



# ANLO RURAL BANK LIMITED

## ACCOUNT OPENING FORM - Entities (Microfinance Group)

(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.



Permit Issue Date

D D M M Y Y Y Y

Permit 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: \_\_\_\_\_

**5. ACCOUNT SIGNATORY'S DETAILS (2)**

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: \_\_\_\_\_

**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: \_\_\_\_\_



**11. 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 \_\_\_\_\_



