

# Account Opening Form Partnerships



**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 PARTNERSHIP ACCOUNT

1. Particulars of the partners (i.e. date of birth, identity and residential address, etc.).
2. Certificate of Registration – (original/certified true copy).
3. Copies of Partnership Agreement.
4. Resolution to open account signed by the partners (please contact Account Opening Desk for Specimen Resolution).
5. Two (2) recent passport-sized photographs of each partner.
6. Valid identification of each partner (e.g. Passport / Driver's Licence / Voter ID / National ID, NHIS ID, etc).

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

7. Proof of residential address of each signatory to the account.

Directional sketch to the residence of each signatory to the account. 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.**

8. A reference may be required from any of the following to open a Current Account. This will be subject to confirmation by the Bank:
  - Prudential Bank current account holder;
  - 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.

9. Application on Partnership letterhead to open account signed by the partners.
10. Partnership stamp/seal.
11. Specimen signatures of authorized signatories/partners.
12. 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**

Branch Name: \_\_\_\_\_  
 \_\_\_\_\_

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

## 1. TYPE OF ACCOUNT

SELECT THE TYPE OF ACCOUNT(S) YOU WISH TO OPEN IN ADDITION TO THE CURRENT ACCOUNT

### GHANA CEDI ACCOUNTS

 Current Account (Mandatory)

Savings Account

 Standard  PBSA

### FOREIGN ACCOUNTS

Foreign Currency Account (FCA)

Foreign Exchange Account (Forex)

|  |     |     |     |     |  |     |     |     |     |
|--|-----|-----|-----|-----|--|-----|-----|-----|-----|
|  | USD | GBP | EUR | CNY |  | USD | GBP | EUR | CNY |
|--|-----|-----|-----|-----|--|-----|-----|-----|-----|

|                 |                          |                          |                          |                          |  |                          |                          |                          |                          |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Current Account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|

|                 |                          |                          |                          |                          |  |                          |                          |                          |                          |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Savings Account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|

### PURPOSE OF ACCOUNT(S):

 Business

 Investment

 Loan Servicing

 Other: \_\_\_\_\_

(Please specify)

### E-BANKING PRODUCTS REQUIRED:

 Internet Banking (netWise)

#### Mobile Banking:

 SMS Banking (textWise)

 Mobile Money

 Transaction Alert (alertWise)

 Third Party Bill Payment

(E-STATEMENT AVAILABLE)

### MODE OF DISPATCH OF STATEMENT/ADVICE

 By Post (Current Account Only)

 Collection By Self

 Hand Delivery (with a fee)

 Email

### OTHER ACCOUNT SERVICES

**Cheque Confirmation:** Please note that the Bank may confirm cheques issued before payment is made

## 2. PARTNERSHIP INFORMATION

 Name: \_\_\_\_\_  
 \_\_\_\_\_

District: \_\_\_\_\_ Region: \_\_\_\_\_

Partnership Registration No.::

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Registration Date

|   |   |   |   |   |   |   |   |
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| D | D | M | M | Y | Y | Y | Y |
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Principal Place of Business:

 \_\_\_\_\_  
 \_\_\_\_\_

Partnership registered office (if different from place of business)

 \_\_\_\_\_  
 \_\_\_\_\_

City/Town: \_\_\_\_\_

 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone No.:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Fax:

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Tax Identification No. (TIN):

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Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

 Name of External Auditors: \_\_\_\_\_  
 \_\_\_\_\_

## 3. FINANCIAL INFORMATION

### A. Source of Funding the Account

 Commission/Fees

 Investment Income

 Service Income

 Other

(Please specify)

### B. Estimated Annual Income GHC:

 Up to 50,000

 Between 50,001 to 100,000

 100,001 to 500,000

 Above 500,000

### C. Anticipated Value of Transactions per Month in Ghana Cedis

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

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

**4. OTHER ACCOUNTS**

**A. Does the Partnership have other account(s) with Prudential Bank?**  Yes  No

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

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

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**B. Does the Partnership have accounts with other banks?**  Yes  No If yes, please provide details:

**i. Bank Account 1:**

Bank Name

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Bank Branch

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Account Name

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Account Number

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Does the Partnership have a credit facility with the Bank named above?

