

I/We request you to open an Account in the books of the Bank in my/our joint name(s) and to honour cheques and orders for payment of monies drawn thereon if signed by.....me/anyone of us in accordance with specimen signature(s) given.

## GENERAL ACCOUNT INFORMATION

(Please indicate the category and the type of account to open by ticking the applicable box below)

**ACCOUNT TYPE** Savings ☐ Current ☐ Joint ☐ Other Specify

**AGENCY/  
BRANCH  
STAMP**

**CUSTOMER NO.**

**ACCOUNT NO.** (For Office use only)

### 1. ACCOUNT OPENING MANDATE

**Mandate authorization**(Please tick as appropriate)

Sole Signatory ☐ Jointly ☐ Either to Sign ☐ Both to Sign ☐

**Other Signing Instructions**

### 2. CUSTOMER INFORMATION: INDIVIDUAL / JOINT ACCOUNT- FIRST APPLICATION

**Title**

**Surname**

**First Name**

**Middle Name(s)**

**Former Name**

**Marital Status**(Please tick as appropriate) Single ☐ Married ☐ Other (Please Specify)  Gender M ☐ F ☐

**Date of Birth**

D	D	M	M	Y	Y	Y	Y

**Place of Birth**

**Mother's Maiden Name**

**Nationality**

**Resident Permit No**

**Country of Origin**

**Country of Residence**

**Permit Issue Date**

D	D	M	M	Y	Y	Y	Y

**Permit Expiry Date**

D	D	M	M	Y	Y	Y	Y

**Place of Issue**

**Hometown**

**Tax Identification Number (TIN)**

**Region**



Purpose of Account (Please Tick)

Salary ☐ Savings ☐ Business ☐ Other, Specify

Profession /  
Occupation

SSNIT No.

**3. 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

Email Address

**4. VALID MEANS OF IDENTIFICATION**

National ID Card ☐ Driver's License ☐ Passport ☐ Voter's ID ☐ Any other acceptable ID

ID No.

Country of Issue

ID Issue  
Date

Expiry  
Date

**5. EMPLOYMENT DETAILS**

Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others (Pls Specify)

Date of Employment (If Employed)

Annual Salary / Expected Annual Income

Annual Salary Less than GHC5,000 ☐ GHC5,001 - 10,000 ☐ GHC10,001 - 20,000 ☐ More than ☐

Employer's Name

Employer's Address

Nearest Landmark

City / Town / Village

Region

\_\_\_\_\_

[illegible][illegible][illegible]

## 6. DETAILS OF NEXT OF KIN

11/11/2011

F

[illegible][illegible]

D	D	M	M	Y	Y	Y	Y

[illegible][illegible][illegible][illegible][illegible]

\_\_\_\_\_

Purpose of Account (Please Tick)

Salary ☐ Savings ☐ Business ☐ Other, Specify

Profession /  
Occupation

SSNIT No.

**3. 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

Email Address

**4. VALID MEANS OF IDENTIFICATION**

National ID Card ☐ Driver's License ☐ Passport ☐ Voter's ID ☐ Any other acceptable ID

ID No.

Country of Issue

ID Issue  
Date

Expiry  
Date

**5. EMPLOYMENT DETAILS**

Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others (Pls Specify)

Date of Employment (If Employed)

Annual Salary / Expected Annual Income

Annual Salary Less than GHC5,000 ☐ GHC5,001 - 10,000 ☐ GHC10,001 - 20,000 ☐ More than

Employer's Name

Employer's Address

Nearest Landmark

City / Town / Village

Region



## 12. ADDITIONAL DETAILS

Name of Beneficial Owner(s) of the Account									
--	--	--	--	--	--	--	--	--	--

[illegible][illegible]

Spouse's Name																								
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[illegible]Spouse's  
Date of Birth

D	D	M	M	Y	Y	Y	Y

Spouse's Occupation

--

### 13. EXPECTED ACCOUNT ACTIVITY

Sources of Funds to the Account 1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

[illegible]

Sources of Funds to the Account 2														
-----------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[illegible][illegible]

--	--	--	--	--	--	--

### Frequency of Deposits



## 15. ACCOUNT MANDATE

Mandate authorization (Please tick as appropriate)

Sole Signatory ☐ Either to Sign ☐ Both to Sign ☐

Other Signing Instructions

Name:

Surname

Other Name

Class of Signatory

Identification Type

Identification No.

