

Account Opening Form

Corporate



PRUDENTIAL BANK LTD.

...Truly Dependable

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, 2020 (Act 1044), Anti-Terrorist Act, 2008 (Act 762) as amended, Data Protection Act, 2012 (Act 843) 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 26 to 29.

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. Company regulations/Registered Constitution – (original/certified true copy).
4. Company Form 3 (returns of particulars of the company – original/certified true copy).
5. Change Profile from the Registrar General's Department (If there is a Change in company details)
6. Board resolution to open account signed by Chairman and Secretary/Director (please contact Account Opening Desk for Specimen Resolution).
7. A copy of appropriate registration certificate/licence from a regulatory body (if applicable) e.g., Schools – Registration Certificate from National Schools Inspectorate Authority (NaSIA)/GES, Hospitals – Certificate from MOH etc.
8. Specimen signatures of authorized signatories.
9. Company stamp/seal.
10. Particulars of Directors/Significant Shareholders (5% or more)/Management Personnel/Secretary (i.e., date of birth, identity and residential address, etc.).
11. One (1) recent passport-sized photograph of each signatory to the account.
12. Valid identification of each signatory to the account (e.g. Passport / Driver's Licence / Voter ID / National ID, Social Security and National Insurance Trust ID (SSNIT), etc.).

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

13. U.S. citizens, residents, and green card holders are required to complete Foreign Account Tax Compliance Act (FATCA) supplementary form.
14. GPS Code for place of Business
15. Proof of residential address of each signatory to the account. Provide GPS Address Code
 - In addition to the GPS Code, the Bank may request for any of the following:
 - Original copy of utility bill (e.g., electricity, water, telephone etc.) not more than 3 months old or
 - Current Tenancy Agreement to confirm the residential address.
16. Information on parent company such as name of company, shareholders and country of incorporation, if applicable
17. Initial minimum deposit:
 - Ghana Cedi Account – As may be determined by the Bank.
 - Forex A/c – USD100, £100 or €100

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 IN ADDITION TO THE CURRENT ACCOUNT

GHANA CEDI ACCOUNTS

☐ Current Account (Mandatory)

Savings Account

☐ Standard ☐ PBSA

FOREX ACCOUNTS

Foreign Exchange Account (Forex)

USD GBP EUR CNY

Current Account

☐
☐
☐
☐

Savings Account

☐
☐
☐
☐

PURPOSE OF ACCOUNT(S)

☐ Business

☐ Investment

☐ Loan Servicing

☐ Other: _____
(Please specify)

DIGITAL PRODUCTS:

☐ ATM (CashWise)

☐ VISA Debit Card

☐ Mastercard

☐ UnionPay

☐ E-Zwich

☐ Mobile App

☐ MobiWise

☐ AlertWise

☐ Internet Banking (NetWise)

☐ Third Party Bill Payment

(E-STATEMENT AVAILABLE)

MODE OF DISPATCH OF STATEMENT/ADVICE

Email

OTHER ACCOUNT SERVICES

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

2. BUSINESS INFORMATION

Company Name:

Trading Name (if different from Company Name):

Company

Registration No.:

Registration Date:

Country of Incorporation/
Registration:

Name of parent Company
(if applicable):

Parent company country of
Incorporation

Sector:

Stated Capital (GHS)

Net Worth (GHS)

Nature of Business:

Principal Place of
Business:

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

Mailing Address

GPS Code:

District:

Region:

Email Address:

Website:

Telephone No.:

Fax No.:

Is the company quoted on Ghana Stock Exchange? Yes No

If Yes, please provide GSE registration No.

Tax Identification
NO.: (TIN)

Name of External
Auditors:

Number of
Branches:

Number of Employees:

Mode of Salary Payment:

Cash

Corporate Cheque

ACH/Swift

Direct Deposit

ACCOUNT OPENING – CORPORATE (LIMITED LIABILITY COMPANY)

3. FINANCIAL INFORMATION

A. Source(s) of Funding the Account <input type="checkbox"/> Sales Proceeds <input type="checkbox"/> Commission Received <input type="checkbox"/> Service Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Other _____ <small>(please specify)</small>	B. Estimated Annual Turnover in Ghana Cedis <input type="checkbox"/> Less than 100,000 <input type="checkbox"/> 100,000 to 500,000 <input type="checkbox"/> 500,001 to 1,000,000 <input type="checkbox"/> Above 1,000,000	C. Anticipated Value of Transactions per Month in Ghana Cedis <table border="0"> <tr> <td> Deposit: <input type="checkbox"/> Less than 20,000 <input type="checkbox"/> 20,000 to 50,000 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> Above 100,000 </td> <td> Withdrawals: <input type="checkbox"/> Less than 20,000 <input type="checkbox"/> 20,000 to 50,000 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> Above 100,000 </td> </tr> </table>	Deposit: <input type="checkbox"/> Less than 20,000 <input type="checkbox"/> 20,000 to 50,000 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> Above 100,000	Withdrawals: <input type="checkbox"/> Less than 20,000 <input type="checkbox"/> 20,000 to 50,000 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> Above 100,000
Deposit: <input type="checkbox"/> Less than 20,000 <input type="checkbox"/> 20,000 to 50,000 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> Above 100,000	Withdrawals: <input type="checkbox"/> Less than 20,000 <input type="checkbox"/> 20,000 to 50,000 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> Above 100,000			

