

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

Branch:

Date:

1. ACCOUNT HOLDER'S DETAILS

Full Name

Account Numbers

2. PERSONAL DETAILS UPDATE

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

Surname: First Name:

Other Name(s): Previous/Maiden Name:

Place of Birth: Mother's Maiden Name:

3. CONTACT DETAILS UPDATE

Residential Address:

Nearest Landmark: GPS Code

City/ Town: Postal Address:

Email Address:

Mobile Number 1: Mobile Number 2:

4. CONFIRMATION OF IDENTITY

i. Type of Identification document

Passport Driver's License Voter ID National ID SSNIT Card

ID Number Place of Issue:

Date of Issue Date of Expiry:

4. OTHER DETAILS UPDATE

Marital Status
 Single Married Divorced Separated Widowed

Spouse Details
Full Name:

Mobile Number 1: Mobile Number 2:

Name of Employer:

5. EMPLOYMENT STATUS UPDATE

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 1,000 Between GHS 1,001 and GHS 5,000
 Between GHS 5,001 and GHS 10,000 Above GHS 10,000

6. FINANCIAL INFORMATION UPDATE

<p>A. Source of Funds/Wealth</p> <p> <input type="checkbox"/> Income from Employment <input type="checkbox"/> Inheritance/Gift <input type="checkbox"/> Personal Savings <input type="checkbox"/> Remittance <input type="checkbox"/> Investment Income <input type="checkbox"/> Business Income <input type="checkbox"/> Other _____ (please specify) </p>	<p>B. Anticipated Value of Transactions per Month in Ghana Cedis</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Deposit:</p> <input type="checkbox"/> Less than 1,000 <input type="checkbox"/> 1,001 to 5,000 <input type="checkbox"/> 5,001 to 10,000 <input type="checkbox"/> Above 10,000 </td> <td style="width: 50%; vertical-align: top;"> <p>Withdrawals:</p> <input type="checkbox"/> Less than 1,000 <input type="checkbox"/> 1,001 to 5,000 <input type="checkbox"/> 5,001 to 10,000 <input type="checkbox"/> Above 10,000 </td> </tr> </table>	<p>Deposit:</p> <input type="checkbox"/> Less than 1,000 <input type="checkbox"/> 1,001 to 5,000 <input type="checkbox"/> 5,001 to 10,000 <input type="checkbox"/> Above 10,000	<p>Withdrawals:</p> <input type="checkbox"/> Less than 1,000 <input type="checkbox"/> 1,001 to 5,000 <input type="checkbox"/> 5,001 to 10,000 <input type="checkbox"/> Above 10,000
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7. KEY CONTACT PERSON DETAILS UPDATE

Full Name:

Mobile Number: GPS Code:

Date of Birth: Relationship:

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, Political Party Executives and other high ranking Political Party Officials.

8. DECLARATION

- I confirm that all information and documents provided are genuine and, true as at the time of completing this form.
- I authorize you to seek any references or make the necessary enquiries for verification purposes in accordance with your normal procedures
- I consent to the Bank contacting me at the postal address, residential address, GPS Code address, email and mobile numbers provided on this update form.
- I authorize you to submit information on this account(s) to any credit reference bureau licensed under the credit reporting Act 2007 (Act 726).
- I hereby consent to the Bank sharing my account(s) information with domestic and overseas regulators or tax authorities to determine my tax liabilities in any country where necessary. I further agree and consent that the Bank may withhold and pay out from my account(s) such amounts as may be required by domestic or overseas regulators or tax authorities in line with applicable laws, regulations and agreements.

MARKED AND THUMBPRINTED by after the contents hereof had first been read over, interpreted and explained to him/her in language by of(address) when he/she appeared to understand perfectly the import of same before making his/her mark hereto in the presence of: (NB: STAFF CANNOT SIGN AS WITNESS)

Name of Witness

Signature

Date

Name of Applicant

Please affix
Passport-Sized
photograph of
signatory

Signature/ Thumbprint of Applicant

Date:											
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9. FOR BANK USE ONLY

Branch	Receiving Branch	Signature Verified by:		Approved by:			
		Name:			Name:		
		Signature:			Signature:		
		Date:					
	Domiciled Branch	Data Updated by:		Approved by:			
		Name:			Name:		
	Signature:			Signature:			
	Date:						