

Account Opening Form

Corporate (Limited Liability Company)



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 CORPORATE ACCOUNT

1. Information on the company such as name of company, shareholders and country of incorporation.
2. Certificate of incorporation – (original/certified true copy).
3. Certificate to commence business - (original/certified true copy).
4. Company regulations - (original/certified true copy).
5. Company Form 3 (returns of particulars of the company - original/certified true copy).
6. Company Form 4 (declaration of compliance with minimum capital requirement - original/certified true copy).
7. Company Form 15 (Change of Auditors)
8. Company Form 17 (Change of Director/Secretary)
9. Board resolution to open account signed by Chairman and Secretary/Director (please contact Account Opening Desk for Specimen Resolution).
10. Letter of introduction from auditors (please contact account opening desk for specimen letter).
11. Application on company's letterhead to open account signed by the Managing Director or authorized officers.
12. Specimen signatures of authorized signatories.
13. Company stamp/seal.
14. Particulars of Directors (i.e. date of birth, identity and residential address, etc.).
15. Particulars of Shareholders who hold 5% or more of the shares of the Company.
16. Particulars of Management personnel.
17. Two (2) recent passport-sized photographs of each signatory to the account.
18. Valid identification of each signatory to the account (e.g. Passport / Driver's Licence / Voter ID / National ID, National Health Insurance ID (NHIS), etc).

Note: For foreign nationals, valid Passport and Residence permit. (This is Mandatory)

19. Proof of residential address of each 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.
20. Information on parent company such as name of company, shareholders and country of incorporation, if applicable
21. 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 at any branch of the Bank

3. FINANCIAL INFORMATION

A. Source(s) of Funding the Account

- Sales Proceeds Commission Received
 Investment Income Service Income
 Other: _____
 (Please specify)

B. Estimated Annual Turnover **GH¢** :

- Less than 100,000 Between 500,001 and 1,000,000
 Between 100,001 and 500,000 Above 1,000,000

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

Deposits:

- Less than 20,000 Between 50,001 and 100,000
 Between 20,000 and 50,000 Above 100,000

Withdrawals:

- Less than 20,000 Between 50,001 and 100,000
 Between 20,000 and 50,000 Above 100,000

4. OTHER ACCOUNTS

A. Does the Company have other account(s) with Prudential Bank (e.g. Business Account) Yes No

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

ii. Additional account numbers:

B. Does the Company 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

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

- Yes No

Account status: Active Dormant

ii. Bank Account 2:

Bank Name

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

Bank Branch

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Account Name

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Account Number

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

- Yes No

Account status: Active Dormant

iii. Bank Account 3:

Bank Name

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

Bank Branch

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Account Name

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Account Number

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Do you 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

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

Account Number

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

- Yes No

Account status: Active Dormant

5. PERSONAL INFORMATION OF DIRECTORS

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

α. DIRECTOR

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: _____

Postal Address: _____ City/Town: _____

Nearest Landmark: _____ District: _____ Region: _____

Telephone No.: Mobile No.:

Social Security Number: Tax Identification Number (TIN):

Email Address: _____

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

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____ Email Address: _____

Telephone No.: Mobile No.:

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)

Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____

(a) 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: _____

Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____

(a) 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:

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

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

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

c. DIRECTOR

Surname

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

First Name

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

Middle Name(s)

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

Date of Birth:

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

 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.:

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

Social Security Number:

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

 Tax Identification Number (TIN):

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Email Address: _____

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

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____ Email Address: _____

Telephone No.:

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

 Mobile No.:

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5b. CONFIRMATION OF IDENTITY AND 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)

Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____

(a) 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
---	---	---	---	---	---	---	---

d. DIRECTOR

Surname

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

First Name

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

Middle Name(s)

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

Date of Birth:

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

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.:

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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: _____

f. DIRECTOR

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: _____

Postal Address: _____ City/Town: _____

Nearest Landmark: _____ District: _____ Region: _____

Telephone No.: Mobile No.:

Social Security Number: Tax Identification Number (TIN):

Email Address: _____

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

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____ Email Address: _____

Telephone No.: Mobile No.:

(iii) CONFIRMATION OF IDENTITY AND 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:

Place of Issue: _____

Date of Issue: Date of Expiry:

ii. Residential Address Confirmation

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

Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____

(a) 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:

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 Date of Expiry:

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 Country of Issue: _____

Residence Permit No.:

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 Date of Issue:

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 Date of Expiry:

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Work Permit No.:

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 Date of Issue:

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 Date of Expiry:

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6. DETAILS OF SHAREHOLDERS WHO ARE NOT DIRECTORS

Please provide details of SHAREHOLDERS with 5% share holding and above (continue on separate sheet if required)

(i) Shareholder

Percentage of holding:

Surname/Corporate Name

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 First Name

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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.: | | |

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 | | |

Social Security Number:

