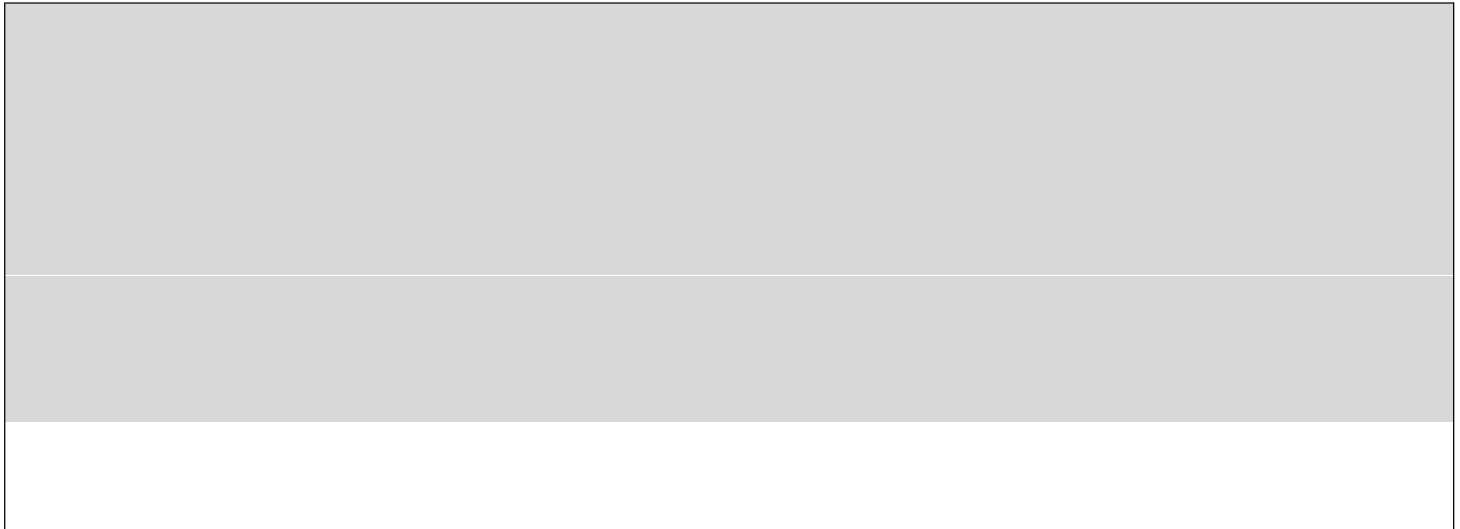
8. RESIDENTIAL INFORMATION OF AUTHORISED SIGNATORIES
i. Name of Chairman/President /Rev. Minister

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 Vice Chairman/ Vice President /Elder/Steward

