

Customer Update Form - Individual

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

Transaction Branch Date

Account Number

Account Name

Type of Update Complete Update Partial Update

If Partial, pick applicable update

Personal Details Employment Details Signature & Mandate Expected Account Activity

Personal Details

Title Dr. Mr. Mrs. Miss. Other

Surname

First Name

Other Name(s)

Maiden Name (if applicable)

Gender Male Female

Marital Status Single Married Divorced Separated Widowed

No. of Dependants Children Others

Place of Birth Date of Birth

Nationality

Profession/Occupation Hometown

Educational Level Undergraduate Graduate Post Graduate Not literate

SSNIT Number TIN

Mobile No. Telephone No.

Email Country of Residence

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.	<input type="text"/>	Street Name	<input type="text"/>
City/Town	<input type="text"/>	Suburb	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>

Contact Person's Details

Name	<input type="text"/>		
Employment Details	<input type="text"/>		
Mobile No.	<input type="text"/>	Relationship	<input type="text"/>

Employment Details

Employment Status	<input type="checkbox"/> Employed (Public)	<input type="checkbox"/> Employed (Private)	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (<i>specify</i>) <input type="text"/>
Number of Years with Current Employer:	<input type="text"/>	Mode of Salary payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Credit
Wage/Monthly Salary (GH¢):	<input type="checkbox"/> Less than 1,000	<input type="checkbox"/> 1,000 - 5,000	<input type="checkbox"/> 5,001 - 10,000 <input type="checkbox"/> More than 10,000
Employer's Name	<input type="text"/>		
Nature of Business	<input type="text"/>		
Employer's Address	<input type="text"/>		
Nearest Landmark	<input type="text"/>		
Region	<input type="text"/>	City/Town	<input type="text"/>
Office Phone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Employer's Email	<input type="text"/>		

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

<input type="checkbox"/> National ID	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/> Driver's License	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter's ID	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/> Others (<i>Specify</i>)	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>

FATCA/Common Reporting Standard (CRS) Requirement For US/EU Nationals

Tax Identification No.	<input type="text"/>	Social Security No.	<input type="text"/>
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Expected Account Activity

Transaction Type	Expected No. of Transactions Per Month	Expected Amount Per Month
Deposits (Funds inflow) Account	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 & Above	<input type="checkbox"/> 1-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001 plus
Withdrawals (Funds outflow) Account	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 & Above	<input type="checkbox"/> 1-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001 plus

Declaration

I/We hereby apply for update of account(s) with GCB Bank Ltd 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. 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)

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

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