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

 Tax Identification Number (TIN):

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

Email Address: _____

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

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____ Email Address: _____

Telephone No.:

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 Mobile No.:

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

(iii) CONFIRMATION OF IDENTITY AND 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
---	---	---	---	---	---	---	---

 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)

 Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Head of State or Government | <input type="checkbox"/> Minister of State | <input type="checkbox"/> Politician* | <input type="checkbox"/> Senior Military Official |
| <input type="checkbox"/> Senior Judicial official | <input type="checkbox"/> Senior Public Official | <input type="checkbox"/> Chief Executive of State Owned Corporation | |
| <input type="checkbox"/> Family Member or Close Associates of any of the above | <input type="checkbox"/> 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:

Indicate other Companies in which you are a Shareholder or Director:

	NAME OF COMPANY	ADDRESS OF COMPANY
1.		
2.		
3.		
4.		

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

 Date of Expiry:

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

 Country of Issue: _____

 Residence Permit No.:

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 Date of Issue:

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

 Date of Expiry:

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

 Work Permit No.:

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 Date of Issue:

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

 Date of Expiry:

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

(iii) NAME OF SHAREHOLDER (of Corporate Institution):

Company Name: _____ Corporate registered office (if different from principal place of business): _____

Trading Name (if different from above): _____ Mailing Address: _____

Company Registration No.: _____ City/Town: _____

(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS
CONFIR
i. 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:

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

 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)

 Are you a shareholder? Yes No If Yes, indicate your percentage holding _____

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:

Indicate other Companies in which you are a Shareholder or Director:

	NAME OF COMPANY	ADDRESS OF COMPANY
1.		
2.		
3.		
4.		

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

 Date of Expiry:

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

 Country of Issue: _____

 Residence Permit No.:

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

 Date of Issue:

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

 Date of Expiry:

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

 Work Permit No.:

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

 Date of Issue:

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

 Date of Expiry:

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

(iii) NAME OF SHAREHOLDER (of Corporate Institution):

Company Name: _____	Corporate registered office (if different from principal place of business): _____
Trading Name (if different from above): _____	Mailing Address: _____

Company Registration No.:

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

City/Town: _____

District: _____ Region: _____

 Registration Date

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

Email Address: _____

Country of Incorporation/Registration: _____

Website: _____

Nature of Business: _____

 Telephone No.

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

 Fax No.

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

Principal Place of Business: _____

 Tax Identification No. (TIN)

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

Name of External Auditors: _____

(iii) Shareholder

 Percentage of holding:

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

Surname/Corporate Name

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

First Name

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

Middle Name(s)

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

 Date of Birth:

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

 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.:

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 Social Security Number:

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 Tax Identification Number (TIN):

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

Email Address: _____

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

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____ Email Address: _____

Telephone No.:

Mobile No.:
(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS
CONFIR
i. 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:
ii. Residential Address Confirmation
 Directional Sketch Utility Bill Tenancy Agreement Bank Statement (Foreign Nationals) Other: _____
(Please Specify)

Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____

(a) 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:

Indicate other Companies in which you are a Shareholder or Director:

	NAME OF COMPANY	ADDRESS OF COMPANY
1.		
2.		
3.		
4.		

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:
(iii) NAME OF SHAREHOLDER (of Corporate Institution):

Company Name: _____ Corporate registered office (if different from principal place of business): _____

Company Name: _____

Trading Name (if different from above): _____

Company Registration No.: _____

Registration Date

Country of Incorporation/Registration: _____

Nature of Business: _____

Principal Place of Business: _____

Corporate registered office (if different from principal place of business): _____

Mailing Address: _____

City/Town: _____

District: _____ Region: _____

Email Address: _____

Website: _____

Telephone No.

Fax No.

Tax Identification No. (TIN)

Name of External Auditors: _____

(v) Shareholder

Percentage of holding:

Surname/Corporate Name

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.:

Social Security Number: Tax Identification Number (TIN):

Email Address: _____

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

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____ Email Address: _____

Telephone No.:

Mobile No.

(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS
CONFIR
i. 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:
ii. Residential Address Confirmation

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

 Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____

(a) 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:

Indicate other Companies in which you are a Shareholder or Director:

	NAME OF COMPANY	ADDRESS OF COMPANY
1.		
2.		
3.		
4.		

