

Entity Account Opening Form

General Account Information (Complete in block letters and tick where applicable)

Business Category:

- | | |
|---|---|
| <input type="checkbox"/> Societies / Clubs / Associations / Trustees | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Non-governmental Organisations | <input type="checkbox"/> Schools / Institutions |
| <input type="checkbox"/> Foreign Companies And Subsidiaries | <input type="checkbox"/> Client Account |
| <input type="checkbox"/> Limited Liability Companies | <input type="checkbox"/> Executors |
| <input type="checkbox"/> Government Ministries, Departments, Agencies and Authorities | |
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Other (specify) <input type="text"/> |

FOR BANK USE ONLY

Account Branch

Account Name

Account No. 1

Account No. 2

Date

Account Type: Current Account Savings Account

Account Currency: ₺ \$ £ €

Purpose of Account (1): Loan Servicing Investment Transactional Savings Salaries

Others (specify)

Purpose of Account (2): Loan Servicing Investment Transactional Savings Salaries

Others (specify)

Source(s) of Funds for the Account(s):

1

2

Business Details

Business Name:

Certificate of Inc./Registration No.: Date of Issue:

Regulator's Certificate/Licence No.: Date of Issue:

Jurisdiction of Inc./Registration: TIN:

Parent Company's Country of Inc.: Digital Address:

Type/Nature of Business:

Sector/Industry: Product/ Service Traded:

Operating Business Address:

Business Address/ Registered Office:

If different from the above indicate

Location of Office: Landmark:

Metropolitan, Municipal and District Assembly (MMDA):

Mobile No(s): Telephone No.:

Email Address: Website (if any):

Number of Directors: No. of Employees:

Mode of Salary payment: Cash Cheque Direct Credit

Is your company listed on the Ghana Stock Exchange? Yes No GSE Reference Number:

Name of Introducer(s):

Introducer's Address:

Introducer's Mobile No(s). Telephone No.

Name of affiliated companies/body:

Foreign Account Tax Compliance Act (FATCA) Requirement For US Nationals

Tax Identification No. Social Security No.

Common Reporting Standard (CRS) Certification (sign off is mandatory for all Customers)

Entity Self Certification

Is the Entity a Tax Resident of another Country? Yes No

If **Yes**, complete an additional CRS Form. If **No**, kindly sign the declaration below

Declaration of Tax Residency (other than Ghana)

Please indicate the Entity's place of tax residence (if resident in more than one jurisdiction please detail all jurisdictions and associated tax reference number type and number).

If an entity has no residence for tax purposes please indicate the jurisdiction in which its place of effective management is situated. Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent and indicate the reason below.

Country/Countries of tax residency	Tax reference number

If applicable, please specify the reason for non-availability of a tax reference number:

.....

Entity Declaration and Undertakings

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete. I/We undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs, which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.

I/we acknowledge that it is an offence to make a self-certification that is false in a material particular.

Authorised Signature: _____ Authorised Signature: _____

Position/Title: _____ Position/Title: _____

Date (dd/mm/yyyy): _____ Date (dd/mm/yyyy): _____

Account Service(s) required (Please tick applicable option below)

Card Preference: Mastercard Corporate Others (specify)

Electronic Banking Preference: Internet Banking Mobile Banking

Transaction Alert Preference: E-Alert SMS Alert
Complete a separate form if you ticked any of the E-Banking services above

Statement Preference: Email Postal Collection at Branch

Cheque/Savings Withdrawal Book Requisition Yes No
(The Bank advises that all Corporate Institutions should pre-confirm their cheques)

Cheque Confirmation Yes No If Yes, please specify the threshold

Beneficial Owner(s) List (You may attach a list on your letterhead if applicable)

(Beneficial owner is a person who enjoys the benefit of ownership even though title is in another name)

Title Dr. Mr. Miss Mrs. Other (specify)

Full name

Relationship to Customer

ID Type

Mobile No(s).

House No.