4. OTHER ACCOUNTS

A. Does the Company other account(s) with Prudential Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g. Business Account) If yes, provide account number(s): Account Number: <input type="text"/> Account Number: <input type="text"/>		ii. Additional account numbers: Account Number: <input type="text"/> Account Number: <input type="text"/>	
B. Do you have accounts with other banks? <input type="checkbox"/> Yes <input type="checkbox"/> No i. Bank Account 1: Bank Name: <input type="text"/> Bank Branch: <input type="text"/> Account Name: <input type="text"/> Account Number: <input type="text"/> Do you have a credit facility with the Bank named above? <input type="checkbox"/> Yes <input type="checkbox"/> No Account status: <input type="checkbox"/> Active <input type="checkbox"/> Dormant		ii. Bank Account 2: Bank Name: <input type="text"/> Bank Branch: <input type="text"/> Account Name: <input type="text"/> Account Number: <input type="text"/> Do you have a credit facility with the Bank named above? <input type="checkbox"/> Yes <input type="checkbox"/> No Account status: <input type="checkbox"/> Active <input type="checkbox"/> Dormant	

5. PERSONAL INFORMATION

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

a. DIRECTOR

Surname: <input type="text"/>	First Name: <input type="text"/>
Other Name(s): <input type="text"/>	Date of Birth: <input type="text"/>
Place of Birth: <input type="text"/>	Country of Residence: <input type="text"/>
Mother's Maiden Name: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

(i) CONTACT DETAILS IN GHANA

Residential Address: <input type="text"/>	
Nearest Landmark: <input type="text"/>	GPS Code: <input type="text"/>
City/ Town: <input type="text"/>	Postal Address: <input type="text"/>
Email Address: <input type="text"/>	
Mobile Number 1: <input type="text"/>	Mobile Number 2: <input type="text"/>

FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIA DIRECTOR

City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>	Country:	<input type="text"/>
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

(ii) CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS
i. Type of Identification document

<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Voter ID	<input type="checkbox"/> National ID	<input type="checkbox"/> SSNIT Card
ID Number	<input type="text"/>		Place of Issue:	<input type="text"/>
Date of Issue	<input type="text"/>		Date of Expiry:	<input type="text"/>

ii. Residential Address Confirmation

<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Bank Statement (Foreign Nationals)	Other: <input type="text"/>
			(Please specify)
Are you a Shareholder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, indicate Percentage holding: <input type="text"/>

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"/> Senior Military Official |
| <input type="checkbox"/> Minister of State | <input type="checkbox"/> Senior Judicial Official |
| <input type="checkbox"/> Politician* | <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, Political Party Executives and other high ranking Political Party Officials.

Have you ever been the subject of bankruptcy proceeding? ☐ Yes ☐ No

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

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

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

b. DIRECTOR

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Other Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Place of Birth:	<input type="text"/>	Country of Residence:	<input type="text"/>
Mother's Maiden Name:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

(i) CONTACT DETAILS IN GHANA

Residential Address:	<input type="text"/>		
Nearest Landmark:	<input type="text"/>	GPS Code:	<input type="text"/>
City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>		
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIA DIRECTOR

City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>	Country:	<input type="text"/>
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

(ii) CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS
i. Type of Identification document

<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Voter ID	<input type="checkbox"/> National ID	<input type="checkbox"/> SSNIT Card
ID Number	<input type="text"/>		Place of Issue:	<input type="text"/>
Date of Issue	<input type="text"/>		Date of Expiry:	<input type="text"/>

ii. Residential Address Confirmation

<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Bank Statement (Foreign Nationals)	Other: _____ (Please specify)
Are you a Shareholder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, indicate Percentage holding: <input type="text"/>

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"/> Senior Military Official
<input type="checkbox"/> Minister of State	<input type="checkbox"/> Senior Judicial Official
<input type="checkbox"/> Politician*	<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, Political Party Executives and other high ranking Political Party Officials.

Have you ever been the subject of bankruptcy proceeding? ☐ Yes ☐ No

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

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

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

c. DIRECTOR

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Other Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Place of Birth:	<input type="text"/>	Country of Residence:	<input type="text"/>
Mother's Maiden Name:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

(i) CONTACT DETAILS IN GHANA

Residential Address:	<input type="text"/>		
Nearest Landmark:	<input type="text"/>	GPS Code:	<input type="text"/>
City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>		
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAI DIRECTOR

City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>	Country:	<input type="text"/>
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

(ii) CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS
i. Type of Identification document

<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Voter ID	<input type="checkbox"/> National ID	<input type="checkbox"/> SSNIT Card
ID Number	<input type="text"/>		Place of Issue:	<input type="text"/>
Date of Issue	<input type="text"/>		Date of Expiry:	<input type="text"/>

iii. Residential Address Confirmation

<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Bank Statement (Foreign Nationals)	Other: _____ (Please specify)
Are you a Shareholder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate Percentage holding:	<input type="text"/>

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"/> Senior Military Official |
| <input type="checkbox"/> Minister of State | <input type="checkbox"/> Senior Judicial Official |
| <input type="checkbox"/> Politician* | <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, Political Party Executives and other high ranking Political Party Officials.