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

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

(iii) NAME OF SHAREHOLDER (of Corporate Institution):

Company Name: _____	Corporate registered office (if different from principal place of business): _____																				
_____	_____																				
Trading Name (if different from above): _____	_____																				
_____	Mailing Address: _____																				
_____	_____																				
Company Registration No.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					City/Town: _____
Registration Date <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	District: _____ Region: _____												
D	D	M	M	Y	Y	Y	Y														
Country of Incorporation/Registration: _____	Email Address: _____																				
Nature of Business: _____	Website: _____																				
_____	Telephone No. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Principal Place of Business: _____	Fax No. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
_____	Tax Identification No. (TIN) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
	Name of External Auditors: _____																				

(vi) Shareholder

Percentage of holding: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																										
Surname/Corporate Name <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					First Name <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
Middle Name(s) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																										
Date of Birth: <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	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Nationality: _____ Profession/Vocation: _____																																
D	D	M	M	Y	Y	Y	Y																																			
Country of Residence: _____	Mother's Maiden Name: _____																																									

(i) CONTACT DETAILS IN GHANA

Residential Address: _____	_____																					
Postal Address: _____	City/Town: _____	_____																				
Nearest Landmark: _____	District: _____	Region: _____																				
Telephone No.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					Mobile No.:	

Social Security Number: Tax Identification Number (TIN):

Email Address: _____

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

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____ Email Address: _____

 Telephone No.:

 Mobile No.:

(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS

CONFIR
i. 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:
ii. Residential Address Confirmation
 Directional Sketch Utility Bill Tenancy Agreement Bank Statement (Foreign Nationals) Other: _____
(Please Specify)

 Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____

(a) 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:

Indicate other Companies in which you are a Shareholder or Director:

	NAME OF COMPANY	ADDRESS OF COMPANY
1.		
2.		
3.		
4.		

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Permit No.:	Date of Issue:	Date of Expiry:
<input type="text"/>	<input type="text"/>	<input type="text"/>

(iii) NAME OF SHAREHOLDER (of Corporate Institution):

Company Name: _____	Corporate registered office (if different from principal place of business): _____
Trading Name (if different from above): _____	Mailing Address: _____
Company Registration No.: _____	City/Town: _____
Registration Date <input type="text"/>	District: _____ Region: _____
Country of Incorporation/Registration: _____	Email Address: _____
Nature of Business: _____	Website: _____
Principal Place of Business: _____	Telephone No. <input type="text"/>
	Fax No. <input type="text"/>
	Tax Identification No. (TIN) <input type="text"/>
	Name of External Auditors: _____

7. KEY MANAGEMENT PERSONNEL

List of Management Personnel which should include all signatories to the account

Management Personnel I

 Job Title:

Surname/Corporate Name <input type="text"/>	First Name <input type="text"/>
---	---------------------------------

Middle Name(s) <input type="text"/>	<input type="text"/>
-------------------------------------	----------------------

Date of Birth: <input type="text"/>	Gender: <input type="checkbox"/> M <input type="checkbox"/> 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.:

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

 Social Security Number:

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

 Tax Identification Number (TIN):

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

 Email Address: _____

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

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

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

 Mobile No.:

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

(iii) CONFIRMATION OF IDENTITY AND 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:

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

Place of Issue: _____

Date of Issue:

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

Date of Expiry:

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

ii. Residential Address Confirmation

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

Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____

(a) 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:

Indicate other Companies in which you are a Shareholder or Director:

	NAME OF COMPANY	ADDRESS OF COMPANY
1.		
2.		
3.		
4.		

ADDITIONAL INFORMATION FOR NON-GHANAANS 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:

Management Personnel II

Job Title:

Surname/Corporate Name 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.:

Social Security Number: Tax Identification Number (TIN):

Email Address: _____

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

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____ Email Address: _____

Telephone No.: Mobile No.:

(iii) CONFIRMATION OF IDENTITY AND 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:

Place of Issue: _____

Date of Issue:

Date of Expiry:

ii. Residential Address Confirmation

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

Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____

(a) 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:

Indicate other Companies in which you are a Shareholder or Director:

	NAME OF COMPANY	ADDRESS OF COMPANY
1.		
2.		
3.		
4.		

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

 Date of Expiry:

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

 Country of Issue: _____

Residence Permit No.: _____ Date of Issue:

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

 Date of Expiry:

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

Work Permit No.: _____ Date of Issue:

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

 Date of Expiry:

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

Management Personnel III

Job Title:

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

Surname/Corporate Name

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

First Name

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

Middle Name(s)

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

Date of Birth:

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

 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.: _____
Social Security Number: _____ Tax Identification Number (TIN): _____
Email Address: _____

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

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

(iii) CONFIRMATION OF IDENTITY AND 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:

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

ii. Residential Address Confirmation

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

Are you a shareholder? Yes No If Yes, indicate Percentage holding: _____**(a) 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:

Indicate other Companies in which you are a Shareholder or Director:

	NAME OF COMPANY	ADDRESS OF COMPANY
1.		

CONFIR

2.		
3.		
4.		

