



Corporate Account Opening Form



ALL SECTIONS MARKED “*” ARE MANDATORY FIELDS

*1. ACCOUNT TYPE

- ☐ Current
- ☐ Savings
- ☐ Call
- ☐ ESCROW / Collection

Please indicate product name

*2. ACCOUNT CURRENCY

- ☐ GHS
- ☐ USD
- ☐ GBP
- ☐ EUR

BRANCH

If Foreign Currency Please Select:

- ☐ Onshore ☐ Offshore

ACCOUNT NO (For official use only)

3. ACCOUNT DETAILS Please tick where necessary

*Entity Type

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> NGO's / Foundations | <input type="checkbox"/> Diplomatic Missions | <input type="checkbox"/> Microfinance Company | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Private Entity/Partnership | <input type="checkbox"/> Govt. Ministries/Parastatals | <input type="checkbox"/> Religious Organisations | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Societies and Clubs | <input type="checkbox"/> Public Partnership | <input type="text"/> |
| <input type="checkbox"/> Listed Entity | <input type="checkbox"/> Trust/Estate | <input type="checkbox"/> Partnership | |

4. COMPANY DETAILS (Please complete in BLOCK LETTERS and tick where necessary)

Company/Business Name

*Certificate of Incorporation
Registration Number

*Date of Incorporation/Registration

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"/>

*Country of Incorporation/Registration

Parent Company's Country of Incorporation

*Source of Funds

*Type/Nature of Business

*Sector/Industry

*Operating Business Address 1

Operating Business Address 2

Corporate Business Address /
Registration office (if different
from above)

Email Address

Website (if any)

*Phone Number (1)

Phone Number (2)

*Tax Identification Number

*Certificate to
Commence Business

Other Reference Number

Pls Specify

*5. EXPECTED ANNUAL TURNOVER (GHS)

☐ 0 - 100K
 ☐ 100K - 500K
 ☐ 500K - 1Mil
 ☐ 1Mil - 5Mil
 ☐ 5Mil and above

Is your Company listed on the Stock Exchange?

☐ Yes
 ☐ No

Ref No.

*Organisation/Company Management Body Location

☐ Registered Office

Other

6. E-BANKING SERVICE

Please tick where necessary

Card Preferences

☐ ATM Card
☐ Mastercard
☐ VISA
☐ Other

E-Banking Preferences

☐ Internet Banking
☐ Mobile Banking
☐ SMS Alerts
☐ Email Alerts
☐ E-Statement

E-Statements Frequency

☐ Daily
☐ Weekly
☐ Monthly

*7. SECTOR

Please tick where necessary

Agriculture

☐ Cocoa Production
☐ Livestock Breeding
☐ Poultry Farming
☐ Fishing
☐ Forestry
☐ Logging
☐ Other

Construction / Manufacturing

☐ Export
 ☐ Home Market

☐ Construction & Works
☐ Building / Construction
☐ Real Estate
☐ Food, Drink & Tobacco
☐ Textile, Clothing & Footwear
☐ Saw milling & Wood Processing
☐ Iron & Steel
☐ Paper, Pulp & Paper Products
☐ Boat/Ship Building & repairs
☐ Manufacturing of Motor Vehicles
☐ Other

Transport Storage Communication

☐ Railway Transport
 ☐ Road Transport
☐ Air Transport
 ☐ Communications
☐ Ocean and other Water Transport
☐ Storage and Warehousing

Mining & Quarrying

☐ Bauxite
☐ Diamonds
☐ Gold
☐ Manganese
☐ Quarrying
☐ Mineral Trade
☐ Mining and Mineral Support Services
☐ Other

Commerce & Finance: (Import Trade)

☐ Motor Vehicle Import & Declaration
☐ Machinery & Heavy Equipment
☐ Arms & Military Equipment/Nuclear Equipment
☐ Other

Commerce & Finance: (Import Trade)

☐ Hire Purchase Companies
☐ Building Society and Corporations
☐ Microfinance
☐ Money Services Business
 (Forex Bureau, Western Union, etc)

Miscellaneous

☐ Estate & Trust
☐ Antique Business/Artifacts
☐ Associations - Religious Organisations
 /Churches/NGOs/Foundations/Clubs

Commerce & Finance

☐ Cocoa Marketing
☐ Timber Marketing
☐ Diamond Marketing
☐ Mortgage Financing

Electricity, Gas & Water

☐ Electric Light & Power
☐ Gas Manufacturing & Distribution
☐ Water Supply
☐ Oil & Gas - Upstream, Downstream,
 Engineering Services and Fuel Stations

Services

☐ Printing, Publishing & Allied Products
☐ Recreation Services
☐ Salary Credit
☐ Business Services
☐ Health Services
☐ Education (for School)
☐ Other

Commerce & Finance: (Import Trade)

☐ Cocoa Exports
☐ Timber Exports
☐ Other

*8. EXPECTED TRANSACTIONS

Expected monthly transaction amount of Withdrawals
in GHS and corresponding number of transactions

	0-5k	No.	5-20k	No.	20-50k	No.	50k+	No.
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheques / Drafts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expected monthly transaction amount of Deposits
in GHS and corresponding number of transactions

	0-5k	No.	5-20k	No.	20-50k	No.	50k+	No.
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheques / Drafts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Source of Funds ☐ Savings ☐ Business Income ☐ Inheritance ☐ Investments ☐ Sale of Property ☐ Other

Please provide details if you selected Business Income, Inheritance, Sale of Property or Other

Countries where funds are likely to be transferred

INWARD

OUTWARD

Reasons for such transfers

*9. ASSOCIATED BUSINESS(ES)

Name of Business

Type of Business

Address

10. INITIAL DEPOSIT DETAILS

Amount ☐ Cash ☐ Cheque ☐ Transfer

If Cheque, please indicate details

Cheque No.

