

ANLO RURAL BANK LIMITED

ACCOUNT OPENING FORM - Corporate (Please indicate the category and the type of account to be opened by ticking the appropriate box below)															
Category of Business															
Limited Liability Company Partnership Sole Proprietorship MMDA's Charities															
Other, Specify															
ACCOUNT TYPE Savings Current Account ACCOUNT NO. (For office use only)															
AGENCY / ACCOUNT NO. (Fo	or office use only)														
BRANCH															
STAMP															
1 COMPANY DETAILS (Please complete in BLOCK LETTERS and tick	k where necessary														
Company/Business Name															
Certificate of Incorporation/Registration															
Date of Incorporation D D M M Y Y Y Y Jurisdict	ion of														
or Registration D D M M Y Y Y Y Jurisdict Incorporation/	Registration														
Parent Company's Country of Incorporation Type or Nature of Business															
Sector/Industry															
Operating Business Address 1															
Operating Business Address 2															
Corporate Business Address/Registered Office (If different from about	ove)														
Email Address															
Website (If any)															
Dhana Numbar 1	Phone Number 2														
Phone Number 1	Priorie Number 2														
Tax Identification Number (TIN)	Cortificate to Commonso Business Number														
Tax identification Number (Till)	Certificate to Commence Business Number														
Other Reference Number	Please Specify														
2 ANNUAL TURNOVER															
2 ANNUAL TURNOVER															
a) GHS 0 - 9,999 GHS 10,000 - 49,999 GHS 50,000 - 99	0,999 GHS 100,000 and above														
b) Is your Company listed on the Ghana Stock Exchange? Yes	No GSE Ref. No.														

3. KEY CONTACT PERSON/PRINCIPAL OFFICER DE	TAILS											
Surname												
First Name												
Middle Name(s)												
Date of Birth D D M M Y Y Y	Gender M F											
Mother's Maiden Name	RESIDENT PERMIT NO.											
Nationality												
Type of Identification	ID Number											
ID Issue Date D D M M Y Y Y	Y ID Expiry Date D D M M Y Y Y Y											
Occupation												
Job Title	Position											
Job Title	Position											
Residential Address												
Nesidential Address												
Nearest Landmark												
City/Town												
Metropolitan, Municipal District Assembly Area (M	MDA's) Region											
Phone Number 1	Mobile Number											
Phone Number 2	Other Number											
Email Address												
4. ACCOUNT SIGNATORY'S DETAILS (1)												
Surname												
First Name												
Middle Name(s)												
Date of Birth D D M M Y Y Y	Gender M F											
Nother's Maiden Name RESIDENT PERMIT NO.												
Nationality												
Type of Identification	ID Number											
	2.											

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Email Address															
Class of Signatory (Please in	dicate cl	ass in	the bo	ox provid	ded)			Date							
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Surname															
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First Name Middle Name(s)															
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First Name Middle Name(s) Date of Birth Mother's Maiden Name Nationality Type of Identification ID Issue Date Occupation						ID Expiry D) Num								Y
First Name Middle Name(s) Date of Birth D Mother's Maiden Name Nationality Type of Identification ID Issue Date Occupation Job Title						ID Expiry D) Num								Y
First Name Middle Name(s) Date of Birth D Mother's Maiden Name Nationality Type of Identification ID Issue Date Occupation Job Title						ID Expiry D) Num								Y
First Name Middle Name(s) Date of Birth D Mother's Maiden Name Nationality Type of Identification ID Issue Date Occupation Job Title Residential Address Nearest Landmark						ID Expiry D) Num								Y
First Name Middle Name(s) Date of Birth D Mother's Maiden Name Nationality Type of Identification ID Issue Date Occupation Job Title Residential Address						ID Expiry D) Num								Y 3.

Metropolitan, Municipal Distric	ct Assembly Area (MMDA's)	Region
Phone Number 1		Mobile Number
Phone Number 2		Other Number
Email Address		
Class of Signatory (Please ind	icate class in the box provided)	Date
		D D M M Y Y Y
	Signature:	
6. ACCOUNT SIGNATORY'S DE	TAILS 3	
Surname		
First Name		
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Middle Name(s)		
2		
Date of Birth D D M	M Y Y Y Y Gender N	VI F
Mother's Maiden Name		RESIDENT PERMIT NO.
Nationality		
Type of Identification		ID Number
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Occupation		
Job Title		Position
Residential Address		
Nearest Landmark		
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 City/Town		
Metropolitan, Municipal Distric	ct Assembly Area (MMDA's)	Region
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Phone Number 1		Mobile Number
Phone Number 2		Other Number
Email Address		
Class of Signatory (Please ind	icate class in the box provided)	
		Date
		D D M M Y Y Y
	Signature:	

7. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROP	MOTER/EXECUTORS/ADMINISTRATORS (1)
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Middle Name(s)	
Date of Birth	
Date of Birth D D M M Y Y Y Gen	der M F
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Mother's Maiden Name	RESIDENT PERMIT NO.
Nationality	
Type of Identification	ID Number
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Occupation	
ob Title	Position
ctatus as a Director (Please tick as appropriate)	
hairman Managing Director/Chief Executive Officer	Executive Director Non-Executive Director
Chief Financial Officer Other, Specify	
osition/Office of the Officer	
Residential Address	
Jearest Landmark	
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Metropolitan, Municipal District Assembly Area (MMDA's)	Region
Phone Number 1	Mobile Number
Phone Number 2	Other Number
mail Address	
9 DETAILS OF THE DIRECTORS/EVECUTIVES/TRUSTES/DRO	MOTER/EVECTIONS/ADMINISTRATORS (2)
8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROGurname	OMOTERY EXECUTORS (ADMINISTRATORS (2)
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Лiddle Name(s)	
Date of Birth D D M M Y Y Y Gen	der M F
Mother's Maiden Name	