Yes  No

Account status:  Active  Dormant

**ii. Bank Account 2:**

Bank Name

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Bank Branch

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Account Name

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Account Number

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Does the Partnership have a credit facility with the Bank named above?

Yes  No

Account status:  Active  Dormant

**iii. Bank Account 3:**

Bank Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Bank Branch

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Account Name

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Account Number

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Does the Partnership have a credit facility with the Bank named above?

Yes  No

Account status:  Active  Dormant

**iv. Bank Account 4:**

Bank Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Bank Branch

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Account Name

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Account Number

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Does the Partnership have a credit facility with the Bank named above?

Yes  No

Account status:  Active  Dormant

**5. NAME AND SPECIMEN SIGNATURES OF PARTNERS**

| POSITION                | FULL NAME | NATIONALITY | OCCUPATION | BUSINESS ADDRESS | SPECIMEN SIGNATURE |
|-------------------------|-----------|-------------|------------|------------------|--------------------|
| 1 <sup>ST</sup> PARTNER |           |             |            |                  |                    |
| 2 <sup>ND</sup> PARTNER |           |             |            |                  |                    |
| 3 <sup>RD</sup> PARTNER |           |             |            |                  |                    |
| 4 <sup>TH</sup> PARTNER |           |             |            |                  |                    |
| 5 <sup>TH</sup> PARTNER |           |             |            |                  |                    |
| 6 <sup>TH</sup> PARTNER |           |             |            |                  |                    |

## 6. PERSONAL INFORMATION OF PARTNERS

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

### (A) 1<sup>st</sup> Partner

Surname  First Name

Middle Name(s)

Date of Birth:         Gender:  M  F Nationality: \_\_\_\_\_ Profession/Vocation: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

#### (i) CONTACT DETAILS IN GHANA

Residential Address: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Address: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_

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

Mobile No. II:         Social Security No.:

Email Address: \_\_\_\_\_ Tax Identification Number (TIN):

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

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

#### (iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS

##### 1. Type of Identification document

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

ID Number:

Place of Issue: \_\_\_\_\_

Date of Issue:

Date of Expiry:

##### 2. Residential Address Confirmation

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

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

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

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

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

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

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

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
Date of Issue: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
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 Date of Expiry: 

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 Country of Issue: \_\_\_\_\_  
Residence Permit No.: \_\_\_\_\_ Date of Issue: 

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 Date of Expiry: 

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Work Permit No.: \_\_\_\_\_ Date of Issue: 

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 Date of Expiry: 

|   |   |   |   |   |   |   |   |
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(B) 2<sup>nd</sup> Partner

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name(s): \_\_\_\_\_  
Date of Birth: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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 Gender:  M  F Nationality: \_\_\_\_\_ Profession/Vocation: \_\_\_\_\_  
Country of Residence: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

(i) CONTACT DETAILS IN GHANA

Residential Address: \_\_\_\_\_  
Nearest Landmark: \_\_\_\_\_ City/Town: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_  
Telephone No.: 

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

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Mobile No. II: 

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 Social Security No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_

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

Residential Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone No.: 

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

 Mobile No.: | | | | | | | 

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



Email Address: \_\_\_\_\_

**(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS**
**1. Type of Identification document**
 Passport     Driver's Licence     Voters ID     National ID     National Health Insurance ID (NHIS)     Other: \_\_\_\_\_  
(Please Specify)

ID Number:

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

Place of Issue: \_\_\_\_\_

 Date of Issue: 

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

 Date of Expiry: 

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

**2. Residential Address Confirmation**
 Directional Sketch     Utility Bill     Tenancy Agreement     Bank Statement (Foreign Nationals)     Other: \_\_\_\_\_  
(Please Specify)
**Which of the following describes your status? PLEASE INDICATE BY TICKING THE APPROPRIATE BOX**

