

Account Opening Form

Sole Proprietorship



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 SOLE PROPRIETORSHIP ACCOUNT

1. Particulars of Sole Proprietor (i.e. name, date of birth, identity and residential address, etc.)
2. Business Registration documents:
 - a. Certificate of Registration – (original/certified true copy).
 - b. Form A – registration of business names (original/certified true copy).
 - c. Form D (notification of change in particulars registered by an individual) is required in addition to Form A if there have been changes in information provided on Form A.
3. Two (2) recent passport-sized photographs of each signatory to the account.
4. Valid identification of each signatory to the account (e.g. Passport/Driver's Licence/Voter ID/National ID, NHS ID, etc).
 - **Note: Foreign nationals shall submit valid Passport and Residence Permit (This is Mandatory).**
5. Proof of residential address of the signatory to the account.
 - Directional sketch to the residence of each account holder or signatory. Directional sketch will be confirmed by the Bank.

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

 - a. Original copy of utility bill (e.g. electricity, water, telephone etc) not more than 3 months old or
 - b. Current Tenancy Agreement to confirm the residential address.
 - c. ***For foreign nationals and non-resident Ghanaians, a phone bill, bank statement or driver's licence etc confirming the residential and postal addresses in the country of permanent residence is required.***
6. U.S. citizens, residents, and green card holders are required to complete Foreign Account Tax Compliance Act (FATCA) supplementary form.
7. 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;
 - 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.
8. Specimen signature/Thumbprint of Sole Proprietor.
9. Where an additional signatory is introduced, the second signatory is required to complete section 17 of this account opening form
10. Initial minimum deposit
 - Cedi Current Account – GH¢50.00
 - Cedi Savings Account – GH¢50.00
 - Forex a/c – USD100, £100, €100 or CHINESE YUAN (CNY) 1,000
 - Foreign Currency a/c – no initial deposit required (to be fed with transfers from abroad)

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

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

Branch Name: _____

1. TYPE OF ACCOUNT

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

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> ATM (cashWise) | <input type="checkbox"/> VISA Debit Card | <input type="checkbox"/> F-7wich | <input type="checkbox"/> Internet Banking (netWise) |
| | | | <small>(E-STATEMENT AVAILABLE)</small> |
| Mobile Banking: | <input type="checkbox"/> Mobile Money | <input type="checkbox"/> Transaction Alert (alertWise) | <input type="checkbox"/> Cardless ATM Transaction |
| <input type="checkbox"/> SMS Banking (textWise) | | | |
| <input type="checkbox"/> Third Party Bill Payment | | | |
| | | | <small>(E-STATEMENT AVAILABLE)</small> |

MODE OF DISPATCH OF STATEMENT/ADVICE

-
- By Post (Current Account Only)
-
- Collection By Self
-
- Hand Delivery (with a fee)
-
- Email

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

2. BUSINESS INFORMATION

Name of Enterprise: _____

Location of business/shop (if different from principal place of business):

Registration No.

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

District: _____ Region: _____

Registration Date

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

Mailing Address: _____

Tax Identification No. (TIN)

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

Telephone No.:

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

Nature Of Business _____

Fax:

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

Principal Place of Business: _____

Email Address: _____

Website: _____

3. OTHER ACCOUNTS

A. Do you have other account(s) with Prudential Bank (e.g. Personal or Business Account) Yes No

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

ii. Additional account numbers:

B. Do you have accounts with other banks? Yes No

If yes, please provide details:
i. Bank Account 1:

Bank Name

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

i. Bank Account 2:
Bank Name

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

Bank Branch

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

Bank Branch

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

Account Name

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

Account Name

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

Account Number

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

Account Number

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

Do you have a credit facility with the Bank named above? Yes No

Do you have a credit facility with the Bank named above? Yes No

Account status: Active Dormant

Account status: Active Dormant

4. FINANCIAL INFORMATION

A. Source(s) of Funding the Account

- Sales Proceeds Commission Received
 Investment Income Inheritance/Gift
 Service Income
 Other _____
 (Please specify)

B. Estimated Annual Turnover GHS: _____

C. Anticipated Value of Transactions per Month in Ghana Cedis

- | | |
|---|---|
| Deposits: | Withdrawals: |
| <input type="checkbox"/> Less than 5,000 | <input type="checkbox"/> Less than 5,000 |
| <input type="checkbox"/> Between 5,000 and 20,000 | <input type="checkbox"/> Between 5,000 and 20,000 |
| <input type="checkbox"/> Above 20,000 | <input type="checkbox"/> Above 20,000 |

5a. PERSONAL INFORMATION

SOLE PROPRIETOR

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

Surname First

Name Middle

Name(s)

Previous Name (if any)

Date of Birth: Gender: M F

Place of Birth: _____

Mother's Maiden Name: _____

Home Town: _____

District: _____ Region: _____

Nationality: _____

Social Security No.:

Tax Identification No. (TIN):

Which of the following describes your status?

PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

- Head of State or Government Senior Military Official
 Minister of State Senior Judicial official
 Politician* Senior Public Official

Chief Executive of State Owned Corporation

Family Member or Close Associates of any of the above

Private Individual

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

5b. CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS

i. Type of Identification document

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

ID Number:

Place of Issue: _____

Date of Issue:

Date of Expiry:

ii. Residential Address Confirmation

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

5c. ADDITIONAL INFORMATION FOR NON-GHANAIS RESIDENT IN GHANA. PLEASE PROVIDE DETAILS BELOW.

Nationality: _____

Profession/Vocation: _____

Passport Number:

Date of Issue Date of Expiry

Country of Issue: _____

Residence Permit No.:

Date of Issue:

Date of Expiry:

Work Permit No.:

Date of Issue

Date of Expiry

6. CONTACT DETAILS IN GHANA

SOLE PROPRIETOR

Residential Address: _____

Nearest Landmark: _____

Postal Address: _____

Town/City _____

District: _____ Region: _____

Telephone No.:

Mobile No.:

Mobile No.:

Fax No.:

Email: _____

6b. FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAI APPLICANTS

SOLE PROPRIETOR

Residential Address: _____

Postal Address: _____

Town/City _____

Country: _____

Telephone No.:

Mobile No.:

Mobile No.:

Fax No.:

Email: _____

7. OTHER DETAILS

Marital Status:

Single Married Divorced Separated Widowed

Spouse Details

Surname

First Name

Middle Name(s)

Previous Name (if any)

Postal Address: _____

Telephone No.:

Mobile No.:

Name of Employer: _____

8. OTHER EMPLOYMENT DETAILS (IF ANY)

SOLE PROPRIETOR

Are you in any other employment? Yes No

If yes, please specify:

Occupation: _____ Current Employer: _____

Office Location: _____ Postal Address: _____

No. of Years with Current Employer: _____ Previous Employer: _____

Monthly Income (Please select as appropriate)

Up to GHS 500 Between GHS 501 and GHS 1,000 Between GHS 1,001 and GHS 2,000 Between GHS 2,001 and GHS 3,000

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

9. CONTACT PERSON DETAILS

Surname First Name
 Middle Name(s)
 Previous Name (if any)
 Postal Address: _____
 Telephone No.: Mobile No.: City/Town: _____
 Home Town: _____ District: _____ Region: _____ Nationality: _____

10. REFERENCE

SOLE PROPRIETOR

Note: Acceptable referees:

- | | | |
|---|--|---|
| <input type="checkbox"/> Existing PBL Current Account Holder | <input type="checkbox"/> Senior Banking Official | <input type="checkbox"/> A Reputable Religious Leader |
| <input type="checkbox"/> Current Account holder of another Bank | <input type="checkbox"/> Public Office Holder | <input type="checkbox"/> Medical Doctor |
| <input type="checkbox"/> Enterprise's Auditors/External Accountants | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Accountant |

Name of Referee: _____
 Address of Referee: _____
 Telephone No.: Mobile No.:
 Email: _____
 PBL Account No.(s)

Signature/Thumbprint:

Type of Identification document:

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

ID Number:

Place of Issue: _____

Date of Issue:

Date of Expiry:

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

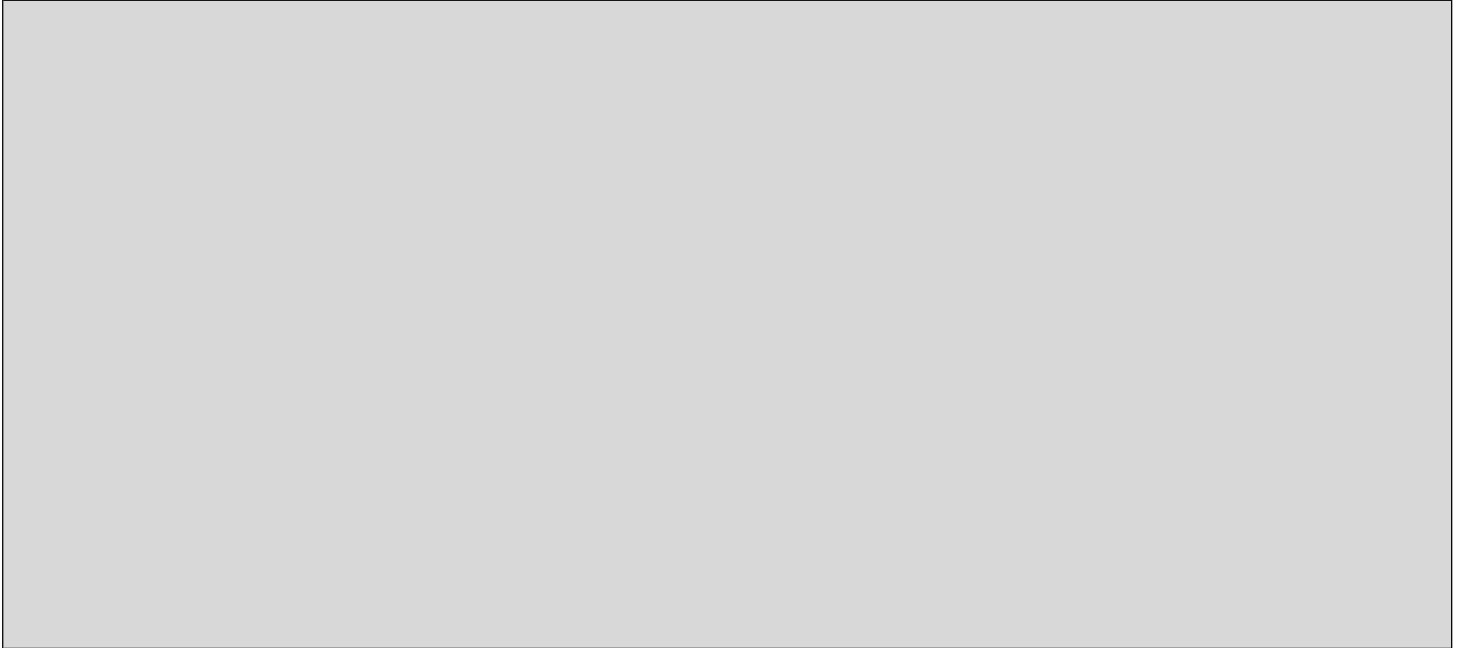
11. RESIDENTIAL INFORMATION

SOLE PROPRIETOR

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

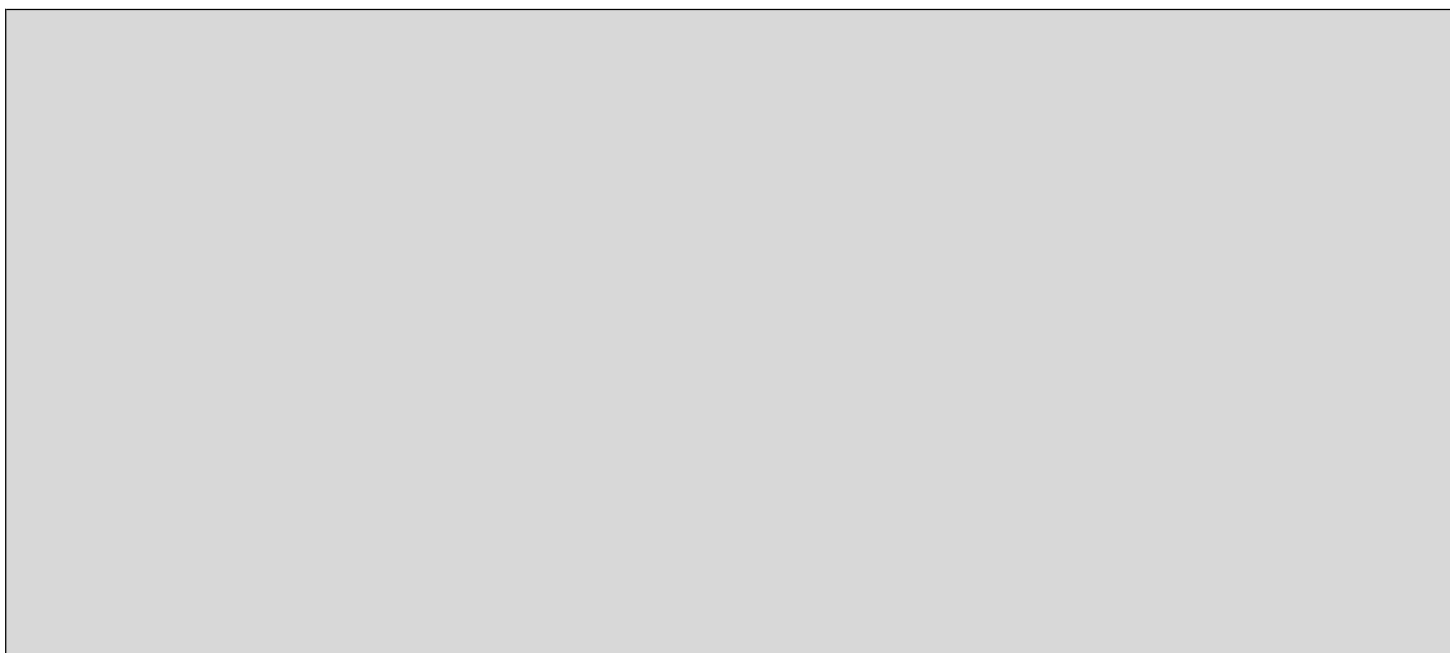


SECOND SIGNATORY

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

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

SKETCH DIRECTIONAL LOCATION OF RESIDENCE



Directional sketch confirmed by:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

