

# Account Opening Form Individual/Joint



N/S	REQUIREMENT CHECKLIST	СНЕСКЕD	DEFERRED WAIVED	WAIVED	N/A	VERIFIED BY
←.	Duly Completed Account Opening Form					
2.	Specimen Signature Card Duly Completed					
ن	Recent Passport Photograph (2 pictures)					
4.	Proof of Identity: International Passport, Driver's Licence, NIA Card, Valid Ghanaian Voter's ID Card or SSNIT Card (Original Must Be Sighted)					
5.	Residence Permit (for Non-Ghanaian)					
.9	Proof of Address: Utility bills etc. (Certified true copy is acceptable if original is not held)					
7.	Letter from Employer / School (for salary account and or student only)					
φ.	Reference Letter (Others)					
6	TIN (Tax Identification Number)					
10.	Birth Certificate / Weighing card					

INDIVIDUAL ACCOUNT OPENING FORM
Please complete in BLOCK LETTERS and tick "√" in the appropriate box where applicable.
Account Type Account Currency
Current Account Savings Account Other Account GHS GBP USD EUR
PERSONAL DETAILS
Full Name (Mr. / Mrs. / Ms. / Others:): First Name Middle Name Last Name
Gender: Male Female Date of Birth: DDMMYYYY Place of Birth:
Marital Status: Mother's Maiden Name:
Nationality: Country of Residence:
ID Type: National ID Card National Driver's Licence Passport Voter's ID SSNIT Card Structure Passport National Driver's Licence National Driver's Li
Birth Cert for Minors Student ID Country of Issue
ID No.   ID Issue Date   D   M   M   Y   Y   Y   Y   Exp. Date   D   D   M   M   Y   Y   Y   Y   Y   Y   Y   Y
Previous Posidantial Address:
(If less than 3 years at current address) House No. Plot No. Street Area Country  Telephone Electricity Water Others Specify GP Code
Proof of Address (Indicate type and
Serial Number SN: Date of Visitation D D M M Y Y Y
Telephone: Mobile: Email Address:
EMPLOYMENT DETAILS
Status: Employed Self Employed Unemployed Status: Status: Status: Status: Others (Specify)
Sector: Manufacturing Trading Financial Services Agric / Allied IT Others (Specify)
Expected Income Per Annum Length of period with current Employer
Monthly Salary: Less than GH¢1,000 GH¢1,001 - 5,000 GH¢5,001 - 10,000 More than GH¢10,000 TIN
Employer's Name
Employer's Address
City/Town Nearest Landmark
MMDA Region
Nature of Business
Office Contact
Employer's Email Address
FOR NON GHANAIANS ONLY: (Please fill where applicable)
Arrival Date DDMMYYYY Visa No.
Visa Issue Date D D M M Y Y Y Y Visa Expiry Date D D M M Y Y Y Y
Resident/Work Permit Number
FATCA/CRS QUESTIONS:
DECLARATION OF OTHER FOREIGN NATIONALS
1. Are you a US citizen or any other foreign national?
2. Do you have a US permanent address or an address in any other foreign jurisdiction?
3. Do you have an account in the US or any other foreign nation?
4. Do you have a power of attorney over a US account or any account in any foreign jurisdiction? Yes No
5. Is your business into any US partnership or partnership with any foreign nation?  Yes No
6. Is your business incorporated in the US or any other foreign jurisdiction?  Yes No
7. Does your business have US or other foreign nationals as shareholders/controlling persons? Yes No