Landmark City/Town

Occupation Region

Spouse Name

Spouse Address

Expected Account Activity

Transaction Type	Expected No. of Transactions Per Month	Expected Amount Per Month
Deposits (Funds inflow)		
Account (1)	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-60 <input type="checkbox"/> 61 - Above	<input type="checkbox"/> 1-200,000 <input type="checkbox"/> 200,001-500,000 <input type="checkbox"/> 500,001 plus
Account (2)	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-60 <input type="checkbox"/> 61 - Above	<input type="checkbox"/> 1-200,000 <input type="checkbox"/> 200,001-500,000 <input type="checkbox"/> 500,001 plus
Withdrawals (Funds outflow)		
Account (1)	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-60 <input type="checkbox"/> 61 - Above	<input type="checkbox"/> 1-200,000 <input type="checkbox"/> 200,001-500,000 <input type="checkbox"/> 500,001 plus
Account (2)	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-60 <input type="checkbox"/> 61 - Above	<input type="checkbox"/> 1-200,000 <input type="checkbox"/> 200,001-500,000 <input type="checkbox"/> 500,001 plus

Key Contact Person / Principal Officer's Details

Name

Surname *First Name* *Other Name(s)*

Date of Birth Gender Male Female

Mother's Maiden name TIN

Nationality Country of Residence Resident/Work Permit No.

ID. Type ID. No. Issue Date Expiry Date

Job Title %Shareholding Occupation

Residential/Permanent Address

Residential Address	<input type="text"/>	Street Name	<input type="text"/>
City/Town	<input type="text"/>	Digital Address	<input type="text"/>
MMDA	<input type="text"/>	Suburb/Landmark	<input type="text"/>
Region	<input type="text"/>	Telephone No.	<input type="text"/>

Preferred Communication Mode
 Mobile No. E-mail
(If email, complete Email Indemnity Form)

Foreign Account Tax Compliance Act (FATCA) Requirement For US Nationals

Tax Identification No.	<input type="text"/>	Social Security No.	<input type="text"/>
------------------------	----------------------	---------------------	----------------------

Account Signatories Details (1)

Name	<input type="text"/>		
	<i>Surname</i>	<i>First Name</i>	<i>Other Name(s)</i>
Date of Birth	<input type="text" value="D D M M Y Y Y Y"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's Maiden name	<input type="text"/>		TIN <input type="text"/>
Nationality	<input type="text"/>	Country of Residence	<input type="text"/> Resident/Work Permit No. <input type="text"/>
ID. Type	<input type="text"/>	ID. No.	<input type="text"/>
		Issue Date	<input type="text" value="D D M M Y Y Y Y"/>
		Expiry Date	<input type="text" value="D D M M Y Y Y Y"/>
Job Title	<input type="text"/>	%Shareholding	<input type="text"/>
		Occupation	<input type="text"/>

Residential/Permanent Address

Residential Address	<input type="text"/>	Street Name	<input type="text"/>
City/Town	<input type="text"/>	Digital Address	<input type="text"/>
MMDA	<input type="text"/>	Suburb/Landmark	<input type="text"/>
Region	<input type="text"/>	Mobile No(s).	<input type="text"/>
Email	<input type="text"/>	Telephone No.	<input type="text"/>

Foreign Account Tax Compliance Act (FATCA) Requirement For US Nationals

Tax Identification No.	<input type="text"/>	Social Security No.	<input type="text"/>
------------------------	----------------------	---------------------	----------------------

Account Signatories Details (2)

Name	<input type="text"/>		
	<i>Surname</i>	<i>First Name</i>	<i>Other Name(s)</i>
Date of Birth	<input type="text" value="D D M M Y Y Y Y"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's Maiden name	<input type="text"/>		TIN <input type="text"/>
Nationality	<input type="text"/>	Country of Residence	<input type="text"/> Resident/Work Permit No. <input type="text"/>
ID. Type	<input type="text"/>	ID. No.	<input type="text"/>
		Issue Date	<input type="text" value="D D M M Y Y Y Y"/>
		Expiry Date	<input type="text" value="D D M M Y Y Y Y"/>
Job Title	<input type="text"/>	%Shareholding	<input type="text"/>
		Occupation	<input type="text"/>

Residential/Permanent Address

Residential Address	<input type="text"/>	Street Name	<input type="text"/>
City/Town	<input type="text"/>	Digital Address	<input type="text"/>
MMDA	<input type="text"/>	Suburb/Landmark	<input type="text"/>
Region	<input type="text"/>	Mobile No(s).	<input type="text"/>
Email	<input type="text"/>	Telephone No.	<input type="text"/>