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:

Management Personnel IV

Job Title:

Surname/Corporate Name 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.:

Social Security Number: Tax Identification Number (TIN):

Email Address: _____

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

Residential Address: _____

Postal Address: _____ City/Town: _____

Country: _____ Email Address: _____

Telephone No.: Mobile No.:

(iii) CONFIRMATION OF IDENTITY AND 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: _____

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

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

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

 Are you a shareholder? Yes No
 If Yes, indicate Percentage holding: _____

(a) 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:

--

Indicate other Companies in which you are a Shareholder or Director:

	NAME OF COMPANY	ADDRESS OF COMPANY
1.		
2.		
3.		
4.		

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

 Date of Expiry:

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

 Country of Issue: _____

 Residence Permit No.:

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

 Date of Issue:

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

 Date of Expiry:

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

 Work Permit No.:

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

 Date of Issue:

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

 Date of Expiry:

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

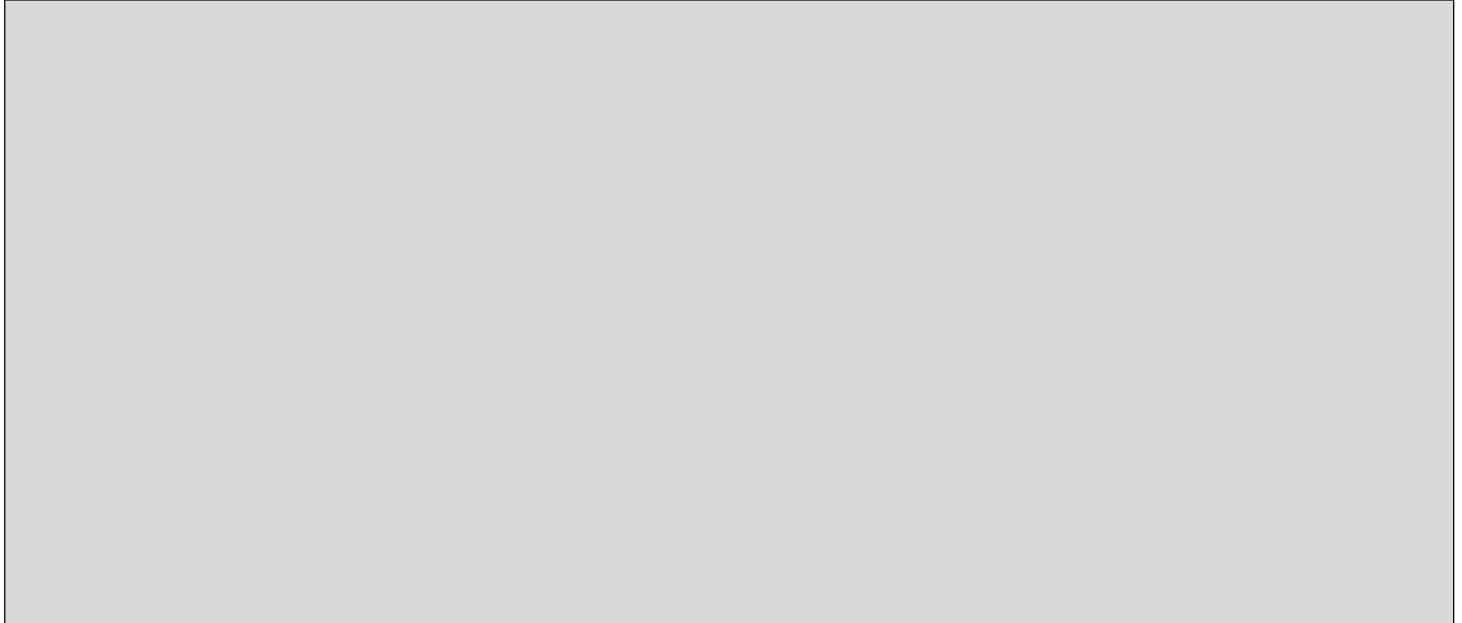
8. RESIDENTIAL INFORMATION

i. Name of Signatory I

Residential Address: _____ Nearest Landmark: _____

Residential Status: Home Owner Tenant Living with Parents Living with Friends**Residential Type:** Family House Compound House Apartment Bungalow-Type
 Executive Bungalow-Type

