ANLO * CHARLES ANK LINE	ANLO RURAL BANK LIMITED	Affix
ACCOUNT OPENII	NG FORM - INDIVIDUAL/JOINT ACCOUNT	Passport
ACCOUNT TYPE	Savings Current Joint Other, Specify	Photograph Here
AGENCY / BRANCH STAMP		
ACCOUNT NO.	(For office use only)	
1A. PERSONAL IN	FORMATION	
Title	Surname	
First Name		
Middle Name(s)		
Former Name		
Marital Status (Please	Tick as appropriate) Single Married Other (PIs Specify) Gender	M F
Date of Birth	D     M     Y     Y     Y       I     I     I     I	
Mother's Maiden I	Name	
Nationality	Resident Permit No.	
Permit Issue Date	D D M M Y Y Y Permit Expiry Date D D M	ΜΥΥΥΥΥ
Tax Identification N	umber (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 DET		
Residential Address	S	
City/Town/Village	Nearest Landmark	
		1.

Proof of Address (Indicate type and serial Number) Metropolitan, Municipal, District Assembly Area (MMDA)
Mailing Address       Mailing Address         Image: Address       Image: Address         Phone Number 1       Phone Number 2         Image: Address       Image: Address         Image: Address       Image: Address
1C. VALID MEANS OF IDENTIFICATION
National ID Card   Driver's License   Passport   Voter's ID     ID No   ID   ID   ID
ID Issue Date       D       D       M       M       Y       Y       Y       Expiry Date       D       D       M       Y       Y       Y
1D. EMPLOYMENT DETAILS
Employed       Student       Other, Specify
Date of Employment (If Employed)
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       Permit Expiry Date       D       D       M       Y       Y       Y
Tax Identification Number (TIN)   Region
Purpose of Account (Please Tick)       Salary       Savings       Business       Other, Specify
<b>1E. DETAILS OF NEXT OF KIN</b> Title       Gender M       F
Surname         First Name:
Middle Name:
Relationship   2.

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	
Mother's Maiden Name	
Nationality Resident P	ermit No.
Permit Issue Date D D M M Y Y Y Permit Ex	piry Date D D M M 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 O	ther, 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
	3

Email Address
2C. 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       Expiry Date       D       D       M       M       Y       Y       Y         ID Issue Date       ID       ID <td< td=""></td<>
2D. EMPLOYMENT DETAILS
Employed    Student    Other, Specify
Date of Employment (If Employed)
Annual Salary/ Expected Annual Income
Less than GHC5,000 GHC5,001 - 10,000 GHC10,001 - 20,000 More than GHC20,000
D     D     M     M     Y     Y     Y       I     I     I     I     I
Mother's Maiden Name
Nationality Resident Permit No.
Permit Issue Date       D       M       M       Y       Y       Y       Permit Expiry Date       D       D       M       Y       Y       Y
Tax Identification Number (TIN)
Purpose of Account (Please Tick)       Salary       Savings       Other, Specify
2E. 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

3. ADDITIONAL DET	TAILS																							
Name of Beneficial (		s) of	the	Acco	ount	-																		
Spouse's Name					_						_	_												_
Spouse's Date of Bir	'th								Spo	use'	s Oc	cup	atio	n										
D D M M	Y Y	Y	Y																					
Sources of Funds to t	the Acco	ount	1																					
Sources of Funds to t	the Acco	ount	2																					
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Expected income fro	m othe	r sou	irces	5																				
	D		1																					
Name of Associated	busines	s(es)	1																					
Name of Associated	Busines		12																					
		3(23)	2																					
Type of Business																								
Type of Business																								
4. ACCOUNTS WITH																								
4. ACCOUNTS WITH			VN3																					
S/N NAME AND A		5	ACC	COUI	NT N	JAN	ΊE			AC	COL	JNT	NU	MB	ER				•	сти	STA			NIT
OF BANK/BF	KANCH																		A		/E/C	JUK	IVIA	
		_																						
5. ACCOUNT SERVIC	CE(S) RE	OUI	RED	(Plea	ase t	ick t	he a	innli	cabl	e opi	ion k	elov	N)											
Card Preferences	ATM	Card			G	iH L	ink			C	the	rs (P	leas	e spe	ecify	)								
Electronic Banking P	<b>'referen</b>	ices	Inte	ernet	t Ba	nkiı	ng [		M	obil	e Ba	nkir	ng 🗌		Ot	ner	s (P	leas	se sp	pecif	y)			
Transaction Alert Pre	eferenc	es*	Ema	ail Al	ert			SN	AS A	lert														
Statement Preference													F	req	uer	icy			_			_		
Statements to be col	llected a	at the	e Bra	anch	n/Ag	enc	cy						(	Dn-[	Dem	an	d			Nor	nthly	y [		

6. ACCOUNT OPENING M			
(Please tick as appropriate)			
a) Account Type			
	avings Account 📃 Other	types of Account	
b) Account Name			
c) Account Number (For Ba	nk use only)		
Mandate Authorization (F	Please tick as appropriate) Sole Sig	natory Either to Sign B	oth 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 B/		
	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/THUMBPRIN OF CUSTOMER	IT							WIT OPE				-				
Permit Issue Date	D	DN	ЛМ	Y	Y	Y	Y									
NAME AND ADDRES	SS OF	INTE	RPRE	TER [												
NAME AND ADDRES	SS OF	= INTE	RPRE	TER [												

## 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 Recent passport photograph 3. Proof of identity: International Passport, Driver's license or 4. National Health Card, Voter's ID (Original must be sighted) 5. Resident Permit (non-Ghanaian) Proof of Address: Utility bills etc. (Certified true copy is 6. acceptable if the original is not held) Letter from Employer/School (for salary account and 7. or student only

No.	DOC	CUME	N 1 2 1	<u>KEQU</u>	JIREI	)				C	HECH	(ED		DEF	ERR	-D		WA	IVED	)
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COMMENT(S) (Address description and result finding):	
D. ACCOUNT OPENING AUTHORIZED BY:	
Name	
D D M M Y Y	ΥY
Signature:	
AUTHORIZED	
Name	
D D M M Y Y	Y Y
Signature: MANAGER'S CONFIRMATION	