Foreign Account Tax Compliance Act (FATCA) Requirement For US Nationals

Tax Identification No.	<input type="text"/>	Social Security No.	<input type="text"/>
------------------------	----------------------	---------------------	----------------------

Account Signatories Details (3)

Name <input type="text"/>			
<i>Surname</i>		<i>First Name</i>	<i>Other Name(s)</i>
Date of Birth	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's Maiden name	<input type="text"/>	TIN	<input type="text"/>
Nationality	<input type="text"/>	Country of Residence	<input type="text"/>
		Resident/Work Permit No.	<input type="text"/>
ID. Type	<input type="text"/>	ID. No.	<input type="text"/>
Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
Job Title	<input type="text"/>	%Shareholding	<input type="text"/>
Occupation	<input type="text"/>		

Residential/Permanent Address

Residential Address	<input type="text"/>	Street Name	<input type="text"/>
City/Town	<input type="text"/>	Digital Address	<input type="text"/>
MMDA	<input type="text"/>	Suburb/Landmark	<input type="text"/>
Region	<input type="text"/>	Mobile No(s).	<input type="text"/>
Email	<input type="text"/>	Telephone No.	<input type="text"/>

Foreign Account Tax Compliance Act (FATCA) Requirement For US Nationals

Tax Identification No.	<input type="text"/>	Social Security No.	<input type="text"/>
------------------------	----------------------	---------------------	----------------------

(1) Details of the Director / Executive / Trustee /Promoter /Executor / Administrator, etc

Name <input type="text"/>			
<i>Surname</i>		<i>First Name</i>	<i>Other Name(s)</i>
Date of Birth	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's Maiden name	<input type="text"/>	TIN	<input type="text"/>
Nationality	<input type="text"/>	Country of Residence	<input type="text"/>
		Resident/Work Permit No.	<input type="text"/>
ID. Type	<input type="text"/>	ID. No.	<input type="text"/>
Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
Job Title	<input type="text"/>	%Shareholding	<input type="text"/>
Occupation	<input type="text"/>		

Status as a Director (Please tick as appropriate)

Chairman Managing Director/CEO Executive Director Non-Executive Director
 Chief Finance Officer Other (specify) _____ Date of Appointment

Date of Appointment as Director

Do you hold any directorship position in any other company? Yes No Company Name (If yes) _____

Residential/Permanent Address

Residential Address _____ Street Name _____
City/Town _____ Digital Address _____
MMDA _____ Suburb/Landmark _____
Region _____ Mobile No(s). _____
Email _____ Telephone No. _____

Foreign Account Tax Compliance Act (FATCA) Requirement For US Nationals

Tax Identification No. _____ Social Security No. _____

(2) Details of the Director / Executive / Trustee /Promoter /Executor / Administrator, etc

Name _____
Surname _____ First Name _____ Other Name(s) _____

Date of Birth Gender Male Female

Mother's Maiden name _____ TIN _____

Nationality _____ Country of Residence _____ Resident/Work Permit No. _____

ID. Type _____ ID. No. _____ Issue Date Expiry Date

Job Title _____ %Shareholding _____ Occupation _____

Status as a Director (Please tick as appropriate)

Chairman Managing Director/CEO Executive Director Non-Executive Director
 Chief Finance Officer Other (specify) _____ Date of Appointment

Date of Appointment as Director

Do you hold any directorship position in any other company? Yes No Company Name (If yes) _____

Company Name (If yes) _____

Residential/Permanent Address

Residential Address _____ Street Name _____
City/Town _____ Digital Address/
Pin Code _____
MMDA _____ Suburb/Landmark _____
Region _____ Mobile No(s). _____
Email _____ Telephone No. _____

Foreign Account Tax Compliance Act (FATCA) Requirement For US Nationals

Tax Identification No. _____ Social Security No. _____

(3) Details of the Director / Executive / Trustee / Promoter / Executor / Administrator, etc

