

AKIM BOSOME RURAL BANK LTD

ACCOUNT OFFING FORMS

INDIVIDUAL / JOINT ACCOUNT

NAME:	
ACCOUNT NUMBER.	
ACCOUNT NUMBER:	
BRANCH NAME	CUSTOMER NUMBER



ACCOUNT OPENING FORM INDIVIDUAL/JOINT ACCOUNT ACCOUNT TYPE Savings Current Joint Other Specify **Affix Passport Photograph** AGENCY/ Here **BRANCH STAMP** ACCOUNT NO. (For office use only) **1A PERSONAL INFORMATION** Title Surname First Name Middle Name(s) Former Name Gender M F Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Place of Birth **Date of Birth** D Μ Μ **Mother's Maiden Name Nationality** Resident Permit No. **Permit Issue Date Permit Expiry Date** D M Μ D M M **Tax Identification Number (TIM)** Region **Purpose of Account (Please Tick)** Salary Savings Business Other, Specify **1B PERSONAL INFORMATION** Title Surname **First Name** Middle Name(s) Former Name Gender M F Marital Status (Please tick as appropriate) Single Married Other (Pls Specify)



Date of Birth D D M M Y Y Y Place of Birth	
Place of Birtin	
Mother's Maiden Name	
Nationality Resident Permit No.	
Permit Issue Date D D M M Y Y Y Y Permit Expiry Date D D M M Y Y Y Y	
Tax Identification Number (TIN)	
Region	7
Purpose of Account (Please Tick)	_
Salary Savings Business Others (Specify)	
2. CONTACT DETAILS	
Residential Address	_
City / Town / Village Nearest Landmark	7
	_
Proof of Address (Indicate type and Serial Number)	
Metropolitan, Municipal, District Assembly Area (MMDA)	
	٦
Mailing Address	_
Phone Number 2 Phone Number 2	
Email Address	
B. VALID MEANS OF IDENTIFICATION	
National ID Card Driver's License Passport Voter's ID	
ID No.	
ID Issue D D M M Y Y Y Y Expiry D D M M Y Y Y	
Date Date	
4. EMPLOYMENT DETAILS	
Employed Self Employed Unemployed Student Others (Pls Specify)	
Date of Employment (If Employed)	
Annual Salary / Expected Annual Income	
Annual Salary Less than GH ¢ 5,000 GH¢ 5,001 – 10,000 GH¢ 10,001 – 20,000 More than GH¢ 20,000	



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(Please tick as appropriate)

Mandate authorization (Sole Signatory	Please tick as appropria Either to Sign E	ate) Both to Sign	
Name: _			
Surname _			
Other Name –			
Class of Signatory _			
Identification Type _			
Identification No			
Telephone Number _			
Signature and Date -			
	PHOTO(S)	PHOTO(S)	
FOR BANK USE ONLY		FOR BANK USE ONLY	
Name	Signature	Name	Signature
9 ACCOUNT SERVICES(S)	REQUIRED (Please tick the	applicable option below)	
Card Preferences ATI	M Card GH Link	Others (Please specify)	
Electronic Banking Preferen	ces Internet Banking Mo	obile Banking Others (Pl	ease specify)
Transaction Alert Preferenc	es Email Alert 🔲 S	SMS Alert	
Statement Preference Statements to be collected at	the Branch/Agency	Statement Free Semi-Annually	quency: Annually
10 DECLARATION / DISCLO	OSURE		
I/We hereby apply for the openin herein and the documents suppl			
I/We further undertake to indemr	nify the Bank for any loss suffered	d as a result of any false informa	ation provided to the Bank.

DISCLOSURE TO CREDIT REFERENCE BUREAUX

The Bank will obtain any information about you from the credit reference bureaux to check your credit status and identify. The bureaux will record our enquiries which may be seen by other institutions that make their own credit enquiries about you

The Bank shall also disclose your credit transactions to credit reference bureaux in accordance with the Credit Reporting Act, 2007 (Act 726).



Email Address
Class of Signatory (please indicate class in the box provided)
Duty.
Signature Date D M M Y Y Y Y
7. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS (1)
Surname
First Name
Middles Name(s)
Date of Birth D D M M Y Y Y Y Gender M F Mother's Maiden Name
Date of Birth D D M M Y Y Y Y Gender M F Mother's Maiden Name
Notionality
Nationality RESIDENT PERMIT NO.
Type of Identification ID number
ID Issue Date D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y
Occupation
Job Title Position
Status as a Director (PIs tick as appropriate) Chairman Managing Director/Chief Executive Officer Executive Director Non-Executive Director Chief Financial Officer Other (PIs Specify)
Position/Office of the Officer
Residential Address
Nearest Landmark
Nearest Editorillark
City/Town
Metropolitan, Municipal District Assembly Area (MMDA) Region
Phone Number1 Mobile Number
Phone Number Other Number
Email Address



11. (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

	Date			
	Dute			
INTERPRETER				
ETATION				
		INTERPRETER	Date	INTERPRETER

1 REQUIREMENT CHECKLIST

Savings Account

Savi	ngs Account			
NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form.			
2.	Specimen signature card duly completed			
3.	Recent passport photograph			
4.	Proof of identity: International passport, Driver's license or			
l	National Health card, Valid Ghanaian Voters ID (original			
	must be signed)			
5.	Resident Permit (for non-Ghanaian)			
	Proof of Address: Utility bills etc. (Certified true copy is			
	acceptable if the original is not helg)			
	Letter from Employer / School (for salary account and or			
I	student only)		I	I

Fixed/Current/Fixed Investment/Other Types of Account

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				



2 AUTHENTICATION FOR FINANCIAL INCLUSION
i. Is the customer socially or financially disadvantaged? Yes No III ii. if answer to the question (I) above is YES, state other documents obtained in line with the Bank's policy on
social/financially disadvantaged customer in compliance with paragraphof AML/CFT Regulation,
iii. Does the Customer enjoy tiered KYC requirement? Yes No iv. If answer to question (iii) above is YES, identify the customer risk category Low Risk Medium Risk High Risk
3 AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS
Is the Applicant a Politically Exposed Person? Yes No
A. ACCOUNT OPENED BY:
Name
Signature:
B. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:
Nama
Name
Signature:
C. ADDRESS VERIFICATION CARRIED OUT BY:
Name

Signature:

D D M M Y Y Y



СО	COMMENTS(S) (Address description and result finding):																										
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