

Customer Update Form - Individual

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

Transaction Branch Date

Account Number

Account Name

Tick all the applicable information to be updated

- Personal Details
 Employment Details
 Signature & Mandate
 Expected Account Activity
 Address and Contact Details

Personal Details

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

Name

Surname

First Name

Other Name(s)

Maiden Name (if applicable)

Mother's Maiden Name

Gender Male Female

Marital Status Single Married Divorced Separated Widowed

No. of Dependants Children Others Physically Challenged Status Yes No

Place of Birth Date of Birth

Hometown Nationality

Country of Residence Profession/Occupation

Educational Level Undergraduate Graduate Post Graduate Not literate

SSNIT Number TIN

Mobile No. Telephone No.

Email

Name of Spouse

Spouse Employment Mobile No.:

Are you related to a GCB employee, Director or Shareholder? Yes No

If YES, indicate the type of Relation and Name of the person

Type of Relation: Name

For Foreign Nationals Only

Resident/Work Permit No. Permit Issue Date

Place of Issue Permit Expiry Date

Residential/Permanent Address

Res. Address Street Name

Nearest Landmark

City/Town Digital Address/Pincode

Metropolitan, Municipal and District Assembly

Title to Residence Outright Ownership Mortgaged Rented
 Lease Others (*specify*)

Proof of Address Electricity Bill Telephone Bill Water Bill
 Others (*specify*)

Proof of Address Serial Number Issue Date

Postal Address

Residential Address Abroad (If Applicable)

House No. Street Name
 City/Town Suburb
 Post Code Country

Details of Contact Person (*In case of emergency*)

Name:

Relationship to contact person: Occupation:

Residential Address:

Mobile No.

Employment Details

Employment Status Employed (Public) Employed (Private) Unemployed
 Self Employed Retired Other (*specify*)

Number of Years with Current Employer: Mode of Salary payment: Cash Cheque Direct Credit

Wage/Monthly Salary (GH¢): Less than 1,000 1,000 - 5,000 5,001 - 10,000 More than 10,000

Employer's Name

Nature of Business

Employer's Address

Nearest Landmark

Region City/Town

Office Phone No. Mobile No.

Employer's Email

Valid Means of Identification (*Please tick and provide relevant details*)

ID Type	ID Number	Issue Date	Expiry Date
<input type="checkbox"/> National ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Others (<i>specify</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Services Subscription

Have you subscribed to any of our E-Banking products? Yes No

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)

Are you a Tax Resident of another Country? Yes No

Declaration of Tax Residency (other than Ghana)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country/countries of tax residency	Tax reference number

Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I 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 hereby consent to the recipient sharing this information with the relevant tax information authorities.

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

Customer Signature: Date

Expected Account Activity

Transaction Type	Expected No. of Transactions Per Month	Expected Amount Per Month
Deposits (Funds inflow)		
Account (1)	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21 & Above	<input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001 plus
Account (2)	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21 & Above	<input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001 plus
Withdrawals (Funds outflow)		
Account (1)	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21 & Above	<input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001 plus
Account (2)	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21 & Above	<input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001 plus

Declaration

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

Name: Signature Date

Customer's Specimen Signature (Sign three times in the box below)

SIGNATURE	RECENT PASSPORT-SIZED PHOTOGRAPH

FOR BANK USE ONLY

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

2. Authentication For Politically Exposed Persons

Is Applicant a PEP or associated with PEP ? Yes No

If Customer is closely associated with PEP, state relationship

Source of wealth (If a PEP or associated with a PEP)

MIS Details		
Classification	MIS Code	MIS Description
Industry Sector		
Market Segment		

3. Data Input By :

Name Signature..... Date

4. Document Verification Carried Out By :

Name Signature..... Date

Comments

5. Update Authorized/Approved By :

Name Signature..... Date

6. For PEP and Other High Risk Customers, Refer to the Managing Director /Head of Business Unit for Approval

Name Designation

Signature Date