



AKIM BOSOME RURAL BANK LTD
ACCOUNT OPENING FORMS
INDIVIDUAL / JOINT ACCOUNT

NAME:

ACCOUNT NUMBER:

BRANCH NAME

CUSTOMER NUMBER



ACCOUNT OPENING FORM INDIVIDUAL/JOINT ACCOUNT

ACCOUNT TYPE Savings Current Joint Other Specify

**AGENCY/
BRANCH
STAMP**

Affix
Passport
Photograph
Here

ACCOUNT NO. (For office use only)

1A PERSONAL INFORMATION

Title **Surname**

First Name

Middle Name(s)

Former Name

Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Gender M F

Date of Birth **Place of Birth**

Mother's Maiden Name

Nationality **Resident Permit No.**

Permit Issue Date **Permit Expiry Date**

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

Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Gender M F



Date of Birth

D	D	M	M	Y	Y	Y	Y

Place of Birth

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)

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Region

Purpose of Account (Please Tick)

Salary Savings Business Others (Specify)

2. CONTACT DETAILS

Residential Address

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

City / Town / Village

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

Nearest Landmark

Proof of Address
(Indicate type and Serial Number)

Metropolitan, Municipal, District Assembly Area (MMDA)

Mailing Address

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

Phone Number 1

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

Phone Number 2

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

Email Address

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

3. VALID MEANS OF IDENTIFICATION

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

ID No.

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

ID Issue Date

D	D	M	M	Y	Y	Y	Y

Expiry Date

D	D	M	M	Y	Y	Y	Y

4. EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Others (Pls Specify)

Date of Employment (If Employed)

D	D	M	M	Y	Y	Y	Y

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



(Please tick as appropriate)

Mandate authorization (Please tick as appropriate)

Sole Signatory Either to Sign Both to Sign

Name: _____

Surname _____

Other Name _____

Class of Signatory _____

Identification Type _____

Identification No. _____

Telephone Number _____

Signature and Date _____



FOR BANK USE ONLY	
_____	_____
Name	Signature

FOR BANK USE ONLY	
_____	_____
Name	Signature

9 ACCOUNT SERVICES(S) REQUIRED (Please tick the applicable option below)

Card Preferences ATM Card GH Link Others (Please specify) _____

Electronic Banking Preferences Internet Banking Mobile Banking Others (Please specify) _____

Transaction Alert Preferences Email Alert SMS Alert

Statement Preference

Statements to be collected at the Branch/Agency

Statement Frequency:

Semi-Annually Annually

10 DECLARATION / DISCLOSURE

DECLARATION

I/We hereby apply for the opening of account(s) with Bank. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) I/We therefore confirm that such information

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information 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)

Signature _____ Date

D	D	M	M	Y	Y	Y	Y

7. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS (1)

Surname

First Name

Middle Name(s)

Date of Birth

D	D	M	M	Y	Y	Y	Y

Gender M F

Mother's Maiden Name

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 (Pls tick as appropriate)

Chairman Managing Director/Chief Executive Officer Executive Director Non-Executive Director
Chief Financial Officer Other (Pls Specify)

Position/Office of the Officer

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number1

Mobile Number

Phone Number2

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.

MARK/ THUMBPRINT OF CUSTOMER

WITNESSED BY OFFICER OPENING THE ACCOUNT

Date

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NAME AND ADDRESS OF INTERPRETER

LANGUAGE OF INTERPRETATION

1 REQUIREMENT CHECKLIST**Savings 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 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 held)			
	Letter from Employer / School (for salary account and or student only)			

Fixed/Current/Fixed Investment/Other Types of Account

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

