

Account Opening Form
HOMEBASE



PRUDENTIAL BANK LTD.

Your Trusted and Dependable Partner

IMPORTANT INFORMATION FOR OPENING A NEW BANK ACCOUNT

Dear Applicant,

To enable the Bank comply with the Anti-Money Laundering Act, 2008 (Act 749) and Anti-Terrorist Act, 2008 (Act 762), the Bank is required to obtain, verify and record information that identifies each person, company or institution that opens a bank account in Ghana.

In fulfillment of this requirement, applicants will be required to provide, in addition to their names, residential and postal addresses, proof of identity, date of birth, occupation and other pertinent personal details, which are spelt out on page 2.

We count on your Cooperation.

Thank you.

By Management

REQUIREMENTS FOR OPENING HOMEBASE ACCOUNT

1. Two (2) passport-sized photographs for each account holder.
2. Valid identification of each signatory to the account (e.g. Passport / Driver's Licence / National ID), (copies of relevant pages showing details of holder, photo and expiry date).
3. Proof of residential address of each signatory.
 - Copy of utility bill (e.g. electricity, water, telephone - not more than 3 months old) OR
 - Bank statement (not more than 3 months old)
4. Initial minimum deposit:
 - Savings Deposit – GH¢200.00
 - Investment Deposit – GH¢10,000.00
5. Specimen signature of each signatory.

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

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

Homebase Personal Savings Account Homebase Time Deposit Investment Account

PURPOSE OF ACCOUNT(S)

Personal Savings Investment Other: (Please specify)

E-BANKING PRODUCTS REQUIRED (chargeable)

SMS Banking (textWise) Transaction Alert (alertWise) Read Only Internet Banking (netWise) ATM (cashWise)
(E-STATEMENT AVAILABLE) (E-STATEMENT AVAILABLE) (APPLY IN GHANA)

MODE OF CORRESPONDENCE

By Post Collection By Self E-mail Correspondence
(FOR NON-CONFIDENTIAL INFORMATION . ACCOUNT DETAILS ARE STRICTLY CONFIDENTIAL)

2. PERSONAL INFORMATION

i. ACCOUNT HOLDER/GUARDIAN (FOR TRUST ACCOUNTS)

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

Surname

First Name

Middle Name

Previous Name (if any)

Date of Birth:

Place of Birth:

Home Town:

Gender: M F Nationality:

Social Security No.:

Country of Residence

Issuing Country of Passport

Passport Number:

Passport Issue Date

Passport Expiry Date

ii. ACCOUNT HOLDER 2 (FOR JOINT/TRUST ACCOUNTS)

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

Surname

First Name

Middle Name

Previous Name (if any)

Date of Birth:

Place of Birth:

Home Town:

Gender: M F Nationality:

Social Security No.:

Country of Residence

Issuing Country of Passport

Passport Number:

Passport Issue Date

Passport Expiry Date

3. CONTACT DETAILS

i. ACCOUNT HOLDER/GUARDIAN(FOR TRUST ACCOUNTS)

 Residential Address: _____

 Telephone No.:

 Cell Phone No.:

 Fax No.:

Email: _____

ii. ACCOUNT HOLDER 2 (FOR JOINT/TRUST ACCOUNTS)

 Residential Address: _____

 Telephone No.:

 Cell Phone No.:

 Fax No.:

Email: _____

4. OTHER DETAILS

i. ACCOUNT HOLDER/GUARDIAN(FOR TRUST ACCOUNTS)

Marital Status:
 Single Married Divorced Separated Widowed

Spouse Details

Surname

First Name

Middle Name

Previous Name (if any)

 Postal Address: _____

 Telephone No.:

 Cell Phone No.:

Name of Employer

ii. ACCOUNT HOLDER 2 (FOR JOINT ACCOUNTS)

Marital Status:
 Single Married Divorced Separated Widowed

Spouse Details

Surname

First Name

Middle Name

Previous Name (if any)

 Postal Address: _____

 Telephone No.:

 Cell Phone No.:

Name of Employer

5. OTHER ACCOUNTS

i. ACCOUNT HOLDER/GUARDIAN(FOR TRUST ACCOUNTS)