Name	<input type="text"/>		
	<i>Surname</i>	<i>First Name</i>	<i>Other Name(s)</i>
Date of Birth	<input type="text" value="D D M M Y Y Y Y Y Y Y Y"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's Maiden name	<input type="text"/>		TIN <input type="text"/>
Nationality	<input type="text"/>	Country of Residence	<input type="text"/> Resident/Work Permit No. <input type="text"/>
ID. Type	<input type="text"/>	ID. No.	<input type="text"/>
		Issue Date	<input type="text" value="D D M M Y Y Y Y Y Y Y Y"/>
		Expiry Date	<input type="text" value="D D M M Y Y Y Y Y Y Y Y"/>
Job Title	<input type="text"/>	%Shareholding	<input type="text"/> Occupation <input type="text"/>
Status as a Director <i>(Please tick as appropriate)</i>			
<input type="checkbox"/>	Chairman	<input type="checkbox"/>	Managing Director/CEO
<input type="checkbox"/>	Executive Director	<input type="checkbox"/>	Non-Executive Director
<input type="checkbox"/>	Chief Finance Officer	<input type="checkbox"/>	Other <i>(specify)</i> <input type="text"/>
		Date of Appointment	<input type="text" value="D D M M Y Y Y Y Y Y Y Y"/>
Date of Appointment as Director	<input type="text" value="D D M M Y Y Y Y Y Y Y Y"/>		
Do you hold any directorship position in any other company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Company Name (If yes) <input type="text"/>
Residential/Permanent Address			
Residential Address	<input type="text"/>		Street Name <input type="text"/>
City/Town	<input type="text"/>	Digital Address	<input type="text"/>
MMDA	<input type="text"/>	Suburb/Landmark	<input type="text"/>
Region	<input type="text"/>	Mobile No(s).	<input type="text"/>
Email	<input type="text"/>	Telephone No.	<input type="text"/>

Foreign Account Tax Compliance Act (FATCA) Requirement For US Nationals

Tax Identification No.	<input type="text"/>	Social Security No.	<input type="text"/>
------------------------	----------------------	---------------------	----------------------

Principal Shareholders (Shareholding of 10% and above)

Shareholder (1)		Shareholder (2)	
Full Name	<input type="text"/>	Full Name	<input type="text"/>
Designation	<input type="text"/>	Designation	<input type="text"/>
% Shareholding	<input type="text"/>	% Shareholding	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Mobile No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
TIN	<input type="text"/>	TIN	<input type="text"/>

If a Corporate Shareholder

Name of Beneficial Owner(s) if any

Shareholder (3)

Full Name
 Designation
 % Shareholding
 Nationality
 Address
 Mobile No.
 Email
 TIN

If a Corporate Shareholder

Name of Beneficial Owner(s) if any

Shareholder (4)

Full Name
 Designation
 % Shareholding
 Nationality
 Address
 Mobile No.
 Email
 TIN

If a Corporate Shareholder

Name of Beneficial Owner(s) if any

If a Corporate Shareholder

Name of Beneficial Owner(s) if any

Account(s) Held with GCB and other Banks

Name of Bank and Branch	Account Name	Account Number

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, valuables, 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 other respect, whether such liabilities be actual or contingent, primary or collateral several or joint.

.....
(Authorised Signature)

.....
(Authorised Signature)

Terms and Conditions (Applicable to Partnership Account)

Joint and Several Liability Clause: Any liability incurred by Partnership account holders to the Bank, whether in the form of borrowing or otherwise shall be joint and several.

Full Name _____ Authorised Signature _____ Date _____

Full Name _____ Authorised Signature _____ Date _____

Full Name _____ Authorised Signature _____ Date _____

Account Opening Mandate

Please specify signing instructions :

Name	Class of Signatory (if Applicable)	Affix Photo	Specimen Signature

Declaration

I/We hereby apply for opening of account(s) with GCB Bank PLC branch. I/ We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We have read, understood and agree to be bound by the terms and conditions governing the operation of the account(s). I/ We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided.

Disclosure to Credit Reference Bureaux

The Bank will obtain information about you from the Credit Reference Bureau to check your credit status and identity. The bureau will record 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 Bureaux in accordance with the Credit reporting Act ,2007 (Act 726)

Full Name _____ Authorised Signature _____ Date _____

Full Name _____ Authorised Signature _____ Date _____

Full Name _____ Authorised Signature _____ Date _____

Company Seal Here: In the presence of:

Name: _____

Address: _____

Occupation: _____

Signature: _____ Date: _____

Terms and Conditions for GCB Bank PLC customers

These terms and conditions are applicable to all accounts.