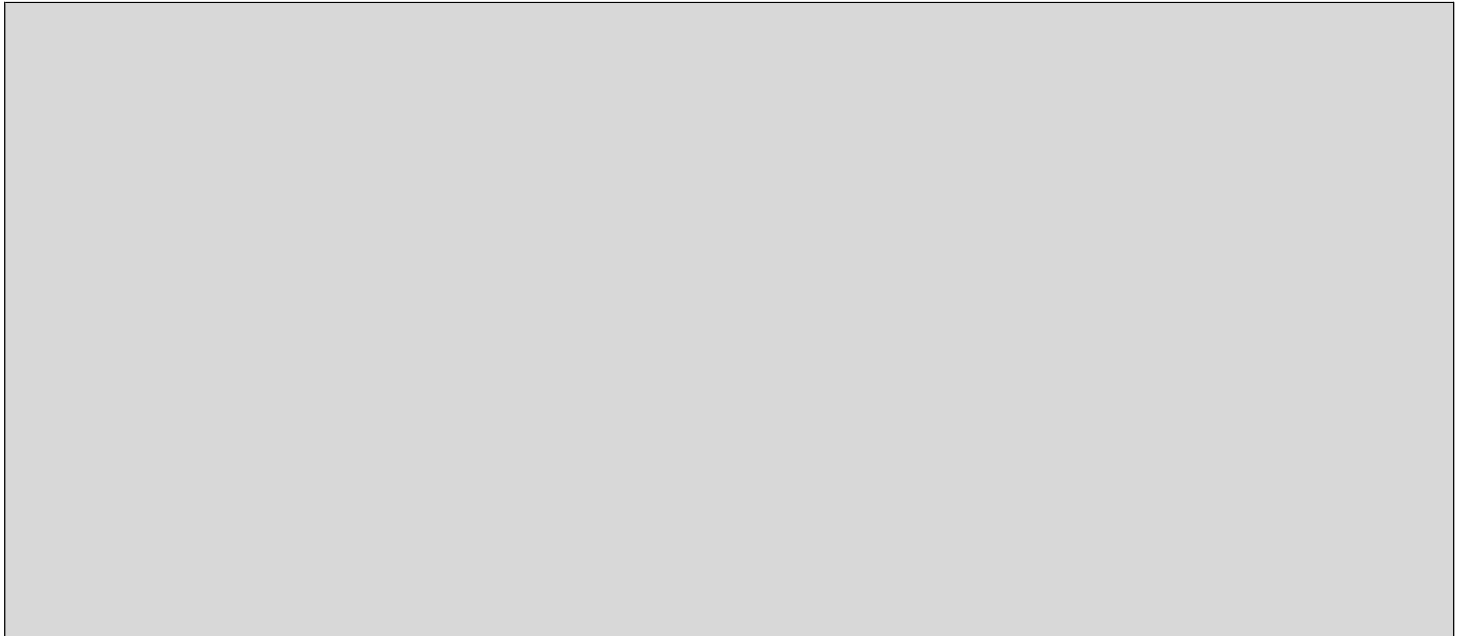
SKETCH DIRECTIONAL LOCATION OF RESIDENCE

**ii. Name of Signatory II**

Residential Address: _____ Nearest 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

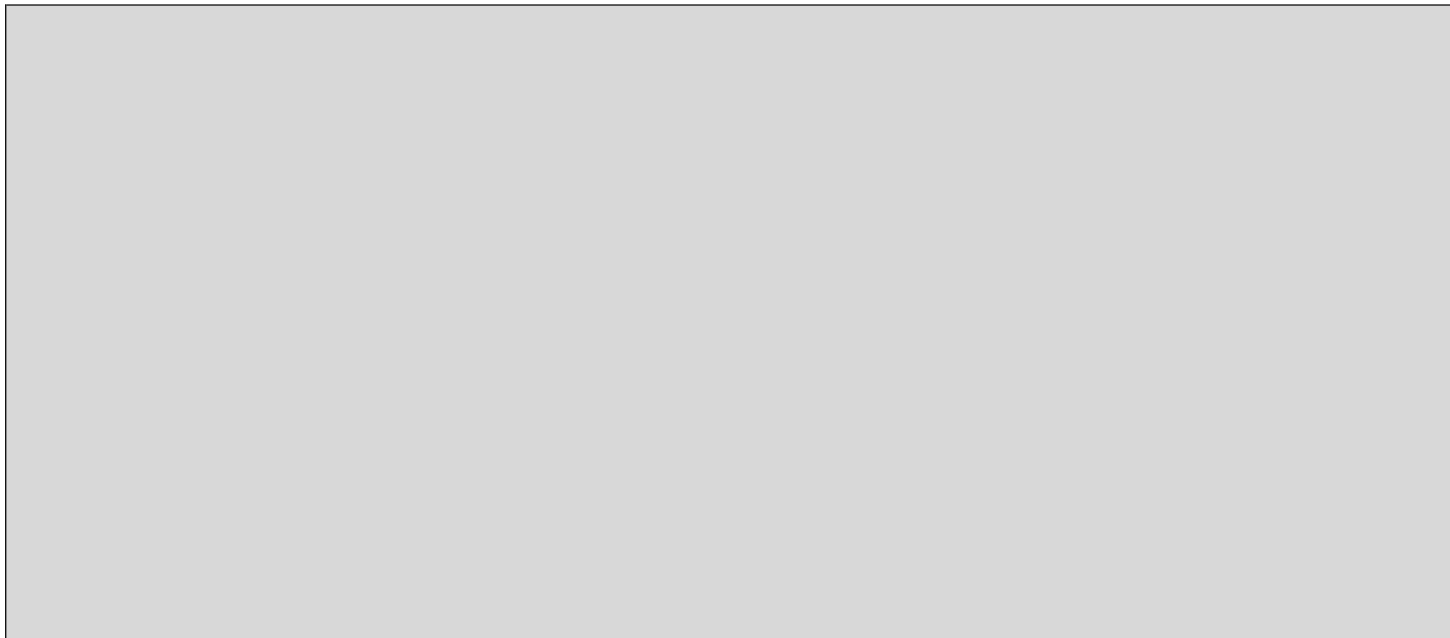


iii. Name of Signatory III

Residential Address: _____ Nearest 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