EXPECTED TRANSACT	TONS	
	monthly transaction amount of Withdrawals nd corresponding number of transactions	Expected monthly transaction amount of Deposits in GHS and corresponding number of transactions
0-5k No.	5-20k No. 20-50k No. 50k+ No. Cash	0-5k No. 5-20k No. 20-50k No. 50k+ No.
Cheques/Draft	Cheques/Draft	
Funds Transfer	Funds Transfer	
Forex	Forex	
Source of Funds Savir	Business Income Inheritance Investments	Sale of Property Other
ACCOUNT SERVICES		
Tick if you do not want E-Bu	ndle 🗌	
Cards: CBG Proprietary E-Zwich	Card Mastercard: i. Classic ii. Gold iii. Platinum Others (Please sp	ecify)
Electronic Banking Transa	action Alert Recipient:	
Full Name		Phone Number
User Email Address		
Statement Preference:	Email Collection at Branch Statement Frequ	ency: Monthly Quarterly
Cheque Book Requisition: 5	0 leaves 100 leaves	
drawing, transfer, remittance	es that to the full extent permitted by law, Consolidated Bank ee, disclosure, any activity or any incidence on the customer's password ID or any means whether or not occasioned by	account by the act of the knowledge and or use, or
CONTACT PERSON/NE	XT OF KIN (in case of emergency)	
CONTACT PERSON/NE	Gender Male Female	
		Last Name
Title	Gender Male Female	Last Name
Title Name First Name	Gender Male Female  Middle Name	Last Name  none Number (2)
Title  Name First Name  Relationship	Gender Male Female  Middle Name	
Title  Name First Name  Relationship  Phone Number (1)	Gender Male Female  Middle Name	
Title  Name First Name  Relationship  Phone Number (1)  Residential Address	Gender Male Female  Middle Name	
Title  Name First Name  Relationship  Phone Number (1)  Residential Address  MMDA  Region	Gender Male Female  Middle Name	
Title  Name First Name  Relationship  Phone Number (1)  Residential Address  MMDA  Region  SPECIMEN SIGNATURE  I/ We declare that all the p form; governing the opening	Gender Male Female Middle Name	have read the terms and conditions attached to this tank Ghana Limited and agree to be bound by them. I.
Title  Name First Name  Relationship  Phone Number (1)  Residential Address  MMDA  Region  SPECIMEN SIGNATURE  I/ We declare that all the p form; governing the opening We also confirm that I/ we Limited and a tariff guide.	AND DECLARATION OF ACCEPTANCE  articulars given by me/ us are true. I/ We confirm that I/ we g, operation and closure of the accounts with Consolidated B	have read the terms and conditions attached to this ank Ghana Limited and agree to be bound by them. In a customer accounts with Consolidated Bank Ghana
Title  Name First Name  Relationship  Phone Number (1)  Residential Address  MMDA  Region  SPECIMEN SIGNATURE  I/ We declare that all the p form; governing the opening We also confirm that I/ we Limited and a tariff guide.	AND DECLARATION OF ACCEPTANCE  articulars given by me/ us are true. I/ We confirm that I/ we g, operation and closure of the accounts with Consolidated B have collected a copy of the terms and conditions governing	have read the terms and conditions attached to this ank Ghana Limited and agree to be bound by them. In a customer accounts with Consolidated Bank Ghana
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Title  Name First Name  Relationship  Phone Number (1)  Residential Address  MMDA  Region  SPECIMEN SIGNATURE  I/ We declare that all the p form; governing the opening We also confirm that I/ we Limited and a tariff guide.	AND DECLARATION OF ACCEPTANCE  articulars given by me/ us are true. I/ We confirm that I/ we g, operation and closure of the accounts with Consolidated B have collected a copy of the terms and conditions governing the confirmation of the confirmation	have read the terms and conditions attached to this ank Ghana Limited and agree to be bound by them. In ground customer accounts with Consolidated Bank Ghana SIGNING.
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Title  Name First Name  Relationship  Phone Number (1)  Residential Address  MMDA  Region  SPECIMEN SIGNATURE  I/ We declare that all the pform; governing the opening We also confirm that I/ we Limited and a tariff guide.  PLEASE ENSURE THAT	AND DECLARATION OF ACCEPTANCE  articulars given by me/ us are true. I/ We confirm that I/ we g, operation and closure of the accounts with Consolidated B have collected a copy of the terms and conditions governing.  TYOU HAVE FULLY COMPLETED THIS FORM BEFORE  Specimen Signature of First or Sole Applicant  Name:	have read the terms and conditions attached to this ank Ghana Limited and agree to be bound by them. In ground customer accounts with Consolidated Bank Ghana SIGNING.