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

12. DECLARATION

- I confirm that all the information provided in connection with this application is true and complete.
- I confirm that all documents provided in connection with this application are genuine.
- I authorize you to make any reference and other enquiries in accordance with your normal procedures.
- 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 acknowledge that the Bank may decline this application at its sole discretion.
- I consent to the Bank contacting me at the postal address, email address and telephone numbers provided on this application form.
- I have read and understood the Prudential Bank Terms and Conditions on pages ... and ... of this application form and agree to be bound by them.

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

Name of Sole Proprietor

Name of Witness

Signature/Thumbprint of Sole Proprietor

Signature/Thumbprint of Witness

Date

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

Date

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

13. AUTHORISED SIGNATORY

SOLE PROPRIETOR

PLEASE ENSURE THAT YOU HAVE FULLY COMPLETED THIS FORM BEFORE SIGNING

Name: _____

First Name	Middle Name	Surname
------------	-------------	---------

Date:

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

Specimen Signature/Thumbprint

--

Specimen Signature//Thumbprint

--

Please affix passport-sized photograph of signatory
--

Thumbprint witnessed by:

Name

Signature

Date

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

Indicate Mandate: _____

14. FOR BANK USE ONLY

Account Name:

CIF Number:

Date Account Opened:

	Currency	Account Number	Account Class	Initial Deposit
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Customer Identification was done: Face-to-face Remotely

Document Verification Carried Out By	Name	Signature	Date							
	<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"/>

A/C Opening Officer:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

Deputy Branch Manager:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

Branch Manager:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

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

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

Please list documents waived/deferred:

15. HIGH-RISK APPLICANTS

A. Compliance Officer's Comments:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

B. Senior Management Approval

Managing Director/Deputy Managing Director:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

16. DOCUMENTS CHECKLIST

	DOCUMENTS REQUIRED	SUBMITTED	DEFERRED	WAIVED	N/A
1.	Duly completed Account Opening Form				
2.	Two (2) recent passport-sized photographs of the signatory to the account				
3.	Certificate of Registration (Original or Certified true copy)				
4.	Form A – Registration of Business name (Original or Certified true copy)				
5.	Form D – Notification of Change in particulars registered by an individual				
6.	Valid photo identification (e.g. Passport/Driver's Licence/Voter ID/National ID/ National Health Insurance ID (NHIS), etc). Foreign nationals shall submit valid Passport				
7.	Proof of residential address of each account holder or signatory to the account (e.g. Utility bill /Current Tenancy Agreement /Bank Statement from another bank)				
8.	Directional sketch to the residence of each account holder or signatory				
9.	Proof of residential address for foreign nationals of each account holder or signatory to the account (e.g. Phone bill, driver's licence)				
10.	Residence Permit for Foreign nationals				
11.	Work Permit for Foreign nationals				
12.	Completion of Foreign Account Tax Compliance Act (FATCA) supplementary form.				
13.	Reference from the list of PBL acceptable individuals				
14.	Initial minimum deposit				
15.	Specimen signature/Thumbprint of signatory to the account				

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						
D	D	M	M	Y	Y	Y

17. ADDITIONAL SIGNATORY DECLARATION

17a DECLARATION BY THE SOLE PROPRIETOR:

I have nominated to sign on the Account for a period of as a co-signatory or an alternate signatory.

Sole Proprietor
Signature/Thumb print

--

Date:

D	D	M	M	Y	Y	Y	Y

SECOND SIGNATORY:

Specimen Signature/Thumbprint

--

Specimen Signature/Thumbprint

--

Please affix
passport-sized
photograph of

second
signatory

Date:

D	D	M	M	Y	Y	Y	Y
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Thumbprint
witnessed by:

Name

Signature

Date								
<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

17b CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS OF SECOND SIGNATORY

Type of Identification Document

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

Residential Status: Resident Non-Resident

Country of Residence (if non-resident): _____

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

Residential Address Confirmation (please tick as appropriate):

- Directional Sketch
- Utility Bill
- Bank Statement (Foreign Nationals)
- Tenancy Agreement