



# ANLO RURAL BANK LIMITED

Affix  
Passport  
Photograph  
Here

## ACCOUNT OPENING FORM - INDIVIDUAL/JOINT ACCOUNT

ACCOUNT TYPE Savings  Current  Joint  Other, Specify

AGENCY /  
BRANCH  
STAMP

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 

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"/>

 Place of Birth

Mother's Maiden Name

Nationality  Resident Permit No.

Permit 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"/>

 Permit 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"/>

Tax Identification Number (TIN)  Region

Purpose of Account (Please Tick) Salary  Savings  Business  Other, Specify

Nearest Landmark

Educational Level: Basic  Secondary  Tertiary  Other, Specify

Next of Kin:

### 1B. 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

1C. 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

1D. EMPLOYMENT DETAILS

Employed  Self Employed  Unemployed  Retired  Student  Other, Specify

Date of Employment (If Employed) 

D	D	M	M	Y	Y	Y	Y

Annual Salary/ Expected Annual Income

Less than GHC5,000  GHC5,001 - 10,000  GHC10,001 - 20,000  More than GHC20,000

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)

Region

Purpose of Account (Please Tick) Salary  Savings  Business  Other, Specify

1E. DETAILS OF NEXT OF KIN

Title  Gender M  F

Surname

First Name:

Middle Name:

Date of Birth

Relationship

Phone Number (1)

Phone Number (2)

Residential Address

Region

## 2A. 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)

Region

Purpose of Account (Please Tick)

Salary

Savings

Business

Other, Specify

Nearest Landmark

Educational Level: Basic

Secondary

Tertiary

Other, Specify

Next of Kin:

## 2B. 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

[Grid for Email Address]

**2C. VALID MEANS OF IDENTIFICATION**

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

ID No [Grid]

ID Issue Date [D D M M Y Y Y Y Grid]

Expiry Date [D D M M Y Y Y Y Grid]

**2D. EMPLOYMENT DETAILS**

Employed  Self Employed  Unemployed  Retired  Student  Other, Specify [Text]

Date of Employment (If Employed) [D D M M Y Y Y Y Grid]

Annual Salary/ Expected Annual Income

Less than GHC5,000  GHC5,001 - 10,000  GHC10,001 - 20,000  More than GHC20,000

Date of Birth [D D M M Y Y Y Y Grid]

Place of Birth [Text]

Mother's Maiden Name

[Grid for Mother's Maiden Name]

Nationality [Text]

Resident Permit No. [Text]

Permit Issue Date [D D M M Y Y Y Y Grid]

Permit Expiry Date [D D M M Y Y Y Y Grid]

Tax Identification Number (TIN) [Grid]

Region [Text]

Purpose of Account (Please Tick) Salary  Savings  Business  Other, Specify [Text]

**2E. DETAILS OF NEXT OF KIN**

Title [Text] Gender M  F

Surname

[Grid for Surname]

First Name:

[Grid for First Name]

Middle Name:

[Grid for Middle Name]

Date of Birth

[Grid for Date of Birth]

Relationship

[Grid for Relationship]

Phone Number (1)

[Grid for Phone Number (1)]

Phone Number (2)

[Grid for Phone Number (2)]

Residential Address

[Grid for Residential Address]

Region [Text]



**6. 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)**

Mandate Authorization (Please tick as appropriate) Sole Signatory  Either to Sign  Both to Sign

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)

FOR BANK USE ONLY  
\_\_\_\_\_  
Name Signature

**7. 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 is correct.

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 THE CREDIT REFERENCE BUREAUX**

The Bank will obtain any information about you from the credit reference bureaux to check your credit status and identity. The bureaux will accord 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 to credit reference bureaux in accordance with the Credit Reporting Act, 2007 (Act 726).

Name:..... Signature:..... Date:.....

Name:..... Signature:..... Date:.....

**8. (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

Permit Issue Date 

D	D	M	M	Y	Y	Y	Y

NAME AND ADDRESS OF INTERPRETER

NAME AND ADDRESS OF INTERPRETER

**FOR BANK USE ONLY**

**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, Voter's ID (Original must be sighted)			
5.	Resident Permit (non-Ghanaian)			
6.	Proof of Address: Utility bills etc. (Certified true copy is acceptable if the original is not held)			
7.	Letter from Employer/School (for salary account and or student only)			