### FOR BANK USE ONLY

A. ADDRESS VERIFICATION	ON CARRIED OUT BY:		
Name:			
RO/RM Signature		Date D	M M Y Y Y
Comments			
B. DOCUMENT VERIFICAT	TION CARRIED OUT BY (For higher risk category)		
Name:			
ŭ	ead Compliance/MD/CEO may sign):	Date	MMYYYY
Designation	Signature	Date D	M M Y Y Y
C. SANCTIONS SCREENIN	NG CARRIED OUT BY:		
Name:			
Signature		Date	M M Y Y Y
Designation			
KYC PROFILE/AUTHEN	TICATION		
Is the Applicant a PEP/FEP/	DNFBP ?(Underline as applicable) Yes	No All Both	
Name	P	osition	
Very Low Risk Low	Risk Medium Risk High Risk	Very High Risk	
	n Portal or Tool. Complete the parameters and rat		
Branch Name		/ Name	
Account No.	Si	gnature	
RO/RM Code		Date D M M Y Y	Υ
RELATIONSHIP OFFICER	'S DECLARATION		
required to establish the ide information arising from my ibank's guidelines. I acknowledge that it shall Manager, Branch Operation	e above named prospective customer(s) of the bank, entity, address and with a view to establishing his/hinterview and due diligence, I confirm that my AML ris be my responsibility to continuously monitor account Manager and the Compliance Officer. If at any pospecialate any suspicious transaction(s) identified on the	er eligibility as an account holder with k rating of the prospective customer is nt holder(s) account activity and to p int in time, there is any significant cha	the bank. On the basis of appropriate and in line with romptly inform the Branch
Relationship Officer		Emp. No.	
Signature		Date	
Account Opened by			
Name of CSO:	Signature:	Г	late.



### CONCURRENCE AND APPROVALS

ВОМ		Emp. No.	
Signature		Date	
I hereby approve the opening of the	is account		
Branch Manager		Emp. No.	
Signature		Date	
Exceptional Approval (For high rish	c accounts only)		
Head of Compliance or MD/CEO			
Signature		Date	

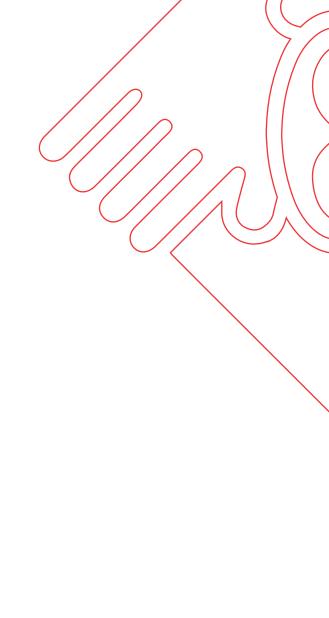
## FOR JOINT ACCOUNTS / ITF

Please complete in BLOCK LETTERS and tick " $\sqrt{\ }$ " in the appropriate box where applicable.

### PERSONAL DETAILS

	Photo N	Telephone:Mobile:	Serial Number SN:	Proof of Address (Indicate type and	Previous Residential Address (If less than 3 years at current ac	Current Residential Address:	ID No.	Birth Cert for Minors	Nationality:	Marital Status:	Gender: Male F	Trust Account Name (If applicable)	Full Name (Mr. / Mrs. / Ms. / Others: (As per ID/Passport for Joint Account/ITF)
Date DDMMYYYY	Name:Specimen Signature:	Email Address: Specimen Signature of Joint applicant		ne Electricity Water Others Specify GP Code	Previous Residential Address:  (If less than 3 years at current address) House No. Plot No. Street	Street House No. Plot No. Street	ID Issue Date D D M M Y	Student ID	Country of Residence:  d National Driver's Licence Passport	Mother's Maiden Name:	Female Date of Birth: DDMMMYYY	plicable)	./Others:): First Name
		\$S:	Date of Visitation	Nearest Landmark	Area	Area	Y Y Exp.	Country of Issue	Voter's ID S		Place of Birth:		Middle Name
CONSOLIDATED BANK 61			tation DDMMYYY		Country	Country	Exp. Date D M M Y Y Y	ssue	SSNIT Card				Last Name





### **GENERAL TERMS AND CONDITIONS**

### (A) ACCOUNT MANDATE

I/We hereby authorize and request you to:

- 1. Open a current/ savings account in my/our name and at any time subsequently, to open further accounts as I/We may direct. We understand and agree that you may at your discretion and without giving any reason thereto decline to accept my/our account application. I/We also understand that until such time that you shall inform me/us in writing of the relevant Account number, no account relationship is established with you.
- 2. Honor such cheques or other orders which may be drawn on my/our said account provided such cheques or orders are signed by me/us and to debit such cheques or order to the said account whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft or increase of overdraft and in consideration, I/We agree:
- a. All cheque books will be collected in person.
- b. To assume full responsibility for the genuineness, correctness, and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and receipts or other documents deposited.
- c. To ensure that I/We safeguard our accounts, chequebooks, passwords and debit cards to prevent their unauthorized and/or fraudulent use. Any negligence on my/our part to safeguard our accounts, chequebooks, passwords and debit cards may be a ground for any consequential loss being charged to my/our account; and in the event my/our chequebook (or any cheque(s)) are mislaid, lost or stolen, I/We will immediately notify the Bank. In this regard, I/we will report any discrepancy in the number of cheques received to the Bank within seven (7) working days of having received the said cheque book.
- d. To be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank's rules for the conduct of a current/ savings account which may be in force from time to time, and where this account is a joint account, our liability hereunder shall be joint and several;
- e. To free the Bank from any responsibility for any loss or damage to funds deposited with it due to any future government order, law, levy, tax, embargo, moratorium, exchange restriction or any other cause beyond our control, and that any of all funds standing to the credit of the account are payable at any of the Bank's branches, on demand only and only in such local currency or at your option, in such local currency as may then be in local circulation;
- f. To be bound by any notification of change in conditions governing the account directed to my/our last known address and any notice or letter sent to my/our last known address shall be considered as duly delivered and received by us/me at the time it will be delivered in the ordinary course of post;
- g. That if a cheque credited to my/our individual current/ savings account is returned dishonoured, it may be transmitted to us/me through our last known address either by the bearer or post;
- h. That the Bank may at any time without assigning any reason with at least 7 (seven) days notice to me/us, close my account whether it be in debit or credit;
- That the Bank will accept no liability whatsoever for funds handed to Bank representative outside banking hours or outside of the Bank's premises;
- j. That the Bank is under no obligation to honour any cheque's drawn on this account unless there are sufficient funds in the account to cover the value of the said cheques and I/We understand and agree that any such cheque may be returned to me/us unpaid but if paid, I am/We are obliged to repay the Bank on demand. The Bank reserves the right to exercise its discretion in confirming cheques before payment and without responsibility/ liability to proceed/ withhold payment of such cheque(s);
- k. That I/We will make any disagreements with entries on my Bank Statements known to the Bank within 15 days of the dispatch of the Bank Statement. Failing receipt by the Bank of a notice of disagreement of the

entries within 15 days from the day of dispatch of my Bank statement, it will be assumed by the Bank that the statement as rendered is correct;

- I. That any sum standing to the credit of the current/ savings account shall bear interest charges at the rate fixed by the Bank from time to time. That Bank is authorized to debit from the account the usual bank charges, interest, commissions and any service charge set by the Bank from time to time;
- m. That in the event that the Bank receives from myself/us ambiguous or conflicting instructions in connection with the account, the Bank may in its absolute discretion and without any liability act or decline to act as the Bank thinks fit;
- n. That the Bank is authorized to accept for safe-keeping or for collection or for any other purpose any securities or other property deposited with the Bank or received from or on behalf of myself/any of us/all of us and to release, deliver or give up any such securities or property so accepted against written instructions signed in the manner described herein;
- o. In the event of death of any one or more of us, the credit balance at that date on our account together with any security or property deposited with the Bank relating to such joint account shall be held to the order of the remaining account-holder(s) but subject to any claim, right, lien, charge, pledge, set-off, howsoever arising which the Bank may have in respect of the liability(ies) of any of the account-holders including the deceased.
- p. If an account remains inactive or dormant for such period of times as the Bank may decide, the Bank reserves the right to impose such conditions in relation to the further operation of my/our account(s) in its sole and absolute discretion.
- q. The Bank may at any time at its sole and absolute discretion and upon written notice to me/us add and/or change one or more of these Terms & Conditions which shall take effect from the time of posting of the said notice
- r. No failure or delay by the Bank in exercising or enforcing any right or option under these Terms & Conditions shall operate as a waiver thereof or limit, prejudice or impair the Bank's right to take any action or to exercise its rights against me/us or render the Bank responsible for any loss or damage arising therefrom

### (B)TERMS AND CONDITIONS FOR OTHER SERVICES

- 1. I /We agree that in the use of the SMS Banking services and Debit Card, the following additional terms & conditions will apply in addition to the general terms and conditions.
- 2. It is my/our responsibility to safeguard my/our mobile telephone handset and/or Card(s) and keep any confidential information, including but not restricted to security procedures, codes, and personal identifiers secret in order to prevent unauthorized and fraudulent use. Loss of the handset or Card and/or suspicion of tampering must be reported immediately to the Bank.
- 3. Any verbal report of loss or suspicion of tampering must be followed, within 5 days, by a written notice to the Bank. The Bank will not be liable for any loss occurring from use of the service by unauthorized persons before such notification.
- 4. The Bank may charge a replacement levy for the issuance of a new
- 5. If I/We wish to have an additional card for my/our account, I/We shall sign the mandate to indicate the additional user who will also be one of the account holders and shall sign the mandate to indicate same.
- 6. The Bank may cancel or invalidate a card without assigning any reason, but I/We can voluntarily cancel a card with the necessary documentation and a confirmation in writing within 5 days of any verbal instruction to cancel.