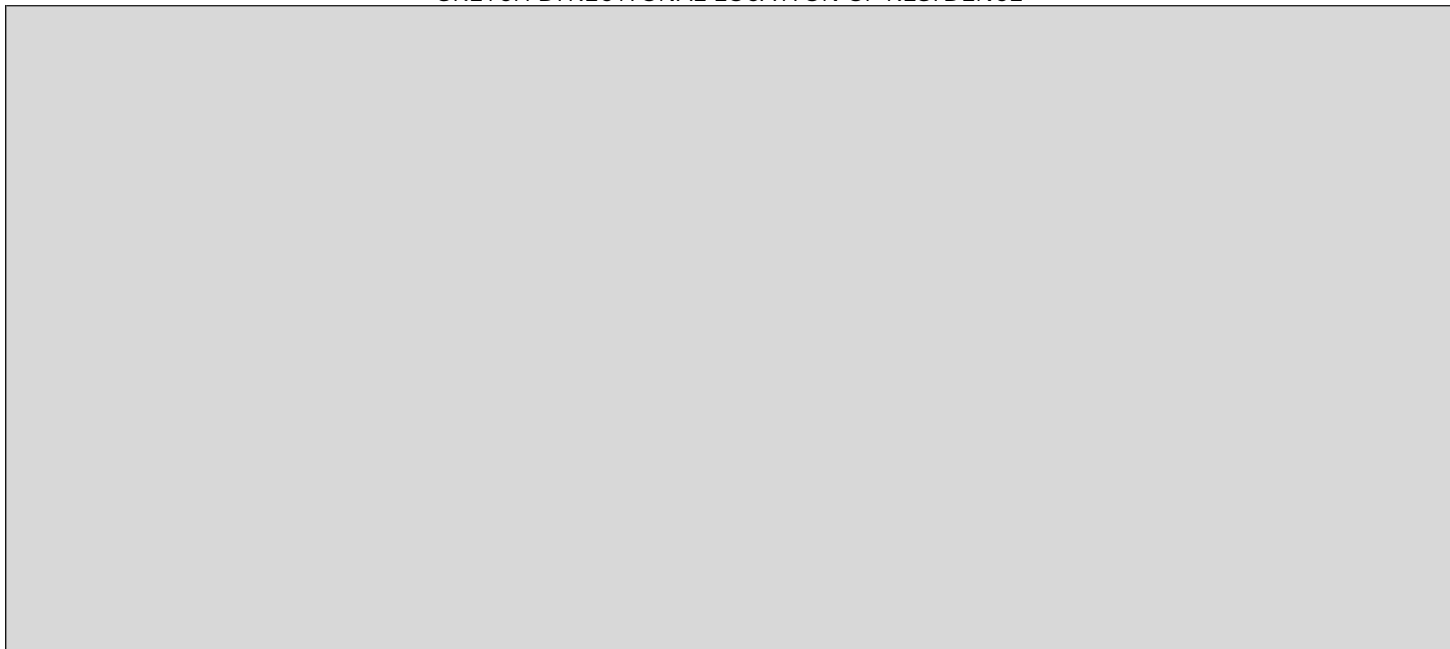


iv. Name of Signatory IV

Residential Address: _____ Nearest 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