Please read this page carefully. It provides you (The Customer(s)) with important information about GCB Bank PLC (GCB) Current, Savings and other Accounts.

1. The Bank

The information on this page (and any further instructions and conditions that may be prescribed by the Bank from time to time) are the terms of the agreement between you and GCB. When you sign the Account Opening Form you accept these terms as binding on you.

2. The Account

- 2.1 The hours of business will be advertised from time to time.
- 2.2 You assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and receipts or others deposited in the account.
- 2.3 The account may be debited for any service charge that is set by the Bank from time to time.
- 2.4 All notices or letters will be delivered to the address / email supplied by you and will be considered duly delivered and received at the time it is posted. Notices in the press will be deemed sufficient for this purpose.
- 2.5 The Bank will not be liable for funds handed over to any person other than the Bank's Cashier / Teller for the credit of your account. Any anomaly in the entries on your Bank statement must be brought to the attention of the Bank within 30 days of the date thereof and you agree that failure to give such notice absolves the Bank from all liabilities arising there from. The Bank may exercise its general lien or any similar right it is entitled to by or consolidate all or any of my / our accounts with any liabilities to the Bank and set off or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credit.

3. Instructions

- 3.1 The Bank may rely on the authority of each person designated (in a form acceptable to the Bank) by the Customer to send Instructions or do any other thing until the Bank has received written notice or other notice acceptable to it of any change from a duly authorized person and the Bank has had a reasonable time to act (after which time it may rely on the change).
- 3.2 The Bank is not responsible for errors or omissions made by the Customer or the duplication of any Instruction by the Customer and may act on any Instruction by reference to an account number only, even if an account name is provided.
- 3.3 The Bank may act on an instruction if it reasonably believes it contains sufficient information.
- 3.4 The Bank may decide not to act on an Instruction where it reasonably doubts its contents, authorization or origination and will promptly notify the Customer (by telephone if appropriate) of its decision.
- 3.5 If the Customer informs the Bank that it wishes to recall, cancel or amend an Instruction, the Bank will use its reasonable efforts to comply. If the Bank acts on any Instruction sent by any means requiring manual intervention (such as telephone, telex, telefax, electronic mail or disks sent by messenger) then, the Customer will be responsible for any loss the Bank may incur in connection with that Instruction.

4. Statements and Advice

- 4.1 Where requested, the Bank may provide statements and advice to the Customer either physically by post or electronically via e-alert / SMS Alerts or other similar service to provide information on transactions.
- 4.2 The service is provided 'As Available' and without any warranty of fitness for a specific purpose.
- 4.3 The Bank does not warrant that this service will always be uninterrupted, or that any information provided is accurate and current as at the time it is received.
- 4.4 The Bank disclaims responsibility for any defect, corruption, virus or related problems attributed to your telecom equipment or the service provided by any network provider.
- 4.5 Irrespective of the channel used to deliver the statement or advice, the Customer will notify the Bank in writing of anything incorrect in a statement or advice promptly and in any case within thirty (30) days from the date on which the statement or advice is sent to the customer.

5. Savings Account

- 5.1 Request to open a Savings Account will be granted on proper completion of the Bank's Account Opening form.
- 5.2 Deposits will be received up to any amount.
- 5.3 One account only may be opened for any one person either in his own name or jointly with another or others to receive deposits. Depositors should note that the form of Application includes a certificate that the applicant has no Savings Account at any other branch of GCB Bank Limited.
- 5.4 Money may be deposited in joint names of two or more persons to be payable to both, or all of them, or to any one or more of them, or to the survivors.
- 5.5 Collection and clearance of cheques, drafts, dividend warrants and other instruments on Savings Accounts will be allowed. However personal savings account must not be used for business purposes.
- 5.6 Interest will be calculated on the balance on account set by the Bank from time to time and applied on monthly basis.
- 5.7 In the event of the Savings Withdrawal booklet being lost or spoiled the Bank may on receiving a satisfactory explanation, and sufficient indemnity, issue a new Savings Withdrawal booklet.
- 5.8 The Bank reserves to itself the right to alter or add to these rules at any time and to alter the rate of interest allowed from time to time.