- 7. Debit cards or cheque books not collected after 90 days of request shall be destroyed by the bank.
- 8. I/We agree that you may leave a message for me/us on an answering machine or facsimiles or with any person answering the phone or with an automated dialling system.
- 9. Text messages between us may be recorded/monitored so that you can have records of our transactions and maintain service quality.
- 10. You are permitted to act on any instructions given by an authorized person provided the security procedures are followed. However, you may refuse to act on any instruction if it is unclear or might be in breach of a law, regulation or contractual agreement between us.
- 11. You will not be liable to me/us for any loss, indirect or consequential, incurred by not acting on my/our instructions, such failure being caused by force majeure, acts beyond our reasonable control.
- 12. You shall give notice of any variation in operation, features, terms and conditions of the service and the times the service will be available.
- 13. I/We hereby confirm that we shall completely read and understand the instruction manual attached to the Debit Card and will conform strictly to the details therein.
- 14. Any cards issued for this/these service(s) is/are the property of the Bank and shall be surrendered upon first demand; the rights and use of the Card(s) are not transferable in any form.
- 15. I/We agree to indemnify you against any loss, damage or liability which might occur as a result of non-compliance with the above and I/We shall be solely or jointly liable for any negligence, misuse, dishonesty or unlawful use whatsoever of the service provided herewith.
- 16. I/We agree to the use and disclosure of my/our information as set out in this notification.
- 17. I/We agree that all funds standing to the credit of my/our accounts are payable at any of the branches of the Bank in the country where my/our accounts are domiciled and that cash withdrawals of any foreign currency shall be subject at all times to availability.

### (C) DISCLOSURE POLICY

The Customer hereby consents that the Bank and/or any of its officers or employees may disclose any information (including information relating to its business, accounts, held with the Bank) concerning the customer for any purpose. Disclosure may be made to:

- 1. Any office or branch of the Bank,
- 2. Any agent, contractor or third-party service provider, or any professional advisor of the Bank.
- 3. Any guarantor or third-party security provided by the customer.
- 4. Any credit reference Bureau, Rating Agency and a collection agency.

- 5. Any regulatory, supervisory, governmental or quasigovernmental authority with jurisdiction over the Bank.
- 6. Any actual or potential participant in, or assignee, novatee or transferee of, any of the Bank's right and/or obligations and relation to the customer
- 7. Any person to whom the Bank is required or authorized by law or court order to make such disclosure.
- 8. Any person who is under a duty of confidentiality to the bank.
- 9. Any bank or financial institution with which I/We have or propose to have dealings.
- 10. Any Overseas Regulator or Tax Authority for the purpose of establishing any tax liability in compliance with an order, agreement with the Overseas regulators or tax Authorities

### (D) FAX/EMAIL INDEMNITY AND STATEMENTS

The Bank is authorized to act on banking instructions sent by me/us in relation to these accounts by facsimile or e-mail unless otherwise stated by me/us. I/We hereby expressly authorize the bank to send statements and /or advices in relation to my/our accounts to the contact address provided by me/us by way of email and /or fax.

All documents or information regarding my/our account or transactions with the Bank will be binding if they are in form of data message or accessible in a form which they may be read, stored and retrieved whether electronically or as a computer printout for subsequent reference.

In consideration of the bank so doing, I/We hereby release, indemnify and hold the Bank harmless from and against all actions, suits, proceedings, costs (including legal costs), claims, demands, charges, expenses, losses and/or liabilities arising there from provided the bank has not been negligent, has acted in good faith and in accordance with my/our written instructions. The bank has no obligation, duty or liability to the customer on contract, tort or whatsoever for breach of statutory duty or otherwise in respect of statements or balances advised via SMS or E-statements.

### (E) GOVERNING LAW

These terms and conditions and the account(s) shall be governed by the Laws of Ghana. The Customer irrevocably submits to the non-exclusive jurisdiction of the Ghana Courts. The Bank may, however, bring any action(s) before the Courts in any other jurisdiction.

### (F) DISCLAIMER CLAUSE

The Bank disclaims liability for any funds or assets deposited by me/us which are subsequently found to have been derived from illegal sources or activities. By signing, I/We confirm that the funds/assets deposited are not derived from any illegal sources or activities.

Name	Name	
Authorised Signature	Authorised Signature	
Date	Date	