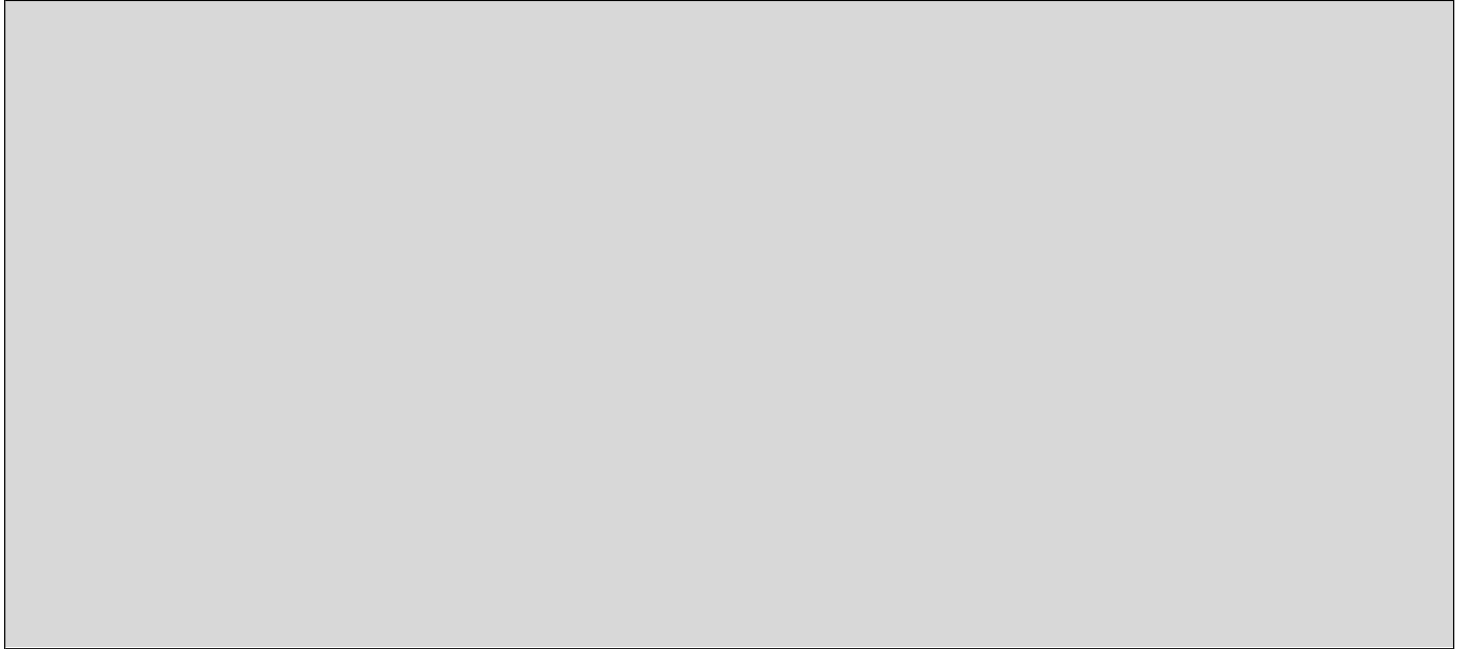


v. Name of Signatory V

Residential Address: _____ Nearest Landmark: _____

Residential Status: Home Owner Tenant Living with Parents Living with Friends**Residential Type:** Family House Compound House Apartment Bungalow-Type Executive Bungalow-Type

