

Mponua Rural Bank Ltd.

Customer satisfaction our Hallmark

ACCOUNT OPENING FORM - INDIVIDUAL/JOINT ACCOUNT

ACCOUNT TYPE Savings Current Joint Other Specify

AGENCY/
BRANCH
STAMP

Affix
Passport
Photograph
Here

ACCOUNT NO. (For office use only)

A1 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Place of Birth

Mother's Maiden Name

Nationality Resident Permit No.

Permit Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Permit Expiry Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax Identification Number (TIN) Region

Purpose of Account (Please Tick) Salary Savings Business Other, Specify

1B. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Place of Birth

Employer's Name

Employer's Address

Nearest Landmark

City / Town / Village

Region

Nature of Business/Occupation

Office Phone Number

Mobile Number

Email Address

5 DETAILS OF NEXT OF KIN

Title

Gender F M

Surname

First Name:

Date of Birth

Middle Name:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship

Phone Number (1)

Phone Number (2)

Residential Address

Region

6 ADDITIONAL DETAILS

Name of Beneficial Owner(s) of the Account

Spouse's Name

Spouse's Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's Occupation

Sources of Funds to the Account 1

Sources of Funds to the Account 2

Level of Deposits

Frequency of Deposits

Expected Annual Income from other sources

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Name of Associated Business(es) 1

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Name of Associated Business(es) 2

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Name of Associated Business(es) 3

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Type of Business

--

Business Address

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7 ACCOUNTS WITH OTHER BANKS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
1.				
2.				
3.				
4.				
5.				

8 ACCOUNT MANDATE

(Please tick as appropriate)

Mandate authorization (Please tick as appropriate)

Sole Signatory Either to Sign Both to Sign

Name:

Surname

Other Name

Class of Signatory

Identification Type

Identification No.

Telephone Number

Signature and Date

PHOTO(S)

PHOTO(S)

FOR BANK USE ONLY

Name	Signature

FOR BANK USE ONLY

Name	Signature

9 ACCOUNT SERVICES(S) REQUIRED (Please tick the applicable option below)

Card Preferences ATM Card GH Link Others (Please specify)

Electronic Banking Preferences Internet Banking Mobile Banking Others (Please specify)

Transaction Alert Preferences Email Alert SMS Alert

Statement Preference

Statements to be collected at the Branch/Agency

Statement Frequency:

Semi - Annually Annually

10 DECLARATION / DISCLOSURE

DECLARATION

I/We hereby apply for the opening of account(s) with Mponua Rural 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 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)

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

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

11 (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

WITNESSED BY OFFICER OPENING THE ACCOUNT

Date

D	D	M	M	Y	Y	Y	Y

NAME AND ADDRESS OF INTERPRETER

LANGUAGE OF INTERPRETATION

1 REQUIREMENT CHECKLIST

Savings Account

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form.			
2.	Specimen signature card duly completed			
3.	Recent passport photograph			
4.	Proof of identity: International passport, Driver's license or National Health card, Valid Ghanaian Voters ID (original must be signed)			
5.	Resident Permit (for non - Ghanaian)			
6.	Proof of Address: Utility bills etc. (Certified true copy is acceptable if the original is not held)			
7.	Letter from Employer / School (for salary account and or student only)			

Fixed/Current /Fixed Investment/Other Types of Account

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

2 AUTHENTICATION FOR FINANCIAL INCLUSION

I. Is the customer socially or financially disadvantaged? Yes No

II. If answer to the question (i) above is YES, state other documents obtained in line with the Bank’s policy on social/financially disadvantaged customer in compliance with paragraph.....of AML/CFT Regulation,

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III. Does the Customer enjoy tiered KYC requirement? Yes No

IV. If answer to question (iii) above is YES, identify the customer risk category

Low Risk Medium Risk High Risk

3 AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person? Yes No

A. ACCOUNT OPENED BY:

Name

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D	D	M	M	Y	Y	Y	Y

Signature:

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

Name

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D	D	M	M	Y	Y	Y	Y

Signature:

C. ADDRESS VERIFICATION CARRIED OUT BY:

Name

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D	D	M	M	Y	Y	Y	Y

Signature:

