

Account Opening Form

Joint/Trust



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 JOINT/TRUST ACCOUNT

1. Personal details of the Joint Account Holders/Trustee/Guardian/Beneficiary (i.e. date of birth, identity and residential addresses, etc.)
- 2a. Two (2) recent passport-sized photographs of each of the joint account holders.
- 2b. In the case of Trust accounts, two (2) recent passport-sized photographs of both the Trustee/Guardian and the beneficiary.
3. Valid photo identification of the account holders of each of the categories stated in 2a and 2b above. (e.g. Passport / Driver's Licence / Voter ID / National ID, National Health Insurance ID (NHIS), etc). In case of a minor birth certificate is acceptable.
 - **Foreign nationals shall submit valid Passport and Residence Permit. (This is Mandatory)**
4. Proof of residential address of each account holder or signatory to the account.

Directional sketch to the residence of each account holder or signatory. Directional sketch will be confirmed by the Bank.

In addition to the directional sketch, provide any of the following:

 - a. Original copy of utility bill (e.g. electricity, water, telephone etc) not more than 3 months old or
 - b. Current Tenancy Agreement to confirm the residential address.
 - c. ***For foreign nationals and non-resident Ghanaians a phone bill, bank statement or driver's licence etc confirming the residential and postal addresses in the country of permanent residence is required.***
5. U.S. citizens, residents, and green card holders are required to complete Foreign Account Tax Compliance Act (FATCA) supplementary form.
6. A reference would be required from any of the following to open a current account. This will be subject to confirmation by the Bank:
 - Prudential Bank current account holder;
 - Applicant's employer;
 - Heads of recognised educational institutions;
 - Reputable individuals and professionals in good standing (e.g. Senior Public Officer, Lawyer, Medical Doctor, Accountant, Senior Banking Official and Religious Leader.).

A photocopy of the referee's ID is required and subject to confirmation.
7. Specimen signature of each signatory to the account.
8. Trust Deed, where applicable
9. Initial minimum deposit:
 - Cedi Current Account – GH¢20.00
 - Cedi Savings Account – GH¢10.00
 - Forex a/c – USD100, £100, €100 or CHINESE YUAN (CNY) 1,000
 - Foreign Currency a/c – no initial deposit required (to be fed with transfers from abroad).

For further clarification please contact the Account Opening Desk at any branch of the bank

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

Branch Name: _____

1. TYPE OF ACCOUNT

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

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

GHANA CEDI ACCOUNTS

 Current Account

Savings Account

 Standard PBSA PWSA Student A/C

FOREIGN ACCOUNTS

Foreign Currency Account (FCA)

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

Foreign Exchange Account (Forex)

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

PURPOSE OF ACCOUNT(S)

 Personal Savings Investment Salary Loan Servicing Business Other: _____

(Please specify)

E-BANKING PRODUCTS REQUIRED

 ATM (cashWise)

 VISA Debit Card

 E-Zwich

 Internet Banking (netWise)

(E-STATEMENT AVAILABLE)

Mobile Banking:

 SMS Banking (textWise)

 Mobile Money

 Transaction Alert (alertWise)

 Cardless ATM Transaction

 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 with the drawer before payment is made

2. PERSONAL INFORMATION

i. JOINT ACCOUNT HOLDER 1 / TRUSTEE or GUARDIAN

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

Surname

First Name

Middle Name

Previous Name (if any)

 Date of Birth: Gender: M F

Place of Birth: _____

Mother's Maiden Name: _____

Nationality: _____

Profession/Vocation: _____

Home Town: _____

District: _____ Region: _____

 Social Security No.:

 Tax Identification No. (TIN):

 Residential Status: Resident Non-Resident

ii. JOINT ACCOUNT HOLDER 2 / BENEFICIARY

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

Surname

First Name

Middle Name

Previous Name (if any)

 Date of Birth: Gender: M F

Place of Birth: _____

Mother's Maiden Name: _____

Nationality: _____

Profession/Vocation: _____

Home Town: _____

District: _____ Region: _____

 Social Security No.:

 Tax Identification No. (TIN):

 Residential Status: Resident Non-Resident

Country of Residence (if non-resident): _____

Which of the following describes your status?

PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

- Head of State or Government Senior Military Official
 Minister of State Senior Judicial official
 Politician* Senior Public Official
 Chief Executive of State Owned Corporation
 Family Member or Close Associates of any of the above
 Private Individual

*Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

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

Nationality: _____

Profession/Vocation: _____

 Passport Number:

 Date of Issue: Date of Expiry:

Country of Issue: _____

 Residence Permit No.:

 Date of Issue: Date of Expiry:

 Work Permit No.:

 Date of Issue: Date of Expiry:

Country of Residence (if non-resident): _____

Which of the following describes your status?

PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

- Head of State or Government Senior Military Official
 Minister of State Senior Judicial official
 Politician* Senior Public Official
 Chief Executive of State Owned Corporation
 Family Member or Close Associates of any of the above
 Private Individual

*Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

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

Nationality: _____

Profession/Vocation: _____

 Passport Number:

 Date of Issue: Date of Expiry:

Country of Issue: _____

 Residence Permit No.:

 Date of Issue: Date of Expiry:

 Work Permit No.:

 Date of Issue: Date of Expiry:
3a. CONTACT DETAILS IN GHANA
i. JOINT ACCOUNT HOLDER 1/TRUSTEE or GUARDIAN

 Residential Address: _____

Nearest Landmark: _____

 Postal Address: _____

 Telephone No.:

 Mobile No.:

 Mobile No.:

 Fax No.:

Email: _____

ii. JOINT ACCOUNT HOLDER 2 /BENEFICIARY

 Residential Address: _____

Nearest Landmark: _____

 Postal Address: _____

 Telephone No.:

 Mobile No.:

 Mobile No.:

 Fax No.:

Email: _____

3b. FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAN APPLICANTS
i. JOINT ACCOUNT HOLDER 1/TRUSTEE or GUARDIAN

Residential Address: _____

Postal Address: _____

Town/City: _____

Country: _____

Telephone No.:

Mobile No:

Mobile No:

Fax No.:

Email: _____

ii. JOINT ACCOUNT HOLDER 2 /BENEFICIARY

Residential Address: _____

Postal Address: _____

Town/City: _____

Country: _____

Telephone No.:

Mobile No:

Mobile No:

Fax No.:

Email: _____

4. CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS
i. JOINT ACCOUNT HOLDER 1 /TRUSTEE or GUARDIAN
i. Type of Identification document

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

ID Number:

Place of Issue: _____

Date of Issue:

Date of Expiry:

ii. Residential Address Confirmation

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

ii. JOINT ACCOUNT HOLDER 2 /BENEFICIARY
i. Type of Identification document

- Passport National ID
 Drivers Licence National Health Insurance ID (NHIS)
 Voters ID Other: _____
(Please Specify)

ID Number:

Place of Issue: _____

Date of Issue:

Date of Expiry:

ii. Residential Address Confirmation

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

5. OTHER DETAILS
i. JOINT ACCOUNT HOLDER 1 /TRUSTEE Or GUARDIAN

Marital Status:
 Single Married Divorced Separated Widowed

Spouse Details
 Surname:

First Name:

Middle Name(s):

ii. JOINT ACCOUNT HOLDER 2 /BENEFICIARY

Marital Status:
 Single Married Divorced Separated Widowed

Spouse Details
 Surname:

First Name:

Middle Name(s):

7. EMPLOYMENT STATUS

i. JOINT ACCOUNT HOLDER 1 /TRUSTEE OR GUARDIAN

- 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 3,001 and GHS 4,000
 Between GHS 501 and GHS 1,000 Between GHS 4,001 and GHS 5,000
 Between GHS 1,001 and GHS 2,000 Between GHS 5,001 and GHS 10,000
 Between GHS 2,001 and GHS 3,000 Above GHS 10,000

ii. JOINT ACCOUNT HOLDER 2 /BENEFICIARY

- 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 3,001 and GHS 4,000
 Between GHS 501 and GHS 1,000 Between GHS 4,001 and GHS 5,000
 Between GHS 1,001 and GHS 2,000 Between GHS 5,001 and GHS 10,000
 Between GHS 2,001 and GHS 3,000 Above GHS 10,000

8. FINANCIAL INFORMATION

i. JOINT ACCOUNT HOLDER 1 /TRUSTEE OR GUARDIAN

A. Source(s) of Funding the Account

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

B. Anticipated Value of Transactions per Month in Ghana Cedis

Deposits:

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

Withdrawals:

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

ii. JOINT ACCOUNT HOLDER 2 /BENEFICIARY

A. Source(s) of Funding the Account

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

B. Anticipated Value of Transactions per Month in Ghana Cedis

Deposits:

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

Withdrawals:

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

9. CONTACT PERSONS DETAILS FOR JOINT ACCOUNT HOLDER/TRUSTEE/BENEFICIARY

i. JOINT ACCOUNT HOLDER 1 /TRUSTEE OR GUARDIAN

Surname

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

First Name

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

Middle Name(s)

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

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

Postal Address: _____

Tel. No.:

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

Mobile No.:

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

ii. JOINT ACCOUNT HOLDER 2 /BENEFICIARY

Surname

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

First Name

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

Middle Name(s)

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

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

Postal Address: _____

Tel. No.:

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

Mobile No.:

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

10. REFERENCE (Current Account Applicants only)

Note: Acceptable referees:

- | | | |
|--|---|---|
| <input type="checkbox"/> Existing PBL Current Account Holder | <input type="checkbox"/> Applicant's Employer | <input type="checkbox"/> A Reputable Religious Leader |
| <input type="checkbox"/> Senior Banking Official | <input type="checkbox"/> Public Office Holder | <input type="checkbox"/> Medical Doctor |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Other: _____ |
- (Please Specify)

Name of Referee: _____

Address of Referee: _____

Telephone No.:

Mobile No.:

Email: _____

PBL Account No.(s)

Signature/Thumbprint:

Type of Identification document:

- | | |
|---|--|
| <input type="checkbox"/> Passport | <input type="checkbox"/> National ID |
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> National Health Insurance ID (NHIS) |
| <input type="checkbox"/> Voters ID | <input type="checkbox"/> Other: _____ |
- (Please Specify)

ID Number:

Place of Issue: _____

Date of Issue:

Date of Expiry:

With the exception of PBL Account Holders, all other referees are required to submit introductory letters duly signed by them and attach photocopies of their IDs. The Introductory Letter may be confirmed by the Bank.