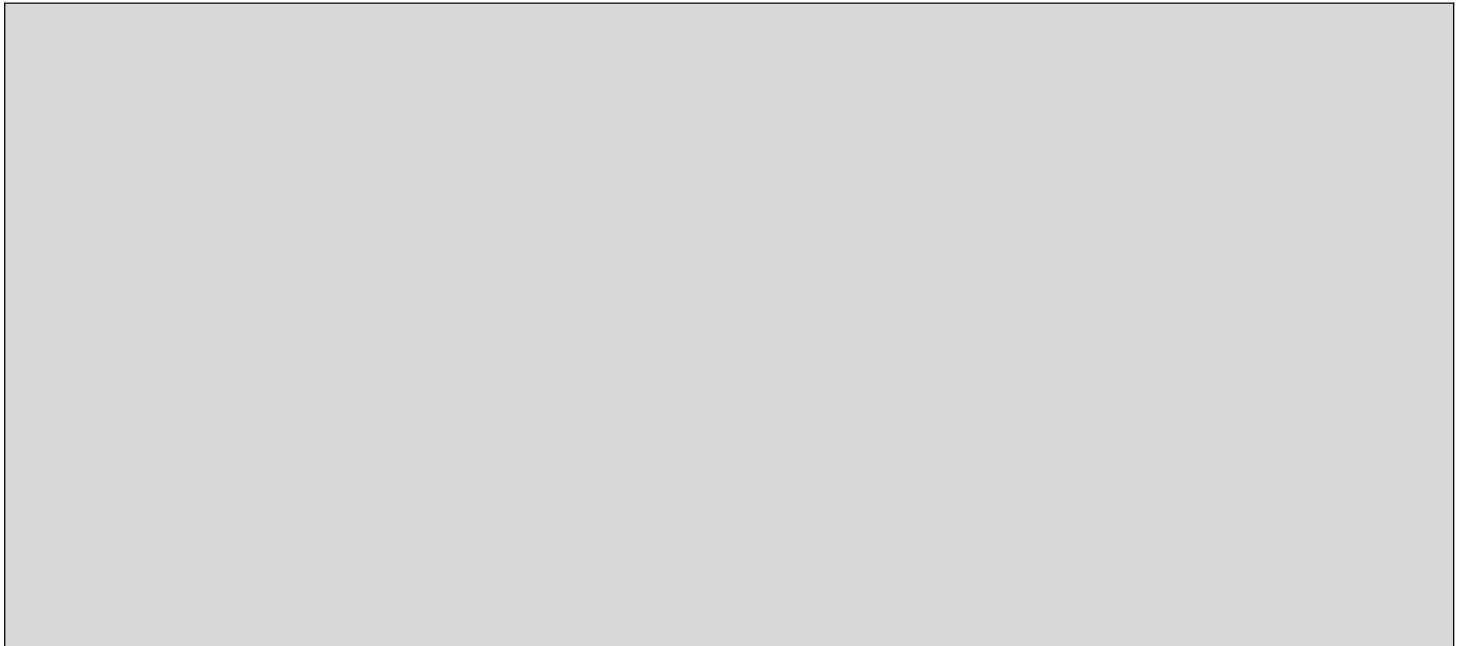
SKETCH DIRECTIONAL LOCATION OF RESIDENCE

**vi. Name of Signatory VI**

Residential Address: _____ Nearest 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

I/We apply to submit this application for an account to be opened in the name(s) of:

9. DECLARATION

- I/We confirm that all the information provided in connection with this application is true and complete.
- I/We confirm that all documents provided in connection with this application are genuine.
- I/We authorize you to make any reference and other enquiries in accordance with your normal due-diligence 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 postal address, email address and telephone numbers provided on this application form.
- I/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 of the Board

Name of Witness

Signature/Thumbprint of Chairman of the Board

Signature/Thumbprint of Witness

Date

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

Date

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

Name of Company Secretary/Director

Signature of Company Secretary/Director

Date

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

Name of Witness

Signature/Thumbprint of Witness

Date

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

Company Stamp/Seal

9. AUTHORIZED SIGNATORY / SIGNATORIES AS STATED IN RESOLUTION TO OPEN ACCOUNT

Signatory I

Name: _____
First Name
Middle Name
Last Name

Job Title: _____

Residential Address: _____

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

Specimen Signature/Thumbprint

Specimen Signature/Thumbprint

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

Job Title: _____

Residential Address: _____

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

Specimen Signature/Thumbprint

Specimen Signature/Thumbprint

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

Job Title: _____

Residential Address: _____

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

Specimen Signature/Thumbprint

Specimen Signature/Thumbprint

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

Job Title: _____

Residential Address: _____

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

Specimen Signature/Thumbprint

Specimen Signature/Thumbprint

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

Job Title: _____

Residential Address: _____

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

Specimen Signature/Thumbprint

Specimen Signature/Thumbprint

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

Job Title: _____

Residential Address: _____

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

Specimen Signature/Thumbprint

Specimen Signature/Thumbprint

Please affix
 passport-sized
 photograph of
 signatory

Date:

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

Carried Out By

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

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:

13. 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 Director/Deputy Managing Director:

Name
<input type="text"/>

Signature
<input type="text"/>

Date							
D	D	M	M	Y	Y	Y	Y

14. DOCUMENTS CHECKLIST

	DOCUMENTS REQUIRED	SUBMITTED	DEFERRED	WAIVED	N/A
1.	Duly completed Account Opening Form				
2.	Certificate of Incorporation (Original/Certified True copy)				
3.	Certificate to Commence Business (Original/Certified True copy)				
4.	Company Regulations (Original/Certified True copy)				
5.	Company Form 3 (Original/Certified True copy)				
6.	Company Form 4 (Original /Certified True copy)				
7.	Company Form 15 (Original /Certified True copy)				
8.	Company Form 17 (Original /Certified True copy)				
9.	Board Resolution to Open Account				
10.	Letter of Introduction from Auditors				
11.	Application on Company's Letterhead to open Account				
12.	Two (2) recent passport-sized photographs of each signatory to the account				
13.	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				
14.	Proof of residential address of each signatory to the account (e.g. Utility bill /Current Tenancy Agreement)				
15.	Directional sketch to the residence of each signatory to the account				
16.	Proof of residential address for foreign nationals of each signatory to the account (e.g. Phone bill, Bank Statement or driver's licence)				
17.	Residence Permit for Foreign nationals				
18.	Work permit for Foreign nationals				
19.	Specimen signatures of authorized signatories				
20.	Company's Stamp or Seal				
21.	Particulars of Directors (e.g. Date of Birth, ID, Residential Address)				
22.	Particulars of Shareholders who hold 5% or more of the shares of the Company.				
23.	Particulars of Management personnel				
24.	Minimum Deposit				
25.	Information on Parent Company (such as Name, Shareholders and Country of Incorporation, if applicable)				

ACCOUNT OPENING COMPLIANCE OFFICER'S COMMENTS AND RECOMMENDATIONS:

First Review by the Compliance Officer:

Account Opening
Compliance Officer:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y