Have you ever been the subject of bankruptcy proceeding? ☐ 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:	<input type="text"/>	Passport No.:	<input type="text"/>	County of Issue:	<input type="text"/>
Resident Permit No.:	<input type="text"/>	Issue Date:	<input type="text"/>	Expiry Date:	<input type="text"/>
Work Permit No.:	<input type="text"/>	Issue Date:	<input type="text"/>	Expiry Date:	<input type="text"/>

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:	<input type="text"/>	First Name:	<input type="text"/>
Other Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Profession:	<input type="text"/>	Country of Residence:	<input type="text"/>
Mother's Maiden Name:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

(i) CONTACT DETAILS IN GHANA

Residential Address:

Nearest Landmark: GPS Code:

City/ Town: Postal Address:

Email Address:

Mobile Number 1: Mobile Number 2:

FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIA DIRECTOR

City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>	Country:	<input type="text"/>
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

(ii) CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS

i. Type of Identification document

<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Voter ID	<input type="checkbox"/> National ID	<input type="checkbox"/> SSNIT Card
ID Number	<input type="text"/>	Place of Issue:	<input type="text"/>	
Date of Issue	<input type="text"/>	Date of Expiry:	<input type="text"/>	

ii. Residential Address Confirmation
☐ Utility Bill

☐ Tenancy Agreement

☐ Bank Statement (Foreign Nationals)

 Other: _____
 (Please specify)

Are you a Shareholder?

☐ Yes

☐ No

If yes, indicate Percentage holding:

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.

Have you ever been the subject of bankruptcy proceeding?

☐ 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:

Name of Company:

Address of Company:

Name of Company:

Address of Company:

Name of Company:

Address of Company:

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

Nationality:

Passport No.:

County of Issue:

Resident Permit No.:

Issue Date:

Expiry Date:

Work Permit No.:

Issue Date:

Expiry Date:

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

Company Name:

Trading Name (if different from Company Name):

Company

Registration No.:

Registration Date:

 Country of Incorporation/
Registration:

 Name of parent Company
(if applicable):

 Parent company country of
Incorporation

Sector:

Nature of Business:

 Principal Place of
Business:

Corporate registered office (if different from principal place of business:			
Mailing Address		GPS Code:	
District:		Region:	
Email Address:		Website:	
Telephone No.:		Fax No.:	
Tax Identification No.: (TIN)		Name of External Auditors.:	

(ii) Shareholder

Percentage of holding:			
Surname:		First Name:	
Other Name(s):		Date of Birth:	
Profession:		Country of Residence:	
Mother's Maiden Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

(i) CONTACT DETAILS IN GHANA

Residential Address:			
Nearest Landmark:		GPS Code:	
City/ Town:		Postal Address:	
Email Address:			
Mobile Number 1:		Mobile Number 2:	

FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAIN DIRECTOR

City/ Town:		Postal Address:	
Email Address:		Country:	
Mobile Number 1:		Mobile Number 2:	

(ii) CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS

i. Type of Identification document

<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter ID	<input type="checkbox"/> National ID <input type="checkbox"/> SSNIT Card
ID Number	Place of Issue:
Date of Issue	Date of Expiry:

ii. Residential Address Confirmation

<input type="checkbox"/> Utility Bill <input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Bank Statement (Foreign Nationals)	Other: _____ (Please specify)
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Are you a Shareholder? ☐ Yes ☐ No If yes, indicate Percentage holding:

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"/> Senior Military Official |
| <input type="checkbox"/> Minister of State | <input type="checkbox"/> Senior Judicial Official |
| <input type="checkbox"/> Politician* | <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, Political Party Executives and other high ranking Political Party Officials.

Have you ever been the subject of bankruptcy proceeding? ☐ 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:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>

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

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

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

Company Name:	<input type="text"/>	Trading Name (if different from Company Name):	<input type="text"/>
Company Registration No.:	<input type="text"/>	Registration Date:	<input type="text"/>
Country of Incorporation/Registration:	<input type="text"/>	Name of parent Company (if applicable):	<input type="text"/>
Parent company country of Incorporation:	<input type="text"/>	Sector:	<input type="text"/>
Nature of Business:	<input type="text"/>		
Principal Place of Business:	<input type="text"/>		
Corporate registered office (if different from principal place of business):	<input type="text"/>		
Mailing Address:	<input type="text"/>	GPS Code:	<input type="text"/>

District:	<input type="text"/>	Region:	<input type="text"/>
Email Address:	<input type="text"/>	Website:	<input type="text"/>
Telephone No.:	<input type="text"/>	Fax No.:	<input type="text"/>
Tax Identification No.: (TIN)	<input type="text"/>	Name of External Auditors.:	<input type="text"/>

(iii) Shareholder

Percentage of holding:

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Other Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Profession:	<input type="text"/>	Country of Residence:	<input type="text"/>
Mother's Maiden Name:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

(i) CONTACT DETAILS IN GHANA

Residential Address:	<input type="text"/>		
Nearest Landmark:	<input type="text"/>	GPS Code:	<input type="text"/>
City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>		
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAAN DIRECTOR

City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>	Country:	<input type="text"/>
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

(ii) CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS

i. Type of Identification document

<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Voter ID	<input type="checkbox"/> National ID	<input type="checkbox"/> SSNIT Card
ID Number	<input type="text"/>		Place of Issue:	<input type="text"/>
Date of Issue	<input type="text"/>		Date of Expiry:	<input type="text"/>

ii. Residential Address Confirmation

<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Bank Statement (Foreign Nationals)	Other: _____ (Please specify)
Are you a Shareholder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate Percentage holding:	<input type="text"/>

Which of the following describes your status?

PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

☐ Head of State or Government
 ☐ Senior Military Official

ACCOUNT OPENING – CORPORATE (LIMITED LIABILITY COMPANY)

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

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

Have you ever been the subject of bankruptcy proceeding? ☐ 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:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>

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

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

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

Company Name:	<input type="text"/>	Trading Name (if different from Company Name):	<input type="text"/>
Company Registration No.:	<input type="text"/>	Registration Date:	<input type="text"/>
Country of Incorporation/Registration:	<input type="text"/>	Name of parent Company (if applicable):	<input type="text"/>
Parent company country of Incorporation	<input type="text"/>	Sector:	<input type="text"/>
Nature of Business:	<input type="text"/>		
Principal Place of Business:	<input type="text"/>		
Corporate registered office (if different from principal place of business):	<input type="text"/>		
Mailing Address	<input type="text"/>	GPS Code:	<input type="text"/>
District:	<input type="text"/>	Region:	<input type="text"/>
Email Address:	<input type="text"/>	Website:	<input type="text"/>
Telephone No.:	<input type="text"/>	Fax No.:	<input type="text"/>
Tax Identification No. (TIN)	<input type="text"/>	Name of External Auditors.:	<input type="text"/>

7. KEY MANAGEMENT PERSONNEL

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

Management Personnel I

Job Title:	<input type="text" value="CHIEF EXECUTIVE OFFICER"/>		
Surname:	<input type="text"/>	First Name:	<input type="text"/>
Other Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Profession:	<input type="text"/>	Country of Residence:	<input type="text"/>
Mother's Maiden Name:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

(i) CONTACT DETAILS IN GHANA

Residential Address:	<input type="text"/>		
Nearest Landmark:	<input type="text"/>	GPS Code:	<input type="text"/>
City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>		
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAAN DIRECTOR

City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>	Country:	<input type="text"/>
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

(ii) CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS

i. Type of Identification document

<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter ID <input type="checkbox"/> National ID <input type="checkbox"/> SSNIT Card
ID Number: <input type="text"/> Place of Issue: <input type="text"/>
Date of Issue: <input type="text"/> Date of Expiry: <input type="text"/>

ii. Residential Address Confirmation

<input type="checkbox"/> Utility Bill <input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Bank Statement (Foreign Nationals) Other: <input type="text"/>
Are you a Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate Percentage holding: <input type="text"/>

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"/> Senior Military Official |
| <input type="checkbox"/> Minister of State | <input type="checkbox"/> Senior Judicial Official |
| <input type="checkbox"/> Politician* | <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, Political Party Executives and other high ranking Political Party Officials.

ACCOUNT OPENING – CORPORATE (LIMITED LIABILITY COMPANY)

Have you ever been the subject of bankruptcy proceeding? ☐ 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:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Address of Company:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>
Name of Company:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Address of Company:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>
Name of Company:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Address of Company:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>
Name of Company:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Address of Company:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>

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

Nationality:	<div style="border: 1px solid black; width: 180px; height: 25px;"></div>	Passport No.:	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>	County of Issue:	<div style="border: 1px solid black; width: 170px; height: 25px;"></div>
Resident Permit No.:	<div style="border: 1px solid black; width: 180px; height: 25px;"></div>	Issue Date:	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>	Expiry Date:	<div style="border: 1px solid black; width: 170px; height: 25px;"></div>
Work Permit No.:	<div style="border: 1px solid black; width: 180px; height: 25px;"></div>	Issue Date:	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>	Expiry Date:	<div style="border: 1px solid black; width: 170px; height: 25px;"></div>

Management Personnel II

Job Title:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>		
Surname:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	First Name:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>
Other Name(s):	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Date of Birth:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>
Profession:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Country of Residence:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>
Mother's Maiden Name:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

(i) CONTACT DETAILS IN GHANA

Residential Address:	<div style="border: 1px solid black; width: 630px; height: 25px;"></div>		
Nearest Landmark:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	GPS Code:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>
City/ Town:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Postal Address:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>
Email Address:	<div style="border: 1px solid black; width: 630px; height: 25px;"></div>		
Mobile Number 1:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Mobile Number 2:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>

FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIA DIRECTOR

City/ Town:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Postal Address:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>
Email Address:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Country:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>
Mobile Number 1:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>	Mobile Number 2:	<div style="border: 1px solid black; width: 280px; height: 25px;"></div>

(ii) CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS
i. Type of Identification document

<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Voter ID	<input type="checkbox"/> National ID	<input type="checkbox"/> SSNIT Card
ID Number	<input type="text"/>		Place of Issue:	<input type="text"/>
Date of Issue	<input type="text"/>		Date of Expiry:	<input type="text"/>

ii. Residential Address Confirmation

<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Bank Statement (Foreign Nationals)	Other: <input type="text"/>
		(Please specify)	
Are you a Shareholder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate Percentage holding:	<input type="text"/>

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"/> Senior Military Official |
| <input type="checkbox"/> Minister of State | <input type="checkbox"/> Senior Judicial Official |
| <input type="checkbox"/> Politician* | <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, Political Party Executives and other high ranking Political Party Officials.

Have you ever been the subject of bankruptcy proceeding? ☐ 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:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>

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

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

Management Personnel III

Job Title:	<input type="text"/>		
Surname:	<input type="text"/>	First Name:	<input type="text"/>
Other Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>

Profession:	<input type="text"/>	Country of Residence:	<input type="text"/>
Mother's Maiden Name:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

(i) CONTACT DETAILS IN GHANA

Residential Address:	<input type="text"/>		
Nearest Landmark:	<input type="text"/>	GPS Code:	<input type="text"/>
City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>		
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAI DIRECTOR

City/ Town:	<input type="text"/>	Postal Address:	<input type="text"/>
Email Address:	<input type="text"/>	Country:	<input type="text"/>
Mobile Number 1:	<input type="text"/>	Mobile Number 2:	<input type="text"/>

(ii) CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS
i. Type of Identification document

<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter ID <input type="checkbox"/> National ID <input type="checkbox"/> SSNIT Card
ID Number: <input type="text"/> Place of Issue: <input type="text"/>
Date of Issue: <input type="text"/> Date of Expiry: <input type="text"/>

ii. Residential Address Confirmation

<input type="checkbox"/> Utility Bill <input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Bank Statement (Foreign Nationals) Other: <input type="text"/>
Are you a Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate Percentage holding: <input type="text"/>

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"/> Senior Military Official |
| <input type="checkbox"/> Minister of State | <input type="checkbox"/> Senior Judicial Official |
| <input type="checkbox"/> Politician* | <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, Political Party Executives and other high ranking Political Party Officials.

Have you ever been the subject of bankruptcy proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details and continue on a separate sheet if required:		

Indicate other companies in which you are a Shareholder of Director:

Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>
Name of Company:	<input type="text"/>	Address of Company:	<input type="text"/>

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

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

8. 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 10 to 21 of this application form and agree to be bound by them.
- I/We hereby consent to Prudential Bank Limited sharing my/our account and investment information with domestic or overseas regulators or tax authorities to determine our tax liability in any country where necessary.
- I/We further agree and consent that Prudential Bank Limited may withhold and pay out from my/our account(s) and investments such amounts as may be required by domestic or overseas regulators or tax authorities in line with the 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 Chairman of the Board

Signature / Thumbprint of the Chairman of the Board

Date

Name of Company Secretary / Director

Signature of Company Secretary / Director

Date

Name of Witness

Signature / Thumbprint of Witness

Date

Name of Witness

Signature / Thumbprint of Witness

Date

--

Company Stamp/Seal

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

Signatory I

Full Name:			
Job Title		GPS Code:	
Residential Address:			

Type of Identification document

- ☐ Passport
 ☐ Driver's License
 ☐ Voter ID
 ☐ National ID
 ☐ SSNIT Card

Signature	
Date:	

Please affix
passport-sized
photograph of
signatory

Signatory II

Full Name:			
Job Title		GPS Code:	
Residential Address:			

Type of Identification document

- ☐ Passport
 ☐ Driver's License
 ☐ Voter ID
 ☐ National ID
 ☐ SSNIT Card

Signature	
Date:	

Please affix
passport-sized
photograph of
signatory

Signatory III

Full Name:			
Job Title		GPS Code:	
Residential Address:			

Type of Identification document

- ☐ Passport
 ☐ Driver's License
 ☐ Voter ID
 ☐ National ID
 ☐ SSNIT Card

Signature	
Date:	

Please affix
passport-sized
photograph of
signatory

Signatory IV

Full Name:			
Job Title		GPS Code:	
Residential Address:			

Type of Identification document

☐ Passport
 ☐ Driver's License
 ☐ Voter ID
 ☐ National ID
 ☐ SSNIT Card

Signature	
Date:	

Please affix
passport-sized
photograph of
signatory

Signatory V

Full Name:			
Job Title		GPS Code:	
Residential Address:			

Type of Identification document

☐ Passport
 ☐ Driver's License
 ☐ Voter ID
 ☐ National ID
 ☐ SSNIT Card

Signature	
Date:	

Please affix
passport-sized
photograph of
signatory

Signatory VI

Full Name:			
Job Title		GPS Code:	
Residential Address:			