A. Do you have other account(s) with Prudential Bank

 (e.g. Personal/Joint/Business / Trust Account) **Yes** **No**

If yes, provide account number(s)

ii. ACCOUNT HOLDER 2 (FOR JOINT ACCOUNTS)

A. Do you have other account(s) with Prudential Bank

 (e.g. Personal/Joint/Business / Trust Account) **Yes** **No**

If yes, provide account number(s)

6. NEXT OF KIN DETAILS FOR ACCOUNT HOLDERS
i. ACCOUNT HOLDER/GUARDIAN (FOR TRUST ACCOUNTS)

Surname

First Name

Middle Name

Address: _____

Tel. No.:

Cell Phone No.:

ii. ACCOUNT HOLDER 2 (FOR JOINT ACCOUNTS)

Surname

First Name

Middle Name

Address: _____

Tel. No.:

Cell Phone No.:

7. EMPLOYMENT STATUS
i. ACCOUNT HOLDER/GUARDIAN (FOR TRUST ACCOUNTS)

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

Occupation: _____

Current Employer: _____

Office Location: _____

Address: _____

No. of Years with Current Employer: _____

Previous Employer: _____

Monthly Income (select as appropriate)

Less than USD 500 Between USD 3,001 and USD 4,000
 Between USD 501 and USD 1,000 Between USD 4,001 and USD 5,000
 Between USD 1,001 and USD 2,000 Between USD 5,001 and USD 10,000
 Between USD 2,001 and USD 3,000 Above USD 10,000

ii. ACCOUNT HOLDER 2 (FOR JOINT ACCOUNTS)

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

Occupation: _____

Current Employer: _____

Office Location: _____

Address: _____

No. of Years with Current Employer: _____

Previous Employer: _____

Monthly Income (select as appropriate)

Less than USD 500 Between USD 3,001 and USD 4,000
 Between USD 501 and GHS 1,000 Between USD 4,001 and USD 5,000
 Between USD 1,001 and GHS 2,000 Between USD 5,001 and USD 10,000
 Between USD 2,001 and GHS 3,000 Above USD 10,000

8. FINANCIAL INFORMATION
i. ACCOUNT HOLDER/GUARDIAN (FOR TRUST ACCOUNTS)

i. Source of Funding the Account

Income from Employment Inheritance/Gift
 Personal Savings Business Income
 Investment Income Other: _____ (Please Specify)

ii. Anticipated Value of Transactions per Month in U.S. Dollars

Deposits:

Less than 5,000 Between 10,001 and 20,000
 Between 5,001 to 10,000 Above 20,000

Withdrawals:

Less than 5,000 Between 10,001 and 20,000
 Between 5,001 to 10,000 Above 20,000

ii. ACCOUNT HOLDER 2 (FOR JOINT ACCOUNTS)

i. Source of Funding the Account

Income from Employment Inheritance/Gift
 Personal Savings Business Income
 Investment Income Other: _____ (Please Specify)

ii. Anticipated Value of Transactions per Month in U.S. Dollars

Deposits:

Less than 5,000 Between 10,001 and 20,000
 Between 5,001 and 10,000 Above 20,000

Withdrawals:

Less than 5,000 Between 10,001 and 20,000
 Between 5,001 and 10,000 Above 20,000

9. DECLARATION

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

Signature: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Signature (Joint Applicant): _____

Date:

D	D	M	M	Y	Y	Y	Y
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10. AUTHORISED SIGNATORY / SIGNATORIES

PLEASE ENSURE THAT YOU HAVE FULLY COMPLETED THIS FORM BEFORE SIGNING

Name: _____
First Name Middle Name Last NameDate:

D	D	M	M	Y	Y	Y	Y
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Specimen Signature of first or sole applicant I

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Specimen Signature of first or sole applicant II

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Please affix signatory/account holder photograph

Name: _____
First Name Middle Name Last NameDate:

D	D	M	M	Y	Y	Y	Y
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Specimen Signature of second/joint applicant I

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Specimen Signature of second/joint applicant II

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Please affix signatory/account holder photograph

Indicate Mandate (Authority to Sign): Sole Signatory Either to Sign Both to Sign

Empty rectangular frame for account opening details.