- |  |   |   |   |
|--|---|---|---|
| <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:

**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 |
|---|---|---|---|---|---|---|---|

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

**(c) 3rd Partner**

Surname

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

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: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Address: \_\_\_\_\_

District: \_\_\_\_\_

Region: \_\_\_\_\_

 Telephone No.: 

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

 Mobile No.: 

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

 Mobile No. II: 

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

 Social Security No.: 

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

Email Address: \_\_\_\_\_ Tax Identification Number (TIN): 

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

**(ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAI PARTNER**

Residential Address: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone No.: 

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

 Mobile No.: | | | | | | \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS**

**1. Type of Identification document**  
 Passport     Driver's Licence     Voters ID     National ID     National Health Insurance ID (NHIS)     Other: \_\_\_\_\_  
(Please Specify)

ID Number: 

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

 Place of Issue: \_\_\_\_\_  
 Date of Issue: 

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

 Date of Expiry: 

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

**2. Residential Address Confirmation**  
 Directional Sketch     Utility Bill     Tenancy Agreement     Bank Statement (Foreign Nationals)     Other: \_\_\_\_\_  
(Please Specify)

**Which of the following describes your status?** PLEASE INDICATE BY TICKING THE APPROPRIATE BOX  
 Head of State or Government     Minister of State     Politician\*     Senior Military Official  
 Senior Judicial official     Senior Public Official     Chief Executive of State Owned Corporation  
 Family Member or Close Associates of any of the above     Private Individual

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

**Have you ever been the subject of bankruptcy proceedings?**     Yes     No  
 If yes, provide details and continue on a separate sheet if required:

**ADDITIONAL INFORMATION FOR NON-GHANAIAIS 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 |
|---|---|---|---|---|---|---|---|

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

**(D) 4th Partner**

Surname: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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 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: \_\_\_\_\_  
 Nearest Landmark: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_  
 Telephone No.: 

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

 Mobile No.: 

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

  
 Mobile No. II: 

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

 Social Security No.: 

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

  
 Email Address: \_\_\_\_\_ Tax Identification Number (TIN): 

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

**(ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAAN PARTNER**

Residential Address: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone No.: 

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

 Mobile No.: | | | | | 

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

  
 Email Address: \_\_\_\_\_

**(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS**

**1. Type of Identification document**  
 Passport  Driver's Licence  Voters ID  National ID  National Health Insurance ID (NHIS)  Other: \_\_\_\_\_  
(Please Specify)

ID Number: 

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

 Place of Issue: \_\_\_\_\_  
 Date of Issue: 

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

 Date of Expiry: 

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

**2. Residential Address Confirmation**  
 Directional Sketch  Utility Bill  Tenancy Agreement  Bank Statement (Foreign Nationals)  Other: \_\_\_\_\_  
(Please Specify)

**Which of the following describes your status? PLEASE INDICATE BY TICKING THE APPROPRIATE BOX**  
 Head of State or Government  Minister of State  Politician\*  Senior Military Official  
 Senior Judicial official  Senior Public Official  Chief Executive of State Owned Corporation  
 Family Member or Close Associates of any of the above  Private Individual  
 \* Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

**Have you ever been the subject of bankruptcy proceedings?:**  Yes  No  
 If yes, provide details and continue on a separate sheet if required:

ADDITIONAL INFORMATION FOR NON-GHANAIAANS 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: 

 Date of Expiry: 

 Work Permit No.: 

 Date of Issue: 

 Date of Expiry: 
**(E) 5th Partner**

 Surname: 

 First Name: 

 Middle Name(s): 

 Date of Birth: 

 Gender:  M  F

Nationality: \_\_\_\_\_

Profession/Vocation: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**(i) CONTACT DETAILS IN GHANA**

Residential Address: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Address: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_

 Telephone No.: 

 Mobile No.: 

 Mobile No. II: 

 Social Security No.: 

Email Address: \_\_\_\_\_

 Tax Identification Number (TIN): 
**(ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAAN PARTNER**

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

 Telephone No.: 

