

# ANLO RURAL BANK LIMITED

ER BANK LINE																								
ACCOUNT OPEN (Please indicate the cate)												below	)											
Category of Bus	iness							_							-		r		-				_	
Limited Liability	Comp	any		Par	tner	ship		S	ole I	Pro	prie	etors	hip		N	1MD	A's		C	har	itie	5		
Other, Specify				]																				
ACCOUNT TYPE	Savir	ngs		Curre	ent A	Ассо	unt		]															
AGENCY / BRANCH STAMP											10.	(For c	office us	e only)										
1 COMPANY DE	ETAILS	(Ple	ase o	comp	olete	in E	BLO	CK LI	ETTE	RS	and	d tic	k wł	nere	e ne	cess	sary							
Company/Busine	ess Na	me											-			_								
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Certificate of Inc	corpor	atior	n/Reg	gistra	ition																			
Date of Incorporatio or Registration	on D	D	M	M	Y	Y	Y	Y	lr	ncor			ion c 'Regi		ion									
Parent Company		-		ncorp	orat	ion																		
Type or Nature of	of Busi	iness						1					1			1	1							
Sector/Industry																								
								1																$\neg \neg$
Operating Busine	ess Ad	ldres	s 1																					
			-																					
Operating Busine	ess Ad	ldres	s 2																1					
Corporate Busin	ess Ac	ldres	s/Re	giste	red	Offic	ce (I	f dif	ferei	nt fi	rom	n abo	ove)				1							
Email Address								1					1			1								
Website (If any)																								
Phone Number 2	1												Phe	one	Nu	l mbe	er 2							
							]																	
Tax Identificatio	n Num	nber	(TIN)	)			1	_					Cei	rtifi	cate	to	Com	me	nce	e Bu	isine	ess N	lum	ber
Other Reference	Num	ber					1	T					Ple	ase	Spe	ecify	/							
2 ANNUAL TUR	NOVE	R																						
a) GHS 0 - 9,999		GF	IS 10	,000	- 49	,999	Э 🗌		SHS	50,0	000	- 99	9,999	Э 🗌		GH	S 10	0,0	00	anc	l ab	ove		
b) Is your Compa	any list	ted o	on th	e Gh	ana	Stoc	k Ex	chai	ngei	? Ye	es [		Nc			GS	E Re	ef. N	o. [					1.

3. KEY CONTACT PERSON/PRINCIPAL OFFICER DETAILS	
Surname	
First Name	
Middle Name(s)	
Date of Birth D D M M Y Y Y Gender M	Л 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 Expi	iry Date D D M M 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	
4. ACCOUNT SIGNATORY'S DETAILS (1)	
Surname	
First Name	
Middle Name(s)	
Date of Birth D D M M Y Y Y Gender M	
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
	2.

Permit Issue Da	te D	D	M	M Y	Y	Y	Y	Pe	rmit	t Expir	y Dat	e	) D	Μ	Μ	Y	Y	Y	Y
Occupation																			
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Nearest Landma	ark							-	1								-		
City/Town																			
Metropolitan, N	/iunicipa	ai Dist	rict P	amezz	iy Are	ea (Iv		45)		Re	gion								
Phone Number	1										1. Anhile	NIII	mber						
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Phone Number	2										)ther	Nun	hber						
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Email Address		I									I					<u> </u>			I
Class of Signa	tory (Ple	ease i	ndica	te class	in the	box	provid	ded)				_							
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				Signa	ture:-														
5. ACCOUNT S	IGNATO	RY'S	DETA	ILS (2)															
Surname									1										
First Name																			
Middle Name(s	)												1						
Date of Birth	D D	Μ	Μ	Y	Y ۱	( `	Y	Ge	nde	r M		F							
Mother's Maide	en Name	2											וח					0	
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Nationality Type of Identific											D Nur	」∟ nhe							
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Occupation																			
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Metropolitan, Municipal District	Assembly Area <b>(MMDA's)</b>	Region					
Dhana Numhan 1		Mahila	Number				
Phone Number 1			Number				
Phone Number 2		Other N	Number				
Email Address							
Class of Signatory (Please indic	ate class in the box provided)						
			Date				
			D D	Μ	M Y	Y	Y Y
	Signature:						
6. ACCOUNT SIGNATORY'S DET							
Surname							
First Name							· · · · · · · · · · · · · · · · · · ·
Middle Name(s)							
Date of Birth D D M N	I Y Y Y Y Gender I	M F	:				
Mother's Maiden Name							
			F	RESIDEN	IT PERI	MIT NO	Э.
Nationality							
Type of Identification		ID Num	nber				
ID Issue Date D D M	M Y Y Y Y ID Exp	oiry Date	D D	M	M Y	Y	ΥY
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 N	lumber				
Email Address							
Class of Signatory (Please indica	ate class in the box provided)						
			Date				
			D D	MM	Y Y	ΥY	Υ
	Signature:						4.

7. DE	TAILS OF ACCOUNT HELD	WITH OTHER BANKS	BY THE	PROSPI	ECTIVE	CUSTO	OMER	
S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	A	.CCOUN	NT NUM	1BER		STATUS: ACTIVE/DORMANT
8. AC	COUNTS SERVICE(S) REQ	UIRED (Please tick any	applica	ble op	tion be	low)		
Card P	references ATM Car	d 🔄 GH Link 🗌	(	Others	(Please s	pecify)		
Electro	onic Banking Preferences	Internet Banking	Mobi	e Bank	ing	Oth	ers (Ple	ease specify)
Transa	ction Alert Preferences*	Email Alert	SMS Ale	rt 📃				
Staten	nent Preferences				Fre	quen	cy	
Staten	nents to be collected at t	ne Branch/Agency			On	Dema	nd [	Monthly
9. LET	TER OF SET-OFF							
				(Title	)			
		·····Bank						
	R OF SET-OFF							
	gree that you (in addition	n to any general lien or	similar	right to	which	งดน ลง	s mv/c	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

### **10. 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.

11. ACCOUNT OPENING														
(Please tick as appropriate)	VIANDATE													
a) Account Type														
Current Account Sa	avings Account		Oth	er ty	oes o	of Acc	ount							
b) Account Name														 
c) Account Number (For Ba	nk use only)													
d) Mandate authorizatior	n/Combination	Rule (P	lease tio	ck as a	ppro	priate)								
Sole Signatory Two	or more	lf two	o or mo	ore ai	re to	sign,	pleas	se sp	ecify	,				
e) Signatories														
Surname														
Other Name(s)														
Class of Signatory														
Identification Type														
Identification Number														
Identification Number														
Telephone Number														
Signature or Thumbprint														
(Please repeat below)														
									_					
Signature or Thumbprint														
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Name									-		Si	gnatu	re	
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6.

## **12. 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).

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#### FOR BANK USE ONLY

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

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