6. Cheques

- 6.1 All cheques or orders signed by you (or either or both or all of you if a joint account) will be honoured by the Bank and your account will be debited for such cheques or orders whether such account be for the time being in credit or overdrawn or may become over-drawn in consequence of such debit.
- 6.2 The Bank is under no obligation to honour any cheque drawn on your account unless there are sufficient funds in the account to cover the value of the said cheques and such cheques may be returned to you unpaid. It is an offence punishable by law to issue dud cheques.
- 6.3 The Bank may exercise discretion in allowing withdrawals against uncleared cheque(s). Where the cheques are returned unpaid thereafter the Bank shall have the right to hold on to the returned cheque and take further action it deems appropriate to recover the value of the cheque from you. The Bank shall have the right whenever it deems appropriate to confirm the issuance of a cheque drawn on the current account failing which the cheque may be returned with "Drawer's Confirmation Required" endorsed thereon.
- 6.4 Customers must ensure that their cheque books are kept under lock and key and at a secured place to prevent unauthorised persons from gaining access to same and neglect of this precaution may be a ground for any consequential loss being charged to your account.

6.5 If your cheque book gets lost, missing or stolen you must notify the Bank immediately. The Bank shall not be held liable for any unauthorised use of your cheque book where the loss or otherwise of same has not been notified immediately.

7. ATMS/E-Banking/Mobile Banking/Internet Banking

Kindly note that the Bank has different terms and conditions applying to our digital channels, mobile banking or use of an ATM and you will be required to agree separately to these terms before usage.

8. Overdrawn Account

Overdrafts may be available to customers upon arrangement with the Bank. If you do not have such arrangement and your account becomes overdrawn, the Bank may charge you an extra fee and interest at our current rate for unauthorised borrowing. If your account does not have enough cleared funds to cover an amount you want to withdraw the Bank may return your cheque unpaid. The Bank reserves the right to use credit balance on your current account to set off any outstanding exposures on any of your accounts.

9. Fees/Charges/Commissions/Interests

Customer will be liable for the payment of interest charges at the rate fixed by the Bank from time to time for any sum(s) standing to the debit of the current account. The current account may also be debited for the Bank's usual banking charges, interest, commissions, etc. Until it is otherwise provided by the Bank, all fees, charges, commissions and interests charged are non-refundable. The Bank may change its fees/charges from time to time and will advise you of this by giving you notice of the changes within a reasonable time before the increase/decrease takes effect.

10. Dormant Accounts

If you do not operate your account for a period of 2 years, your account will be classified as dormant. If you wish to use a dormant account, you must write/speak to the Bank and you will be taken through the steps to take in getting your account re-activated.

11. Termination of Agreement

- 11.1 Either party may terminate this agreement at any time by notifying the other in writing.
- 11.2 Where customer is terminating the agreement, the termination becomes effective where any cheques and amounts carried on the account have been paid and all cheque books and cards issued to customer are returned to the Bank. Where the Bank is terminating agreement and the account is overdrawn, customer must pay all sums outstanding on the account otherwise the Bank may take appropriate legal action for recovery.
- 11.3 All mandatory documentation should be completed within (2) months of opening the account. If you do not provide the required documents within two (2) months, written notice would be given to you after which your account will be automatically closed.

12. Changes to Mandate

In the event of death, incapacitation or resignation of a signatory to a multiple signature mandate, it is required of the customer to **immediately** inform the bank in writing of the event, to be followed by any changes to the mandate accompanied by appropriate Resolution from those in charge of governance.

13. Foreign Account Tax Compliant Act (FATCA)/Common Reporting Standard (CRS)

- 13.1 The Customer hereby certifies that, unless otherwise disclosed to the Bank in writing, the Customer: does not have citizenship in the United States of America (USA)/ European Union (EU) countries; is not tax resident in the USA/ EU countries; is not a national of the USA/ EU countries; was not born in the USA/ EU countries; has no mailing or residential address in the USA/EU countries; does not have an "in-care-of" or "hold mail" address in the USA/ EU countries; does not hold a passport from the USA/ EU countries; has not provided any standing instructions to transfer funds to an account maintained in the USA/ E U countries; has not granted a power of attorney and/or mandate to any American person or person with an address in the USA or a EU national; has no telephone contact number in the USA or a country of the EU. " The Customer will advise the Bank promptly in writing should any of the above change.
- 13.2 Additionally, the Customer agrees to be bound by the Bank's foreign account policy as may be updated from time to time.