 Mobile No.: 

Email Address: \_\_\_\_\_

**(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS**
**1. Type of Identification document**
 Passport  Driver's Licence  Voters ID  National ID  National Health Insurance ID (NHIS)  Other: \_\_\_\_\_  
(Please Specify)

ID Number:

Place of Issue: \_\_\_\_\_

 Date of Issue: 

 Date of Expiry: 
**2. Residential Address Confirmation**
 Directional Sketch  Utility Bill  Tenancy Agreement  Bank Statement (Foreign Nationals)  Other: \_\_\_\_\_  
(Please Specify)
**Which of the following describes your status? PLEASE INDICATE BY TICKING THE APPROPRIATE BOX**
 Head of State or Government  Minister of State  Politician\*  Senior Military Official  
 Senior Judicial official  Senior Public Official  Chief Executive of State Owned Corporation  
 Family Member or Close Associates of any of the above  Private Individual

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

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

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

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

Nationality \_\_\_\_\_ Passport Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Date of Issue: 

|   |   |   |   |   |   |   |   |
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| 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: 

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

 Date of Expiry: 

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

**(F) 6th Partner**

Surname 

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

 First Name 

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

Middle Name(s) 

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

Date of Birth: 

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

 Gender:  M  F Nationality: \_\_\_\_\_ Profession/Vocation: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**(i) CONTACT DETAILS IN GHANA**

Residential Address: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Address: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone No.: 

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

 Mobile No.: 

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

Mobile No. II: 

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

 Social Security No.: 

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

Email Address: \_\_\_\_\_ Tax Identification Number (TIN): 

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

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

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone No.: 

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

 Mobile No.: 

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

Email Address: \_\_\_\_\_

**(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS**

**1. Type of Identification document**

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

ID Number: \_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Place of Issue: \_\_\_\_\_

 Date of Issue: 

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

 Date of Expiry: 

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

**2. Residential Address Confirmation**

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

**Which of the following describes your status? PLEASE INDICATE BY TICKING THE APPROPRIATE BOX**

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

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

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

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

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

 Nationality \_\_\_\_\_ Passport Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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 Date of Issue: 

|   |   |   |   |   |   |   |   |
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| 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:

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

**7. NAME AND SPECIMEN SIGNATURES OF AUTHORISED SIGNATORIES**

| POSITION                | FULL NAME | NATIONALITY | OCCUPATION | BUSINESS ADDRESS | SPECIMEN SIGNATURE |
|-------------------------|-----------|-------------|------------|------------------|--------------------|
| 1 <sup>ST</sup> PARTNER |           |             |            |                  |                    |
| 2 <sup>ND</sup> PARTNER |           |             |            |                  |                    |
| 3 <sup>RD</sup> PARTNER |           |             |            |                  |                    |
| 4 <sup>TH</sup> PARTNER |           |             |            |                  |                    |
| 5 <sup>TH</sup> PARTNER |           |             |            |                  |                    |
| 6 <sup>TH</sup> PARTNER |           |             |            |                  |                    |

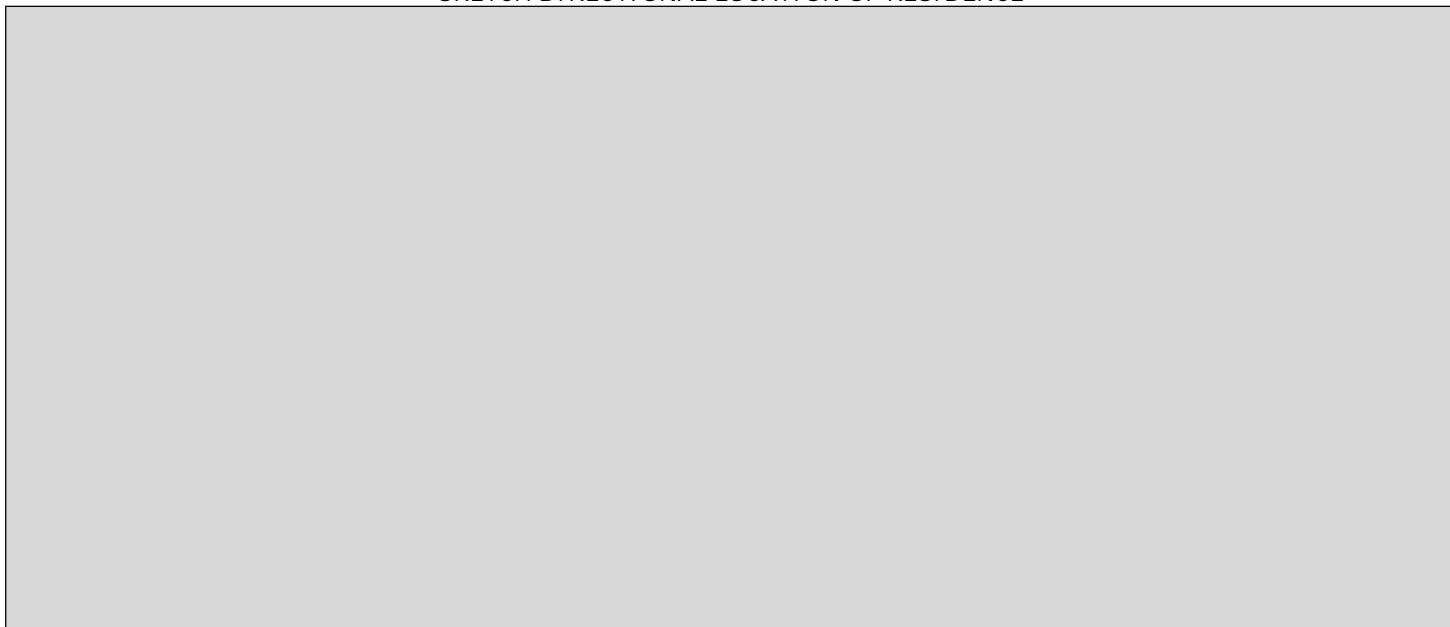
**8. RESIDENTIAL INFORMATION OF PARTNERS**
**i. Name of 1<sup>st</sup> Partner**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

**Residential Status:**  Home Owner  Tenant  Living with Parents  Living with Friends

**Residential Type:**  Family House  Compound House  Apartment  Bungalow-Type  
 Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE


**ii. Name of 2<sup>nd</sup> Partner**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

**Residential Status:**  Home Owner  Tenant  Living with Parents  Living with Friends

**Residential Type:**  Family House  Compound House  Apartment  Bungalow-Type  
 Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE



**iii. Name of 3<sup>rd</sup> Partner**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

**Residential Status:**  Home Owner  Tenant  Living with Parents  Living with Friends

**Residential Type:**  Family House  Compound House  Apartment  Bungalow-Type  
 Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE



**iv. Name of 4<sup>th</sup> Partner**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

**Residential Status:**  Home Owner  Tenant  Living with Parents  Living with Friends

**Residential Type:**  Family House  Compound House  Apartment  Bungalow-Type  
 Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE





**v. Name of 5<sup>th</sup> Partner**

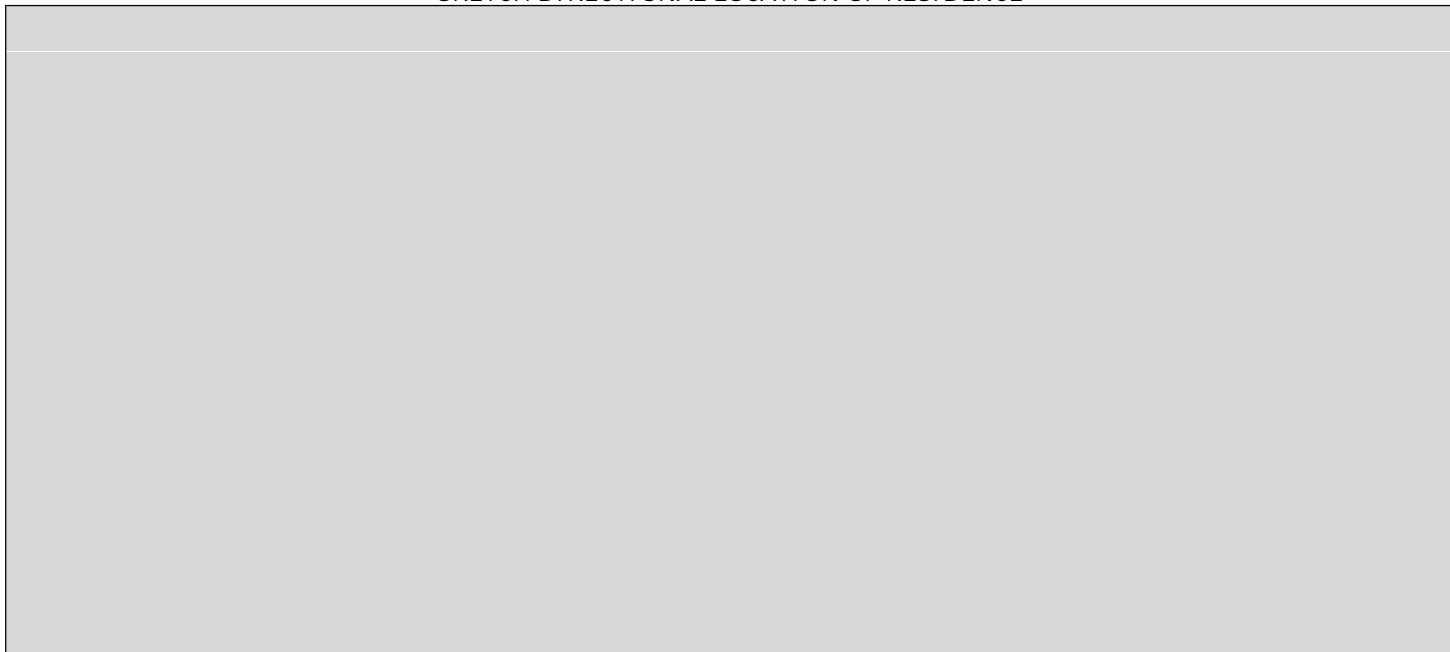
Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

**Residential Status:**  Home Owner  Tenant  Living with Parents  Living with Friends

**Residential Type:**  Family House  Compound House  Apartment  Bungalow-Type

Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE



**vi. Name of 6<sup>th</sup> Partner**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

**Residential Status:**  Home Owner  Tenant  Living with Parents  Living with Friends

**Residential Type:**  Family House  Compound House  Apartment  Bungalow-Type

Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE

Directional sketch confirmed by:

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

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

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

## 9. DECLARATION

- We confirm that all the information provided in connection with this application is true and complete.
- We authorize you to make any reference and other enquiries in accordance with your normal due-diligence procedures.
- We authorize you to submit information on this account(s) to any credit reference bureau licensed under the credit reporting Act 2007 (Act 726).
- We acknowledge that the Bank may decline the application at its sole discretion.
- We consent to the Bank contacting us at the postal address, email address and telephone numbers provided on this application form.
- We have read and understood the Prudential Bank Terms and Conditions for operating a bank account on pages ... and ... of this application form and agree to be bound by them.

**MARKED AND THUMBPRINTED** by \_\_\_\_\_ **after the contents hereof had first been read over, interpreted and explained to him/her in** \_\_\_\_\_ **language by** \_\_\_\_\_ **of** (address) \_\_\_\_\_ **when he/she appeared to understand perfectly the import of same before making his/her mark hereto in the presence of:**

| Name of Partner |
|-----------------|
|                 |

| Name of Witness |
|-----------------|
|                 |

| Signature/Thumbprint of Partner |
|---------------------------------|
|                                 |

| Signature/Thumbprint of Witness |
|---------------------------------|
|                                 |