Telephone Number

Signature and Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PHOTO(S)

PHOTO(S)

### THUMB AND FINGERS IMPRESSION

NAME:

PHOTO

DATE:

NAME:

PHOTO

DATE:

FOR BANK USE ONLY

Name

Signature

FOR BANK USE ONLY

Name

Signature

**16. SPECIFIC CUSTOMER REQUESTS (Please tick the applicable option below)**SMS Alert ☐ Cheque Book Requisition ☐ ATM Card ☐ Savings Withdrawal Book ☐**Statement Preference**Statements to be collected at the Branch/Agency  
Annually**Statement Frequency:**Monthly ☐ Quarterly ☐ Semi-Annually ☐ ☐**17. CHEQUE CONFIRMATION**

It is a policy of Akwapim Rural Bank Limited (ARB) that beneficiaries of third party cash cheques show proof of identity ( e.g. Voters I.D, National I.D, Passport, Driver Licence)

- All third party cash cheques of GHS 1,000.00 and above may require confirmation by customer either through telephone or any other means acceptable to the bank.
- All third party cheques of GHS 2,000.00 and above presented through clearing may also require confirmation by customer, either through telephone or any other means acceptable by the bank.
- The bank reserves the right to dishonor such cheques which we are unable to reach the customer for confirmation.
- The minimum amount on cheque which requires confirmation may be varied by the bank from time to time.

THE ABOVE MEASURES HAVE BEEN ADOPTED TO PROTECT YOUR ACCOUNT FROM FRAUDULENT PRACTICES

Kindly indicate your acceptance of this policy by signing the column below.

Authorized Signature

Date

Authorized Signature

Date

**18. 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 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 record our enquires 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).

Name.....  
Date.....

Signature.....

Name.....  
Date.....

Signature.....

**19. (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/ THUMBPRINT OF  
CUSTOMER

Date

WITNESSED BY OFFICER  
OPENING THE ACCOUNT

D	D	M	M	Y	Y	Y	Y

NAME AND ADDRESS OF INTERPRETER

LANGUAGE OF INTERPRETATION



**B. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:**

[illegible]

D	D	M	M	Y	Y	Y	Y

C. ADDRESS VERIFICATION CARRIED OUT BY:

[illegible]

D	D	M	M	Y	Y	Y	Y

```
#####
#####
#####
#####
#####
#####
```

## D. ACCOUNT OPENING AUTHORIZED BY:

[illegible]

D	D	M	M	Y	Y	Y	Y

[illegible]

D	D	M	M	Y	Y	Y	Y

MANAGER'S CONFIRMATION

# APPOINTMENT OF BANKER-JOINT ACCOUNT FORM TO AKUAPEM RURAL BANK

DATE:.....

We, the undersigned.....

.....  
Hereby appointed you our Bankers and authorize and request you to open an account in our joint name to be called the .....  
Account and (I) to honour and comply with all cheques, drafts bills of exchange, promissory notes acceptances negotiable instruments and order expressed to be drawn accepted made

\*either

Or given by both one or more of us at any time or times whether the banking  
any  
all

Account is over drawn or any overdraft increased by any payment thereof or in relation thereto or is in credit or otherwise but without prejudice to your right to refuse to allow any overdraft or increase of overdraft and for any balance on the said account which may become due to you at any time we agree the survivor(s) shall have full control of all moneys then and thereafter standing to the credit of the said account and of all securities and articles deposited with you in our joint names.

(2) To honour and comply with all instructions to deliver or dispose of any securities or documents or properly held by you on our behalf, to hold us liable on all agreements and indemnities in connection with the issue of letters of credit, drafts and telegraphic transfers and with all banking transactions.

Provide any such cheques draft bills of exchange promissory notes acceptances negotiable instruments order instructions agreements and indemnities are signed by

\*either

both

any one or more of us

all

(3) To treat all cheques draft bills of exchange promissory notes acceptances negotiable instruments and orders as being endorsed on our behalf and to discount of otherwise deal with them provided such endorsements purport to be signed by

\*either

both

any one or more of us

All \*either

Both

(4) To permit any one more of us in our names and on our names and on our behalf to  
All

Negotiate for and take advances by way of discounts loans overdrafts or otherwise with or without security and pledge any specie of security for repayment or such advances.

(5) We further authorize and request that subject to any specific instructions to you to the contrary all payments and remittances received by you from time to time in the name(s) or for the credit or either or any one or more of us shall (unless there shall be at your same branch an account in such name(s) to which such payments and remittances shall be credited) to placed by you to the credit of such joint account.

We declare ourselves jointly and severally liable on all fore-going transaction.

.....  
SIGNATURE

**ACCOUNT OPENING DOCUMENT REQUIRED**

1. 2 Passport sized pictures
2. Voters ID/Driving License/Birth Certificate
3. Proof of Postal Residential Address: Utility Bills (Electricity, Water & telephone) / Bank Statement / Tenancy Agreement/ Reference Letter