11. RESIDENTIAL INFORMATION

i. JOINT ACCOUNT HOLDER 1 /TRUSTEE OR GUARDIAN

- 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. JOINT ACCOUNT HOLDER 2 /BENEFICIARY
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

We hereby submit this application for an account to be opened in the name(s) of:.....

12. DECLARATION

- We confirm that all the information provided in connection with this application is true and complete.
- We confirm that all documents provided in connection with this application are genuine.
- We authorize you to make any reference and other enquiries in accordance with your normal 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 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 Joint Account holder 1/Trustee

Name of Witness

Signature/Thumbprint of Joint Account holder 1/Trustee

Signature/Thumbprint of Witness

Date

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

Date

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

Name of Joint Account holder 2/ Beneficiary

Name of Witness

Signature/Thumbprint of Joint Account holder 2/ Beneficiary

Signature/Thumbprint of Witness

Date

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

Date

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

13. AUTHORISED SIGNATORY / SIGNATORIES

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

Specimen Signature/Thumb print of Joint Account holder 1 /Trustee or Guardian

Specimen Signature/Thumb print of Joint Account holder 1 /Trustee or Guardian

Please affix passport-sized photograph of Joint Account holder 1 (Guardian/Trustee)

Name: _____
 First Name Middle Name Surname

Date:

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

Specimen Signature/Thumb print of Joint Account holder 2 (Beneficiary)

Specimen Signature/Thumb print of Joint Account holder 2 (Beneficiary)

Please affix passport-sized photograph of Joint Account holder 2 (Beneficiary)

Thumbprint witnessed by:

Name	

Signature	

Date							
D	D	M	M	Y	Y	Y	Y

Indicate Mandate: _____

14. FOR BANK USE ONLY

Account Name:

CIF Number:

Date Account Opened:

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

	Currency	Account Number	Account Class	Initial Deposit
1	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	_____	_____
2	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	_____	_____
3	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	_____	_____
4	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	_____	_____

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

Customer Identification was done: Face-to-face Remotely

Document Verification Carried Out By:

Name	Signature	Date								
<table border="1" style="width: 100%; height: 30px;"></table>	<table border="1" style="width: 100%; height: 80px;"></table>	<table border="1" style="width: 100%; height: 30px;"> <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			

A/C Opening Officer:

Name	Signature	Date								
<table border="1" style="width: 100%; height: 30px;"></table>	<table border="1" style="width: 100%; height: 80px;"></table>	<table border="1" style="width: 100%; height: 30px;"> <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			

Deputy Branch Manager:

Name	Signature	Date								
<table border="1" style="width: 100%; height: 30px;"></table>	<table border="1" style="width: 100%; height: 80px;"></table>	<table border="1" style="width: 100%; height: 30px;"> <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			

Branch Manager:

Name	Signature	Date								
<table border="1" style="width: 100%; height: 30px;"></table>	<table border="1" style="width: 100%; height: 80px;"></table>	<table border="1" style="width: 100%; height: 30px;"> <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			

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

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

Please list documents waived/deferred:

15. HIGH-RISK APPLICANTS

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

15 DOCUMENTS CHECKLIST

	DOCUMENTS REQUIRED	SUBMITTED	DEFERRED	WAIVED	N/A
1.	Duly completed Account Opening Form				
2.	Two (2) recent passport-sized photographs of each of the joint account holders				
3.	In the case of trust accounts, two (2) recent passport-sized photographs of both the Trustee/Guardian and the beneficiary.				
4.	Valid photo identification (e.g. Passport/Driver's Licence/Voter ID/National ID/ National Health Insurance ID (NHIS), etc). In case of a minor birth certificate is acceptable. Foreign nationals shall submit valid Passport				
5.	Directional sketch to the residence of each of the account holders				
6.	Directional sketch to the residence of each of the Guardian/Trustee /Beneficiary				
7.	Proof of residential address of Joint account holders/Guardian/Trustee /Beneficiary (e.g. Utility bill /Current Tenancy Agreement)				

8.	Proof of residential address for foreign nationals of each of the Joint account holders/Guardian/Trustee /Beneficiary (e.g. Phone bill, Bank Statement or driver's licence)				
10.	Residence Permit for Foreign nationals				
11.	Work Permit for Foreign nationals				
12.	Completion of Foreign Account Tax Compliance Act (FATCA) supplementary form.				
13.	Reference from list of PBL acceptable individuals				
14.	Initial minimum deposit				
15.	Specimen signature of each of the Joint account holders/Guardian/Trustee /Beneficiary				
16.	Trust Deed (where applicable)				