Date

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

Date

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

| Name of Partner |
|-----------------|
|                 |

| Name of Witness |
|-----------------|
|                 |

| Signature/Thumbprint of Partner |
|---------------------------------|
|                                 |

| Signature/Thumbprint of Witness |
|---------------------------------|
|                                 |

Date

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

Date

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

## 10. AUTHORISED SIGNATORIES TO THE ACCOUNT

### Signatory I

Name: \_\_\_\_\_  
First Name Middle Name Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

Specimen Signature/Thumbprint I

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

Specimen Signature/Thumbprint II

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

|   |
|---|
| Please affix passport-sized photograph of signatory |
|---|

Date: 

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

### Signatory II

Name: \_\_\_\_\_  
First Name Middle Name Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

 Please affix  
passport-sized  
photograph of  
signatory

 Date: 

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

**Signatory III**

 Name: \_\_\_\_\_  

First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

 Please affix  
passport-sized  
photograph of  
signatory

 Date: 

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

**Signatory IV**

 Name: \_\_\_\_\_  

First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

 Please affix  
passport-sized  
photograph of  
signatory

 Date: 

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

**Signatory V**

 Name: \_\_\_\_\_  

First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

 Please affix  
passport-sized  
photograph of  
signatory

 Date: 

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

**Signatory VI**

 Name: \_\_\_\_\_  

First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

 Please affix  
passport-sized  
photograph of  
signatory

 Date: 

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

 Thumbprint  
witnessed by:

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

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

| Date  |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| <table border="1" style="display: inline-table; border-collapse: collapse;"><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 |   |

**Indicate groupings of signatories and combination for signing payment instruments in accordance with resolution to open an account and appointing signatories.**


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Indicate Mandate: \_\_\_\_\_

**KEY CONTACT PARTNER**

 Name: \_\_\_\_\_  

First Name
Middle Name
Last Name

Address: \_\_\_\_\_



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| 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 |

**12 DOCUMENTS CHECKLIST**

|     | DOCUMENTS REQUIRED   | SUBMITTED | DEFERRED | WAIVED | N/A |
|-----|--|-----------|----------|--------|-----|
| 1.  | Duly completed Account Opening Form  |           |          |        |     |
| 2.  | Two (2) recent passport-sized photographs of each signatory to the account   |           |          |        |     |
| 3.  | Certificate of Registration (Original or Certified true copy)  |           |          |        |     |
| 4.  | Copies of Partnership Agreement  |           |          |        |     |
| 5.  | Application on Partnership letterhead to open account signed by the partners   |           |          |        |     |
| 6.  | Valid photo identification (e.g. Passport/Driver's Licence/Voter ID/National ID/ National Health Insurance ID (NHIS), etc). <b>Foreign nationals shall submit valid Passport</b> |           |          |        |     |
| 7.  | Proof of residential address of each signatory to the account (e.g. Utility bill /Current Tenancy Agreement /Bank Statement from another bank)                                   |           |          |        |     |
| 8.  | Directional sketch to the residence of each signatory to the account   |           |          |        |     |
| 9.  | Proof of residential address for foreign nationals of each signatory to the account (e.g. Phone bill, driver's licence)  |           |          |        |     |
| 10. | Residence Permit for Foreign nationals   |           |          |        |     |
| 11. | Work Permit for Foreign nationals  |           |          |        |     |
| 12. | Partnership stamp/seal   |           |          |        |     |
| 13. | Reference from the list of PBL acceptable individuals  |           |          |        |     |
| 14. | Specimen signature/Thumbprint of each signatory to the account   |           |          |        |     |
| 15. | Initial minimum deposit  |           |          |        |     |

**ACCOUNT OPENING COMPLIANCE OFFICER'S COMMENTS AND RECOMMENDATIONS:**

First Review by the Compliance Officer:

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Final Review by Compliance Officer:

|  |             |                  |                 |
|--|-------------|------------------|-----------------|
| Account Opening<br>Compliance Officer: | <b>Name</b> | <b>Signature</b> | <b>Date</b>     |
|  |             |                  | D D M M Y Y Y Y |