	RESIDENT PERMIT NO.
Nationality	
Type of Identification	ID Number
ID Issue Date D D M M Y Y Y ID Exp	D D M M Y Y Y
Occupation	
Job Title	Position
Status as a Director (Please tick as appropriate)	
Chairman Managing Director/Chief Executive Officer Execu	utive Director Non-Executive Director
Chief Financial Officer Other, Specify	
Position/Office of the Officer	
Residential Address	
Nearest Landmark	
Nearest Landinark	
City/Town	
Metropolitan, Municipal District Assembly Area (MMDA's)	Region
Phone Number 1	Mobile Number
Thome Number 1	Wieblie Nambel
Phone Number 2	Other Number
Email Address	
9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOT Surname	ER/EXECUTORS/ADMINISTRATORS (3)
First Name	
Middle Name(s)	
Date of Birth D D M M Y Y Y Gender M	M F
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Mother's Maiden Name	RESIDENT PERMIT NO.
Nationality	RESIDENT PERIVITINO.
Type of Identification	ID Number
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Occupation	
Job Title	Position
	6

Status as a Director (Please tick as appropriate)	
Chairman Managing Director/Chief Executive Officer	Executive Director Non-Executive Director
Chief Financial Officer Other, Specify	
Position/Office of the Officer	
Residential Address	
Nearest Landmark	
City/Town	
Metropolitan, Municipal District Assembly Area (MMD)	A's) Region
Phone Number 1	Mobile Number
Phone Number 2	Other Number
Email Address	
10. DETAILS OF THE SHAREHOLDERS	
I. Name of affiliated Company/Body	
1.	
2	
3	
II. PRINCIPAL SHAREHOLDERS (Shareholding of 10% and abova). Full Name of Shareholder	ve)
a). Full Name of Shareholder	
Address	
Status	Percentage Holding
Mobile Number	Nationality
Email Address	
Registration Certificate (if a Shareholder)	
legistration certificate (if a shareholder)	
Country of Incorporation (if a Corporate Shareholder	
Name(s) of Beneficial owner(s) (if any)	
b). Full Name of Shareholder	
Address	
Status	Percentage Holding
Mahila Numban	
Mobile Number	Nationality
	7.

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^{*}Terms and Conditions: Short Messaging Service (SMS) charges shall apply

LETTER OF SET-OFF

I/We agree that you (in addition to any general lien or similar right to which you as my/our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's accounts with liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

Authorized Signature of the Customer/Representative & Date

Authorized Signature of the Customer/Representative & Date

14.	ED	OE I	ИD	EM	NITY
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I/We undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

15.ACCOUNT OPENING N	MANDATE													
(Please tick as appropriate)														
a) Account Type					_									
Current Account S	avings Account		Oth	er typ	es of	Acc	ount							
b) Account Name														
c) Account Number (For Ba	nk use only)													
d) Mandate authorization	n/Combination	Rule (PI	ease ti	ck as ap	propi	riate)								
Sole Signatory Two	or more	If two	or m	ore are	e to s	ign, p	oleas	e sp	ecif	y				
e) Signatories														
Surname									_					_
Other Name(s)									-					-
Class of Signatory									-					-
Identification Type									-					-
Identification Number									-					-
Telephone Number									-					-
Signature or Thumbprint (Please repeat below)									-					-
Signature or Thumbprint									_					_
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FOR BANK USE ONLY

1. REQUIREMENTS CHECKLISTS

NO.		CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Certificate of Incorporation				
4.	Certificate of Registration				
5.	Form A details of ownership showing registration of Business name, Registration receipt (Current year)				
6.	Copy of constitution rules of the prospective club or society				
7.	Certificate to commence business				
8.	Board Resolution to open Account				
9.	Memorandum and Article of Association				
10.	Tax Clearance Certificate				
11.	Tax Identification Number (TIN)				
12.	Partnership Deed (where applicable)				
13.	Approval Letters (MMDAs)				
14.	Trust Deed				
15.	Act/Gazette (for Government Agency - where applicable)				
16.	Two (2) Passport sized photographs of each signatory to the account with name written on the reverse side				
17.	Introduction Letter (where applicable)				
18.	Banker's Opinion				
19.	Resident Permit (for non-Ghanaians)				
20.	Evidence of Registration with Ghana Investment Promotion Center (where applicable)				
21.	Evidence of Registration with other Government Agency(ies)				
22.	Search Report (Registrar General's Department)				
23.	Power of Attorney (where applicable)				
24.	Letter of Indemnity				
25.	Proof of Company Address				
26.	Business Premises visitation Certificate				
27.	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms ents - Passport, National ID Card, National Driver's License and Voter's ID Card.				
28.	Proof of Identity of all Signatories and Directors/Officers				
	whose names appear on the account opening forms/docum-				
	ents - Utility bill (Certified true copy is acceptable if original is not held.				
29.	Two completed satisfactory reference forms				
30.	Copy of the audited Financial statement(s) of affairs				
31.	Others (please specify)				
*Note					

Originals and photocopies of documents mentioned above must be provided

Originals and priotocopies or docar	nents mentioned above n	Trust be provided
2. KYC RISK PROFILE		
(Please tick appropriate risk profile)		
Low	Medium	High
Please refer the AML/CFT Handbook Indicate which Director, Executive, T (PEP)		or or Administrator is a Politically Exposed Person
Name		Position

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