



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

AGENCY /
BRANCH
STAMP

ACCOUNT NO. (For office use only)

1 COMPANY DETAILS (Please complete in BLOCK LETTERS and tick where necessary)

Company/Business Name

Certificate of Incorporation/Registration

Date of Incorporation or Registration

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Jurisdiction of 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 above)

Email Address

Website (If any)

Phone Number 1

Phone Number 2

Tax Identification Number (TIN)

Certificate to Commence Business Number

Other Reference Number

Please Specify

2 ANNUAL TURNOVER

a) GHS 0 - 9,999 GHS 10,000 - 49,999 GHS 50,000 - 99,999 GHS 100,000 and above

b) Is your Company listed on the Ghana Stock Exchange? Yes No GSE Ref. No. 1.

3. KEY CONTACT PERSON/PRINCIPAL OFFICER DETAILS

Surname

First Name

Middle Name(s)

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID Expiry Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation

Job Title

Position

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area (MMDA'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	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender M F

Mother's Maiden Name

RESIDENT PERMIT NO.

Nationality

Type of Identification

ID Number

Permit Issue Date

D D M M Y Y Y Y

Permit Expiry Date

D D M M Y Y Y Y

Occupation

[Grid for occupation]

Job Title

[Grid for job title]

Position

[Grid for position]

Residential Address

[Grid for residential address]

Nearest Landmark

[Grid for nearest landmark]

City/Town

[Grid for city/town]

Metropolitan, Municipal District Assembly Area (MMDA's)

[Grid for MMDA's]

Region

[Grid for region]

Phone Number 1

[Grid for phone number 1]

Mobile Number

[Grid for mobile number]

Phone Number 2

[Grid for phone number 2]

Other Number

[Grid for other number]

Email Address

[Grid for email address]

Class of Signatory (Please indicate class in the box provided)

[Grid for class of signatory]

Date

D D M M Y Y Y Y

Signature: _____

5. ACCOUNT SIGNATORY'S DETAILS (2)

Surname

[Grid for surname]

First Name

[Grid for first name]

Middle Name(s)

[Grid for middle name(s)]

Date of Birth

D D M M Y Y Y Y

Gender M F

Mother's Maiden Name

[Grid for mother's maiden name]

RESIDENT PERMIT NO.

Nationality

[Grid for nationality]

Type of Identification

[Grid for type of identification]

ID Number

[Grid for 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

[Grid for occupation]

Job Title

[Grid for job title]

Position

[Grid for position]

Residential Address

[Grid for residential address]

Nearest Landmark

[Grid for nearest landmark]

City/Town

[Grid for city/town]

Metropolitan, Municipal District Assembly Area (MMDA's)

Region

Phone Number 1

Mobile Number

Phone Number 2

Other Number

Email Address

Class of Signatory (Please indicate class in the box provided)

Date

D	D	M	M	Y	Y	Y	Y

Signature: _____

6. ACCOUNT SIGNATORY'S DETAILS 3

Surname

First Name

Middle Name(s)

Date of Birth

D	D	M	M	Y	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

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area (MMDA's)

Region

Phone Number 1

Mobile Number

Phone Number 2

Other Number

Email Address

Class of Signatory (Please indicate class in the box provided)

Date

D	D	M	M	Y	Y	Y	Y

Signature: _____

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

Surname

First Name

Middle Name(s)

Date of Birth Gender M F

Mother's Maiden Name

RESIDENT PERMIT NO.

Nationality

Type of Identification

ID Number

ID Issue Date

ID Expiry Date

Occupation

Job Title

Position

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 (MMDA's)

Region

Phone Number 1

Mobile Number

Phone Number 2

Other Number

Email Address

8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS (2)

Surname

First Name

Middle Name(s)

Date of Birth 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 Expiry Date **D D M M Y Y Y Y**

Occupation

Job Title Position

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 (MMDA's) Region

Phone Number 1 Mobile Number

Phone Number 2 Other Number

Email Address

9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS (3)

Surname

First Name

Middle Name(s)

Date of Birth **D D M M Y 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

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 (MMDA'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

-
-
-

II. PRINCIPAL SHAREHOLDERS (Shareholding of 10% and above)

a). Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration 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

Mobile Number

Nationality

Email Address

Grid for Email Address

Registration Certificate (if a Shareholder)

Grid for Registration Certificate

Country of Incorporation (if a Corporate Shareholder)

Grid for Country of Incorporation

Name(s) of Beneficial owner(s) (if any)

Grid for Name(s) of Beneficial owner(s)

c). Full Name of Shareholder

Grid for Full Name of Shareholder

Address

Grid for Address

Status

Grid for Status

Percentage Holding

Grid for Percentage Holding

Mobile Number

Grid for Mobile Number

Nationality

Grid for Nationality

Email Address

Grid for Email Address

Registration Certificate (if a Shareholder)

Grid for Registration Certificate

Country of Incorporation (if a Corporate Shareholder)

Grid for Country of Incorporation

Name(s) of Beneficial owner(s) (if any)

Grid for Name(s) of Beneficial owner(s)

11. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

Table with 5 columns: S/N, NAME AND ADDRESS OF BANK/BRANCH, ACCOUNT NAME, ACCOUNT NUMBER, STATUS: ACTIVE/DORMANT

12. ACCOUNTS SERVICE(S) REQUIRED (Please tick any 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 Preferences

Statements to be collected at the Branch/Agency

Frequency

On-Demand [] Annually []

13. LETTER OF SET-OFF

(Title) _____

..... Bank

.....
.....

*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. LETTER OF INDEMNITY

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 MANDATE

(Please tick as appropriate)

a) Account Type

Current Account Savings Account Other types of Account

b) Account Name

c) Account Number (For Bank use only)

d) Mandate authorization/Combination Rule (Please tick as appropriate)

Sole Signatory Two or more If two or more are to sign, please specify

e) Signatories

Surname _____

Other Name(s) _____

Class of Signatory _____

Identification Type _____

Identification Number _____

Telephone Number _____

Signature or Thumbprint _____
(Please repeat below)

Signature or Thumbprint _____

PHOTO(S)

PHOTO(S)

PHOTO(S)

FOR BANK USE ONLY

Name

Signature

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 - 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/documents - 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

2. KYC RISK PROFILE

(Please tick appropriate risk profile)

Low

Medium

High

Please refer the AML/CFT Handbook

Indicate which Director, Executive, Trustee, Promoter, Executor or Administrator is a Politically Exposed Person (PEP)

Name _____

Position _____