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



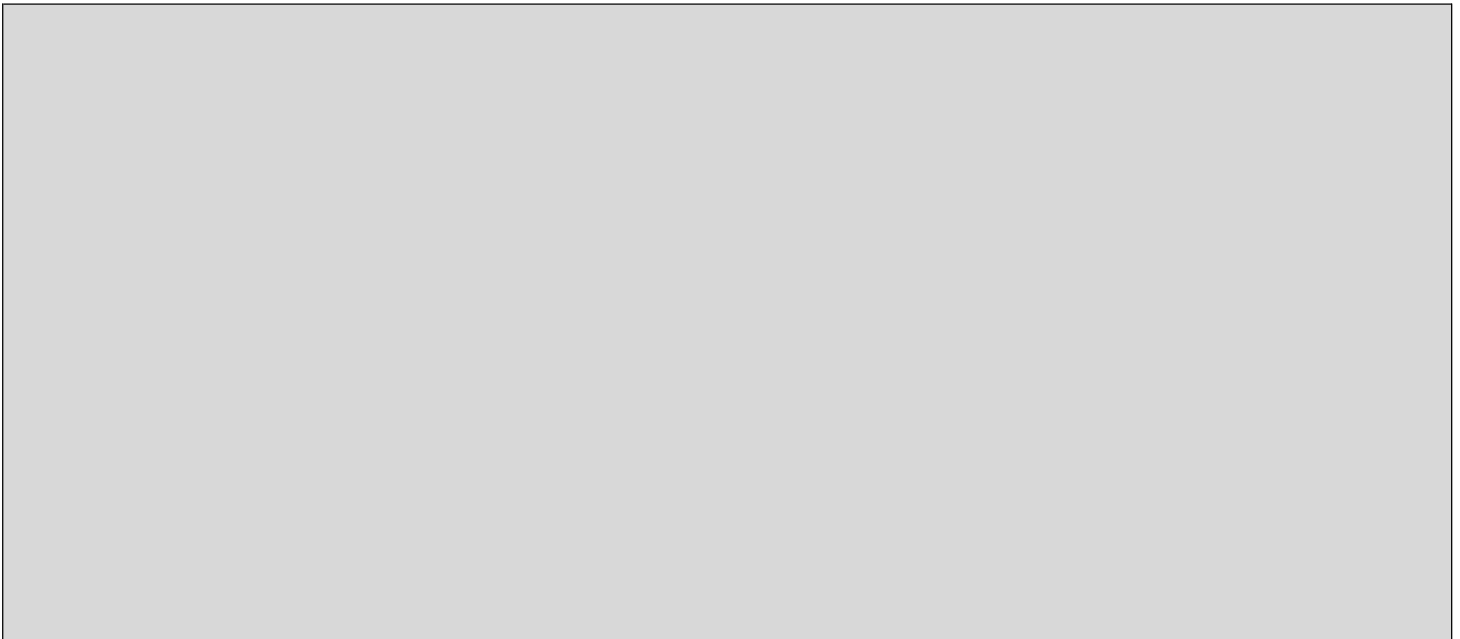
ii. Name of Secretary

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 Financial Secretary

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

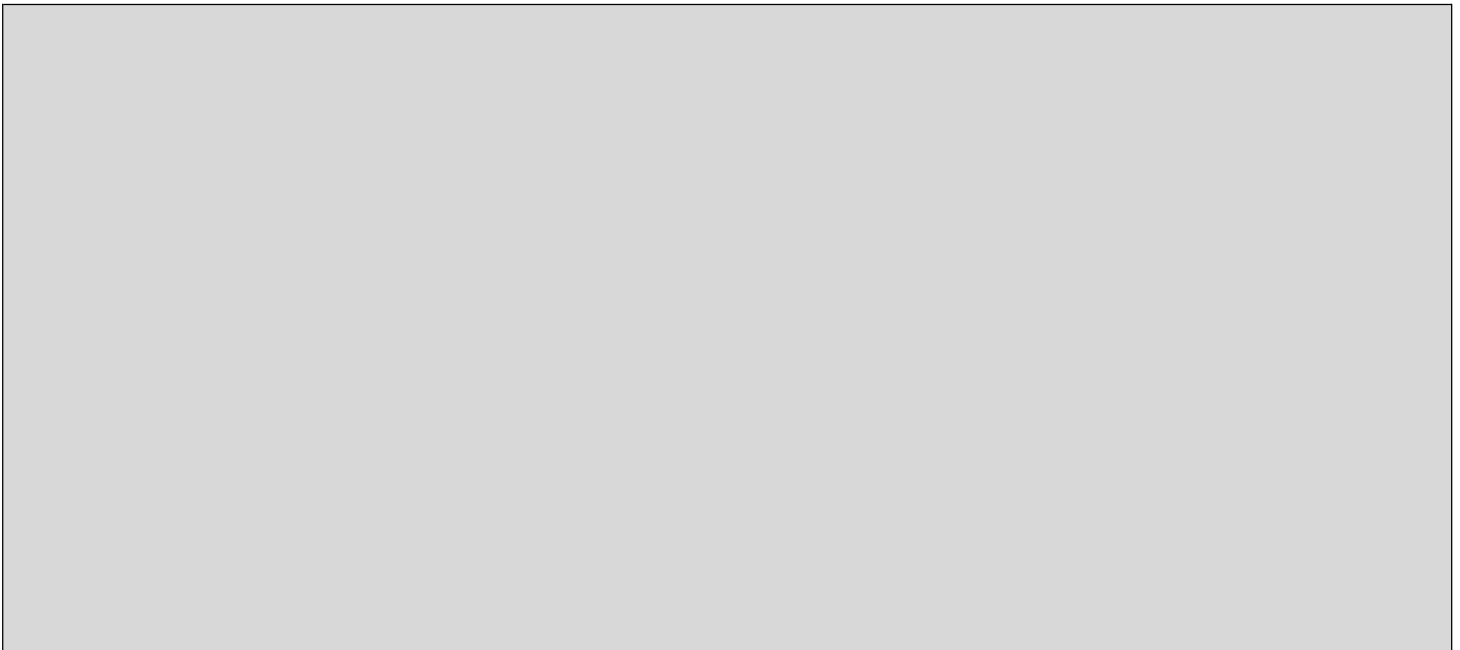


iv. Treasurer

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



v. Name of Executive Member

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 Executive Member

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 RESI DENCE

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 Chairman/President/Rev. Minister

Name of Witness

Signature/Thumbprint of Chairman/President

Signature/Thumbprint of Witness

Date

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

Date

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

Name of Secretary/Executive Member

Name of Witness

Signature of Secretary/Executive Member

Signature/Thumbprint of Witness

Date

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

Date

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

10. AUTHORISED SIGNATORY / SIGNATORIES AS STATED IN RESOLUTION TO OPEN 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

Specimen Signature/Thumbprint II

 Please affix
passport-sized
photograph of
signatory

 Date:

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

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 III

 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 IV

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 V

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

Signatory VII

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

Thumbprint
witnessed by:

Name

Signature

Date								
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">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 PERSON

Name: _____
First Name
Middle Name
Last Name

Address: _____

Telephone Number(s): _____

11. 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"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<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

Document Verification By

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

A/C Opening Officer:

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

Deputy Branch Manager:

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

Branch Manager

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

Waiver/Deferral of Document (if any) authorized by:

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

Please list documents waived/Deferred:

12. HIGH-RISK APPLICANT(S)

A. Compliance Officer's Comments:

Name	Signature	Date							
		D	D	M	M	Y	Y	Y	Y

B. Senior Management Approval

Managing
Director/Deputy
Managing Director:

Name	Signature	Date							
		D	D	M	M	Y	Y	Y	Y

13. 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 Constitution/Rules and Bye Laws				
5.	Valid photo identification (e.g. Passport/Driver's Licence/Voter ID/National ID/ National Health Insurance ID (NHIS), etc). Foreign nationals are required to submit valid Passport				
6.	Proof of residential address of each signatory to the account (e.g. Utility bill /Current Tenancy Agreement /Bank Statement from another bank)				
7.	Directional sketch to the residence of each signatory to the account.				
8.	Proof of residential address for foreign nationals of each signatory to the account (e.g. Phone bill, driver's licence)				
9.	Residence Permit for Foreign nationals				
10.	Work Permit for Foreign nationals				

11.	Resolution to open account				
12.	Reference from the list of PBL acceptable individuals				
13.	Specimen signature/Thumbprint of each signatory to the account				
14.	Initial minimum deposit				

15. 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