Type of Identification document

☐ Passport
 ☐ Driver's License
 ☐ Voter ID
 ☐ National ID
 ☐ SSNIT Card

Signature	
Date:	

Please affix
passport-sized
photograph of
signatory

Thumbprint witnessed by:

Name of Witness

Signature

Date

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

Indicate Mandate: _____

KEY CONTACT PERSON

Full Name:			
Address:			
Mobile Number 1:		Mobile Number 2:	

10. FOR BANK USE ONLY

Account Name:

CIF Number: Date Account Opened:

Currency	Account Number	Account Class	Initial Deposit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Customer Identification was done: ☐ Face-to-face ☐ Remotely

Document Verification Carried Out By:

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

A/C Opening Officer:

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Operations Manager:

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Branch Manager:

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. HIGH RISK APPLICANTS

A. Compliance Officer's Comment

Name	Signature	Date

B. Senior Management Approval

Managing
Director/Executive
Head Operations or
Executive Head Credit:

Name	Signature	Date

12. DOCUMENT CHECKLIST

	DOCUMENT REQUIRED	SUBMITTED	DEFERRED	WAIVED	N/A
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Certificate of Incorporation (Original/Certified True copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Company Regulations (Original/Certified True copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Company Form 3 (Original/Certified True copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Change Profile from the RGD (to confirm changes in Directors/Secretary/Shareholders, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Board Resolution to Open Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	One (1) recent passport-sized photograph of each signatory to the account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Valid photo identification (e.g. Passport/Driver's License/Voter ID/National ID/ Social Security and National Insurance ID (SSNIT Card), etc.). Foreign nationals shall submit valid Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Proof of residential address of each signatory to the account (e.g. Utility bill/Current Tenancy Agreement/Google Map Extract)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	GPS Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Proof of residential address for foreign nationals of each signatory to the account (e.g. Phone bill, Bank Statement or driver's license)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Residence Permit for Foreign nationals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Specimen signatures of authorized signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Company's Stamp or Seal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Particulars of Directors/Significant Shareholders/Management Personnel/Secretary (e.g. Date of Birth, ID, Residential Address)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Initial Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Information on Parent Company (such as Name, Shareholders and Country of Incorporation, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	License from regulatory body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT OPENING COMPLIANCE OFFICER'S COMMENTS AND RECOMMENDATIONS:

First Review by the Compliance Officer:

Final Review by Compliance Officer:

Account Opening Compliance Officer:	Name	Signature	Date

13. TERMS AND CONDITIONS

1. INTRODUCTION

The information in this section together with any further instructions and conditions that may be prescribed by the Bank in the ordinary course of business shall constitute the terms of the agreement between you and Prudential Bank Limited (hereinafter called 'the Bank'). These terms and conditions, together with any other document(s) relating to the opening and operation of your account(s) given to you by the Bank constitute a contract between you and the Bank. Please read them carefully. The account holder(s) or signatories must be at least 18 years of age.

2. BACKGROUND CHECKS

The Bank may carry out checks on you and share information relating to your account and the conduct of your account with the Bank of Ghana, the Economic and Organized Crime Office (EOCO), the Financial Intelligence Centre (FIC) or any other statutory body to the extent permitted by law including the Data Protection Act, 2012 (Act 843) and Anti-Money Laundering Act, 2020 (Act 1044) or if there are reasons to suspect that your account is being used for unlawful purposes. The Bank may make enquiries about your credit record or status with any credit reference bureau licensed by the Bank of Ghana or any other party as may be appropriate. The Bank may provide credit reference agencies with regular updates on the conduct of your account as required by law. The Bank may provide other banks, upon their request, with opinion reports relating to the conduct of your account in accordance with normal banking practice

3. DEPOSITS

3.1 General

You can make deposits at any Prudential Bank branch in Ghana during normal banking hours. You assume full responsibility for the genuineness, correctness and validity of all negotiable instruments deposited into your account(s). The Bank shall not be liable for the loss of funds or negotiable instruments handed over to its employees other than the Cashiers/Tellers in their cubicles together with the appropriate deposit slip(s) during normal banking hours. In the case of cash collection on the premises of the customer, the Bank shall

only be liable if it had officially introduced to the customer its employees authorized to do so.

3.2 Cash Deposits

The Bank shall credit your account(s) with any Cash Deposit made by you or third parties in accordance with the Bank's normal practice. Third parties making cash deposit into your account may be required to provide their personal details and identification documents. The Bank may require you to state the purpose of cash deposits made into your account.

3.3 Non-Cash Deposits

a) The Bank will credit your Account with the value of any Non-Cash instrument lodged with any branch of Prudential Bank in accordance with the Bank's normal practice, provided the named payee of the Non-Cash instrument(s) matches your account details.

b) In the case of cash collection on the premises of the customer, employees of the Bank authorized to do so shall be officially introduced to the customer.

c) The Bank shall act only as your agent for collection in relation to Non-Cash instruments.

d) Notwithstanding sub-clause (b) above, the Bank may decline to make a collection in relation to any Non-Cash instrument and will notify you as soon as practicable.

