

**Personal Account
Information Update
Form**



PRUDENTIAL BANK LTD.

Your Trusted and Dependable Partner

Dear Customer,

UPDATE OF PERSONAL INFORMATION

Thank you for being a customer of Prudential Bank Limited.

We wish to inform you that the Bank is required in compliance with the Anti-Money Laundering Act, 2008 (Act 749) as amended, Anti-Terrorist Act, 2008 (Act 762) as amended, 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.

Customers are required to update their personal details such as addresses, occupation, sources of income etc. with the Bank from time to time in line with Anti-Money Laundering Laws and Regulations in Ghana.

In this regard, we kindly request you to complete the attached **Information Update Form** to enable the Bank update your personal details in the Bank's records.

We count on your co-operation.

By Management

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):

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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ii. Additional account numbers:

| | | | | | | | | | | | | | | | | | | | | |
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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

| | | | | | | | | | | | | | | | | | | | | |
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Middle Name(s)

| | | | | | | | | | | | | | | | | | | | | |
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First Name

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Postal Address: _____

Tel. No.:

| | | | | | | | | | | | | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Mobile No.:

| | | | | | | | | | | | | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Type of Identification document

Passport National ID
 Driver's Licence National Health Insurance ID (NHIS)
 Voters ID Other: _____
(Please Specify)

ID Number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Place of Issue: _____

Date of Issue:

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

Date of Expiry:

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

10. RESIDENTIAL INFORMATION

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 |

11. DECLARATION

- I confirm that all information and documents provided are genuine and, true as at the time of completing this form.
- 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 consent to the Bank contacting me at the postal address, email address and telephone numbers provided on this information update form.
- I agree to be bound by the terms and conditions of operating bank accounts with Prudential Bank Ltd. Copies are available

on the Bank's website and all branches of the Bank.

- I hereby consent to the Bank sharing my account(s) information with domestic and overseas regulators or tax authorities to determine my tax liabilities in any country where necessary. I further agree and consent that the Bank may withhold and pay out from my account(s) such amounts as may be required by domestic or overseas regulators or tax authorities in line with applicable laws, regulations and agreements.

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 |
|---|---|---|---|---|---|---|---|

Date

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

12. 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

| |
|--|
| |
|--|

2. Specimen Signature/Thumbprint of Personal Account holder

| |
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|--|

Please affix
passport-sized
photograph of

Thumbprint
witnessed by:

| Name |
|------|
| |

| Signature |
|-----------|
| |

| Date | | | | | | | |
|------|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |

13. FOR BANK USE ONLY

 Account Name:

 CIF Number:

 Date Account Opened:

| Currency | Account Number | Account Class |
|------------------------|----------------------|---------------|
| 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 High

 Customer Identification was done: Face-to-face Remotely

| Name | Signature | Date | | | | | | | | |
|--------------------------------------|-----------|---|---|---|---|---|---|---|---|---|
| Document Verification Carried Out By | | <table border="1"> <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 | | | |

| Name | Signature | Date | | | | | | | | |
|----------------------|-----------|---|---|---|---|---|---|---|---|---|
| A/C Opening Officer: | | <table border="1"> <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 | | | |

| Name | Signature | Date | | | | | | | | |
|------------------------|-----------|---|---|---|---|---|---|---|---|---|
| Deputy Branch Manager: | | <table border="1"> <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 | | | |

| Name | Signature | Date | | | | | | | | |
|-----------------|-----------|---|---|---|---|---|---|---|---|---|
| Branch Manager: | | <table border="1"> <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 | | | |

14. DOCUMENTS CHECKLIST

| | DOCUMENTS REQUIRED | SUBMITTED | N/A |
|----|--|-----------|-----|
| 1. | Duly completed Update Form | | |
| 2. | 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 | | |
| 3. | Directional sketch to the residence of the personal account holder or signatory to the account | | |
| 4. | Proof of residential address of the personal account holder or signatory to the account (e.g. Utility bill /Current Tenancy Agreement) | | |
| 5. | 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) | | |
| 6. | Residence Permit for Foreign nationals | | |
| 7. | Completion of Foreign Account Tax Compliance Act (FATCA) supplementary form. | | |