14. Disclaimer Clause

- 14.1 The Bank shall not be liable for any funds / assets deposited by customer which are subsequently found to have been derived from illegal sources or activities. Customer confirms that the funds / assets deposited are not derived from any illegal sources or activities.
- 14.2 The Bank will not be responsible for any loss or damage to funds deposited with the bank due to any further Government order, law, levy, tax, embargo, moratorium, exchange restriction or any other cause beyond our control.

15. Sharing of Information

You consent to the Bank making available information concerning your account including personal information to the Central Data Bank of Ghana Association of Bankers and Credit Reference Bureaux and Agencies where necessary.

16. Treatment of Personal Information

The Bank will treat your personal information as confidential and take all reasonable steps to protect your personal information. The Bank will only disclose your personal information if: the law requires us to do so; or it is in the public interest to do so; or our interests require disclosure; or you have given us your consent. In order to consider your application for any of the products or services of the Bank or to maintain a relationship with you, you agree that the Bank may - as part of our checking and account maintenance processes - do the following: get certain of your personal information from any other party (e.g. a credit bureau or a government agency); disclose some of your personal information to these parties in order to get the information the Bank needs. If the Bank does this, it will never disclose more information than it needs to and in the process protect your personal information by complying with the relevant Data Protection laws.

17. Electronic monitoring or recording

The Customer and the Bank consent to telephonic or electronic monitoring or recording for security and quality of service purposes and agree that either may produce telephonic recording or computer records as evidence in any proceedings brought in connection with these conditions or any local conditions.

18. Jurisdiction

These terms and conditions are governed by the laws of Ghana.

I acknowledge that I have read and that I accept the Terms and Conditions hereby stipulated and I agree to be legally bound by them.

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

FOR BANK USE ONLY

1. Initial Deposit Cash GCB Cheque GCB Draft Transfer Amount

2. KYC/Risk Profile Low Risk Medium Risk High Risk

3. PEP status

Indicate which Signatory, Director, Executive, Trustee, Promoter, Executor or Administrator is a PEP

Name _____ Position _____

Source of Wealth _____

Name _____ Position _____

Source of Wealth _____

Name _____ Position _____

Source of Wealth _____

4. Requirement Checklist

Documents Required <i>(Original IDs/Documents must be seen)</i>	CHECKED	DEFERRED	WAIVED	N/A	MIS Details		
					Classification	MIS Code	MIS Description
1. Duly Completed account opening form					Industry Sector		
2. Specimen Signature(s) duly captured					Market Segment		
3. Copies of Registrar General's Department Certificate							
4. Board Resolution							
5. Copy of company constitution (Certified True Copy of Registrar of Companies)							
6. Partnership Deed							
7. Approval Letter(MMDAs)							
8. Trust Deed							
9. Act/Gazette(for Government Agency)							
10. One(1) recent Passport-Sized photograph of each signatory to the account with name written on the reverse side.							
11. Introduction Letter							
12. Status report from Banker							
13. Resident/Work Permit and Republic of Ghana Non-Citizen ID							
14. Evidence of Registration with Ghana Investment Promotion Center							
15. Evidence of Registration with other Government Agency							
16. License from authorised Government Agency/ Agencies e.g. National Communication Authority Ghana Standards Authority,etc.							
17. Search Report							
18. Power of Attorney							
19. Letter of Indemnity							
20. Proof of Company Address							
21. Proof of identity and address of all Signatories and Directors/Officerswhose name appear on the account opening forms/documents							
22. Evidence of receipts of company registration renewal							
23. Copy of Constitution, Bye Laws and Regulations							
24. Others (please specify)							

5. Account Opened By :

Name Stamp & Signature Date

6. Deferral/Waiver of Document (If Any) Authorized By :

Name Stamp & Signature Date

7. Documents Verification Carried Out By :

Name Stamp & Signature Date

Comments

8. Account Opening Authorized/Approved By:

Name Stamp & Signature Date

9. For PEP and Other High Risk Customers, Refer to the Head of Business Unit for Approval

a) Name Stamp & Signature Date

b) Name Stamp & Signature Date