3.4 Deposit in different currencies:

In the event that you make a deposit into your Account in a currency other than the currency of the Account, the Bank shall convert the amount into your Account at the Bank's prevailing rate exchange.

4. WITHDRAWALS

4.1 General

Subject to these Terms and Conditions, the Bank will allow withdrawals from your Account and honour relevant Payment instruments provided that:

a) There is sufficient credit balance in your Account at the time the withdrawal is made or is to be acted on by the Bank;

b) The relevant Payment Instrument is properly completed, contains all the relevant information and appears, on the face of it, to be genuine.

4.2 Expiry of Payment Instruments

The Bank shall decline to honour any Payment Instrument which is presented to it for payment after the end of the statutory or relevant expiry period in accordance with the Bank's normal practice.

4.3 Debiting Your Accounts:

Without prejudice to any set off clause (s), the Bank may at any time debit your Account(s) with any amount due from you to the Bank.

4.4 Stopping cheques:

You may request the Bank to stop payment of a cheque, or any payment instrument drawn on your Account(s). Such a request must be in writing and should include the full details of the cheque(s) or the payment instrument(s). Acceptance of such a request is not a representation by the Bank that the cheque or the payment instrument has not already been honoured or that there is sufficient time available to the Bank to act on the request. The Bank will make all reasonable efforts to dishonour or stop further processing of the relevant cheque(s) or payment instrument(s) and will have no liability for any failure to do so.

5. OVERDRAFT FACILITIES

As an account holder, you shall be liable for any amount owing to the Bank on your account and such amounts owed shall attract interest until the account balance is paid off.

5.1 Overdraft Request

You may apply to the Bank in writing for an overdraft facility on your current account(s). If the Bank agrees to grant you the overdraft/loan, it may impose any conditions in addition to or different from these Terms, if appropriate. All overdraft facilities shall attract interest at the Bank's prevailing interest rate. You shall ensure that your account does not become overdrawn or where the Bank has granted you an overdraft limit, does not become overdrawn in excess of that limit without prior agreement with the Bank. All

excess shall attract a facility fee in addition to the applicable interest rate on the account.

5.2 Automatic Overdrafts

Notwithstanding any other provision under these terms and conditions in exercising any rights over any account, including the right to debit any sum from an account, the Bank may allow or cause an account to be overdrawn without giving notice to you and you shall be liable for such overdrafts, for example, debits in respect of facility fees, guarantee commissions and insurance of properties. Such overdrawn amounts shall attract interest at the applicable rate.

5.3 Repayment On Demand

You shall promptly repay all or any debit balance on your Account(s) on demand.

5.4 Interest

You shall pay interest on any debit balance on your account(s) at the Bank's prevailing interest rate. Interest shall accrue on a daily basis and be debited on the last working day of the month or as determined by the Bank. Interest shall be calculated in accordance with the Bank's normal practice.

6. ERRORS, CORRECTIONS AND REVERSALS

The Bank may reverse or debit all or part of any credit made into your account(s) under the following circumstances:

- a) To correct a mistake;
- b) Where your account has been credited but the Bank does not obtain value for the payment instrument;
- c) Where the Bank is required to return the money to the relevant payer/drawer or paying bank or other financial institution; and or
- d) Where the Bank has reasonable grounds for doing so. The Bank will notify you as soon as is practicable of any such cancellation, reversal or debit. The Bank may at any time correct any mistake in any account statements, confirmations and advices provided to you and will promptly notify you of the change.

7. ACCOUNT INFORMATION

7.1 Statements

For each Account, the Bank will provide you with Account statements at such frequency as may be agreed between the Parties or, in the absence of such agreement, in accordance with the Bank's normal practice.

7.2 Bank Records

The Bank's records in relation to the operation of an Account or any Account Transaction are conclusive except where an obvious mistake has been made.

7.3 Foreign Account Tax Compliance Act (FATCA)

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

8. CHARGES

You shall pay any commissions, fees, interest or other charges levied by the Bank or any other financial institution on your account in relation to any Account Transaction you undertake.

9. PAYMENT OF INTEREST ON CREDIT BALANCES

The Bank will only pay interest on credit balances in your Account where the Bank has expressly agreed to do so. The Bank will credit such interest to the Account at such times as the Bank may determine.

Any interest payable by the Bank will be at the rate determined by the Bank from time to time and displayed on the Bank's notice board or as may be notified to you.

10. INSTRUCTIONS

10.1 Instructions

All instructions on your account must be consistent with the relevant Account Mandate and in such form and medium as agreed between the Parties.

10.2 Declining to act on Instructions

Where the Bank, acting in good faith, considers that any instruction is a 'Defective Instruction' the Bank may decline to act on that Instruction. The Bank will not be liable to the customer or any other person for any Loss suffered as a result of the Bank declining to act upon a defective Instruction. The Bank will notify you as soon as practicable if it declines to act on your Instruction.

10.3 Instructions resulting in an overdraft

The Bank may refuse to act on any instruction if it may result in a breach of clause 5.2 (No unauthorised overdrafts) and where more than one Instruction has been given, the Bank may decide which Instruction(s) to decline.

11. E-BANKING TERMS

11.1 The e-Banking Products & Services provided by Prudential Bank are for the sole use of the authorized person(s) and therefore not transferable.

11.2 The use of Electronic Banking Facilities shall be subject to Prudential Bank's prevailing rules and regulations. It should not be used for any purpose other than the transactions designated by the Bank.

11.3 We will keep our Personal Identification Number (PIN) strictly confidential and undertake not to reveal the PIN to any person at any time under any circumstances.

11.4 We authorize Prudential Bank to debit our account(s) with all charges for the use of e-Banking Products & Services, and also with any other liabilities inclusive of legal fees or other statutory charges, if any, relating to our use of e-Banking Products & Services.

11.5 Prudential Bank is not bound to carry out the instructions given through e-Banking Products & Services, if the Bank at its sole discretion suspects that such instructions do not emanate from the customer.

11.6 At no time would We use or attempt to use the e-Banking Products & Services to execute transfer of funds, unless sufficient funds are available in our account. Prudential Bank is under no obligation to honor any payment instructions unless there are sufficient funds in designated account/s at the time of receiving such payment instructions.

11.7 We accept now and would accept hereafter Prudential Bank's record of transactions as conclusive and binding for all purposes.

11.8 Prudential Bank shall not be responsible for any loss or damage incurred or suffered by the customer as a result of malfunction or failure of the e-Banking Products & Services, or non-acceptance of instructions using the Banks e-Banking Products & Services.

11.9 Prudential Bank shall at any time be entitled to amend, supplement or vary any of these terms and conditions as well as the fees applicable at its absolute discretion with or without notice to us and such amendment, supplement or variation shall be binding on us.

11.10 Prudential Bank shall have the full discretion to cancel, withdraw or renew any Electronic Banking Facility extended to us without prior notice.

11.11 Notwithstanding anything herein to the contrary, Prudential Bank may at any time, in its absolute discretion suspend or terminate our right of access to any of the services without notice for any reason whatsoever and without any obligation to give any reasons.

11.12 Prudential Bank will automatically terminate our right of access to e-Banking Products and Services once We cease to maintain any account(s) with Prudential Bank which can be accessed via electronic banking channels or should our access to such account be restricted by Prudential Bank or any other party such as Government of Ghana and its agencies, Court of Law, or Bank of Ghana, for any reason.

11.13 We will be jointly and severally liable for all transactions arising from the use of the e-Banking Products & Services.

11.14 These terms and conditions are governed by the laws of the Republic of Ghana.

12. SECURITY MEASURES

The Bank may at any time implement any security and other procedures including the Bank's Customer Due diligence and Know Your Customer procedures for the verification of your identity and verification that any transaction is authorised by you. Where the Bank is unable to verify the genuineness of a transaction, it reserves the right to decline that transaction and shall not be liable for any loss suffered by you or any third party.

13. MANDATE

13.1 You will provide such Mandate (s) as the Bank may require from time to time. The Bank may rely on the contents of any Mandate and deal with and accept any instruction from, any authorized signatory specified, in accordance with the mandate provided.

13.2 Changes in Mandate

You may provide the Bank with an amended or replacement Mandate from time to time. The Bank will be entitled to a reasonable period of time not less than three working days from date of receipt of the notification, to process any such new mandate.

14. LIMITATION OF LIABILITY

14.1 Liability of the Bank

The Bank shall not be liable in any circumstance for any of the following, unless the same is the result of fraud on the part of the Bank.

- a) Any loss of profit, revenue, anticipated savings, business, contracts or goodwill or similar loss, whether direct, indirect or consequential that you may suffer;
- b) Any indirect or consequential Loss you may suffer or incur for any reason whatsoever even if such Loss was reasonably foreseeable or the Bank had been advised of the possibility of such loss or damage; or
- c) Any direct Loss you may suffer or incur unless such direct Loss (excluding the losses set out in

sub-clause (a) above) are the result of the Bank's gross negligence or willful misconduct.

14.2 Further limitation of liability Notwithstanding clause 13.1 (Liability of the Bank) above, the Bank shall not be liable for any Loss suffered or incurred by you arising in connection with:

a) Any error, failure, interruption, delay or non-availability of services, goods, software, communication and other networks or information supplied to you or to the Bank by a third party or controlled by a third party or that you use in connection with the Account(s) and/or the Services or

b) Any Force Majeure event.

14.2 Responsibility for Payment Instruments

a) You are required to collect your cheque books and other payment instruments from the branch where your account is domiciled.

b) In the case of Payment Instruments given to the Bank, you agree that, except in cases of gross negligence or willful misconduct on the part of the Bank.

i. The Bank will not be responsible, and you will not make any claim or demand against the Bank, for any Loss you may suffer or incur, and

ii. You will indemnify the Bank on demand against any Loss the Bank may suffer or incur by reason of or in connection with:

c) The Bank acting on any Payment Instrument that has been, or purports to have been, made by you or on your behalf,

d) Any error contained in any Payment Instrument, irrespective of whether the error originated in the transmission or the receipt of the Payment Instruments; or

e) Any delays in the transmission or receipt of any Payment Instrument.