

**ACCOUNT OPENING DOCUMENTS REQUIRED**

**INDIVIDUAL/ JOINT/ SIGNATORIES**

- (1) 1 Passport Sized Picture:
- (2) Voters ID/Passport/Driving Licence/National Identification Card/NHIS
- (3) Birth Certificate/Baptism Certificate/Security Agencies (where applicable)  
(e.g. Military, Police, Fire Service, Immigration, Prison Service & Customs Excise)
- (3) Proof of Postal & Residential Address:-  
Utility Bills (Electricity, Water & Telephone), Bank Statement, Tenancy Agreements, Reference Letter..



**INDIVIDUAL & JOINT ACCOUNT OPENING FORM**

Branch \_\_\_\_\_

Date (mm\dd\yy) \_\_\_\_\_

Please complete applicable sections in block capitals and tick relevant boxes.

(For Office use only)

Account No

We request you to open an Account\* in the books of the Bank in my/our joint name(s) and to honour cheques and orders for payment of monies drawn thereon if signed by .....me/any one/any two/all of us in accordance with specimen signature(s) given below.

**SECTION A**

Personal Details	First Person (1)	Second Person (2)	Third Person (3)
Title (Mr/Mrs/Ms/Dr) other			
Surname			
First & Middle Names			
Maiden Name			
Official Identification Type & Number			
Local Mailing Address			
Residential Address			
Overseas Address or E-mail Address			
Phone & Fax No.			
Place & Date of Birth			
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow
Nationality			
Occupation & Position Held			
Name of Employer & Address			
Related Accounts			
Next of Kin			

**SECTION B**

I	Purpose of Account Operation	Confirm Purpose for opening the account: <input type="checkbox"/> Personal Saving <input type="checkbox"/> Investment <input type="checkbox"/> Loan Servicing <input type="checkbox"/> Salaries <input type="checkbox"/> Transactional <input type="checkbox"/> Other, please specify .....
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<b>2</b>	<b>Source of Funds for the Account</b>	As appropriate, kindly indicate the source of funds <input type="checkbox"/> Personal Savings <input type="checkbox"/> Salary <input type="checkbox"/> Inheritance/Gift <input type="checkbox"/> Commission <input type="checkbox"/> Dividends <input type="checkbox"/> Other income, please specify .....		
<b>3</b>	<b>Expected Volume and Type of Activity</b>	Required information on the applicant's expected volume and type of activity to be conducted across the account		
	<b>Transaction Types</b>	<b>Expected No. of Transaction Per Month</b>	<b>Expected Amount Per Month</b>	
	Deposits/inward Transfers			
	Withdrawals/outward Transfers			

**SECTION C**

\*Indicate type of Account to be opened.    Current Acc.    Savings Acc.    Fixed Deposit Other (please specify).....  
 Frequency of account statement required    Weekly    Monthly    Quarterly   Other (specify).....  
 Cheque book requested    50 leaflet    25 leaflet   No. of books.....

**APPLICANT DECLARATION:** I certify that the information provided above is true and I am aware that any false declaration renders my application void.

*I also consent to and authorize Global Access Savings and Loans Company Ltd. to seek character or credit references in addition to whatever additional information is required from any source.*

Signature of Applicant:..... Date:.....

I certify that the information given above is correct and binding on me/us.

I certify that the contents of this form have been interpreted to me in my native language to my understanding .

	First Person (1)	Second Person (2)	Third Person (3)
Signature (s): Thumbprint			

**INTERNAL USE ONLY**

**SECTION D Supplementary information required from all authorised signatories for verification**

	<b>Please check as appropriate</b>
<b>1 Identification</b>	Name and identity verified using prescribed listing provided by the Financial Task Force (FATF).  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2 Name, Date of Birth and Nationality of Applicant</b>	<b>Applicant's Name, Date of Birth and Nationality confirmed by one of the following.</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Voters ID <input type="checkbox"/> Social Security No.   Other, Specify.....
<b>3 Address and Telephone Contact</b>	<b>Applicant's Residential Address Confirmed through one of the following</b> <input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Income Tax <input type="checkbox"/> Reference Letter <input type="checkbox"/> Employer's Reference Letter <input type="checkbox"/> Other Banks Statements

**SECTION E**

**Level 1 - Indicate if the Applicant belongs to any of the following:**

**Low Risk Customers**

If the applicant(s) or authorized signatures fall into any of the following categories check the appropriate box.

- The applicant does not reside or operate in a high risk country
- The applicant is an ordinary individual resident in Ghana but not associated with politically Exposed Person (PEP)
- The applicant whose funding is sourced from normal activities

**Level 2 - Indicate if the Applicant belongs to any of the following:**

**Medium Risk Customers**

If the applicant(s) or authorized signatures fall into any type of account that is not listed as either level 1 and 3.

**Level 3 indicate if the customer(s) belong to any of the following categories**

**Special Customers or High Risk**

- If the account holder(s) or authorised signatories fall into any of the following categories, tick the appropriate box(es) and specify the required details. (if not applicable, skip section F in respect of this individual)
- The customer is Politically Exposed Person (PEP) or closely associated with a PEP. Please specify details of PEP position and/or relationship.....
- An overseas customers residing or operating in high-risk jurisdictions. Please specify country.....
- The customer(s) business involves gambling, defense or money services. Refer to the list of mandatory special risk occupation/industries that the business may designate for additional KYC information. Please specify the customer's nature of business.....

**Complete Section F if any of the above mentioned boxed has been completed.**

**Section F- Complete additional KYC information for customers who fulfilled one or more criteria in level 3.**

**1 Source or wealth**-Obtained details of customer's source of wealth and estimated net worth: (Tick or specify more than one category as appropriate, e.g. business owner who inherited his/her wealth)

Customer's wealth generated from:

- 
- 

Others please specify.....

Estimated Net worth: Cedi.....

**Upon completion of Section F, obtain the joint approval from the Bank's Chief Executive Officer and Bank's Head of Legal & Compliance or Jointly by their approval delegates (senior managers).**

**Note: Any mandatory checks not completed or ticked 'No' must be supported by suitable comments by the staff responsible. Branch manager or designated officer must review the checklist for completeness and decide on whether to allow the account opening while documenting reasons for the decision on the checklist**

Prepared/Input By:.....	<b>Product Code:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Product Name:</b> .....
<b>Customer Service Officer</b>	<b>Cheque Book Req: (Yes/No)</b>	<b>No. Leaves:</b> .....
Authorised/Checked By:.....	<b>Interest Waiver: (Yes/No)</b>	<b>Restricted Account: (Yes/No)</b>
<b>Manager/Accountant</b>		
<b>Does potential customer fall within Level 3</b>		
Above category <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Account opening for Special Customer (as identified in Section E) must be approved jointly by the Managing Director and Head of Legal &amp; Compliance or jointly by their approved delegates (Senior Managers)</b>		
<b>Name:</b> .....	<b>Name:</b> .....	
<b>Designation</b> .....	<b>Designation</b> .....	
<b>Signature:</b> .....	<b>Date:</b> .....	<b>Signature:</b> .....
	<b>Date:</b> .....	

1.	CUSTOMER IC		1.	CUSTOMER ID	
2.	CUSTOMER IC		2.	CUSTOMER ID	
3.	CUSTOMER IC		3.	CUSTOMER ID	