Date

Bank

Branch

Cheque Book Request ☐ 50 Leaves ☐ 100 Leaves

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13. ACCOUNT SIGNATORY'S DETAILS (2)

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Position / Office of the Officer

*Residential Address

*Nearest Landmark

*City / Town

*Metropolitan, Municipal & District Assembly Area (MMDA)

*Region

*Phone Number (1) Other Number

Email Address

Social Media Address (Linkedin / Face Book / Twitter etc)

*US CITIZEN? YES ☐ NO ☐

US ADDRESS

Class of Signatory

(Please indicate class in the box provided)

*Signature _____

Date

D	D	M	M	Y	Y	Y	Y

FOR NON-GHANAIS ONLY

Arrival Date VISA No.

VISA Issue Date VISA Expiry Date

Resident/
Work Permit No.

15. DETAILS OF DIRECTORS / EXECUTIVES / TRUSTEES / PROMOTERS / EXECUTORS / ADMINISTRATORS ETC (1)

*Surname

*First Name

Other Name

*Date of Birth *Gender M ☐ F ☐ Mother's Maiden Name

*Nationality *TIN

*Means of Identification *ID Number

ID Issue Date ID Expiry Date Place of Issue

Home Town

*Occupation

*Job Title

*Status as a Director (Please tick as appropriate) Chairman ☐ Managing Director/Chief Executive Officer ☐

Executive Director ☐ Non-Executive Director ☐ Chief Financial Officer ☐ Other (specify)

Position / Office of the Officer

*Residential Address

*Nearest Landmark

*City / Town

*Metropolitan, Municipal & District Assembly Area (MMDA)

*Region

*Phone Number (1) Other Number

Email Address

Social Media Address (Linkedin / Face Book / Twitter etc)

*US CITIZEN? YES ☐ NO ☐

US ADDRESS

FOR NON-GHANAIS ONLY

Arrival Date VISA No.

VISA Issue Date VISA Expiry Date

Resident/
Work Permit No.

16. DETAILS OF DIRECTORS / EXECUTIVES / TRUSTEES / PROMOTERS / EXECUTORS / ADMINISTRATORS ETC (2)

*Surname

*First Name

Other Name

*Date of Birth *Gender M ☐ F ☐ Mother's Maiden Name

*Nationality *TIN

*Means of Identification *ID Number

ID Issue Date ID Expiry Date

Place of Issue Home Town

*US CITIZEN? YES ☐ NO ☐ US ADDRESS

*Occupation

*Job Title

*Status as a Director (Please tick as appropriate) Chairman ☐ Managing Director/Chief Executive Officer ☐

Executive Director ☐ Non-Executive Director ☐ Chief Financial Officer ☐ Other (specify)

Position / Office of the Officer

*Residential Address

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FOR NON-GHANAIS ONLY

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Resident/
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18. DETAILS OF DIRECTORS / EXECUTIVES / TRUSTEES / PROMOTERS / EXECUTORS / ADMINISTRATORS ETC (4)

*Surname

*First Name

Other Name

*Date of Birth *Gender M ☐ F ☐ Mother's Maiden Name

*Nationality *TIN

*Means of Identification *ID Number

ID Issue Date ID Expiry Date Place of Issue

Home Town

*US CITIZEN? YES ☐ NO ☐ US ADDRESS

*Occupation

*Job Title

*Status as a Director (Please tick as appropriate) Chairman ☐ Managing Director/Chief Executive Officer ☐

Executive Director ☐ Non-Executive Director ☐ Chief Financial Officer ☐ Other (specify)

Position / Office of the Officer

*Residential Address

*Nearest Landmark

*City / Town

*Metropolitan, Municipal & District Assembly Area (MMDA)

*Region

*Phone Number (1) Other Number

Email Address

Social Media Address (Linkedin / Face Book / Twitter etc)

*c. Full Name of Shareholder

Address

*Status *Percentage Holding

*Mobile Number *Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names(s) of Beneficial owner(s) (if any)

*TIN

*d. Full Name of Shareholder

Address

*Status *Percentage Holding

*Mobile Number *Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Name(s) of Beneficial owner(s) (if any)

*TIN

*e. Full Name of Shareholder

Address

*Status *Percentage Holding

*Mobile Number *Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Name(s) of Beneficial owner(s) (if any)

*TIN

*f. Full Name of Shareholder	<input type="text"/>																									
Address	<input type="text"/>																									
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*TIN	<input type="text"/>																									

DECLARATION ON U.S PERSON STATUS

This section must be completed by any individual (generally known as a Sole Proprietor or Partner and Shareholders with 10% or more interest) who wishes to open a banking account to conduct business activities

Name:

Country of Birth:

Nationality:

Please tick 'a' Yes or No for each of the following questions:

1. Are you a U.S Resident? ☐ Yes ☐ No

2. Are you a U.S Citizen? ☐ Yes ☐ No

3. Do you hold a U.S Permanent Resident Card (Green Card)? ☐ Yes ☐ No

4. Is the business incorporated in the U.S? ☐ Yes ☐ No

If you answered yes to any of the questions above please provide the following;

5. U.S Social Security/Tax Identification Number:

6. U.S Identification Document: ☐ Passport ☐ Driver's Licence

ID Number:

Expiry Date:

FATCA Form Completed ☐ W9 ☐ W8

Date of Completion:

I hereby confirm that information provided above is true, accurate and complete.

Subject to the applicable local laws, I hereby consent to CBG or any of its affiliates sharing my information with local or foreign tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by local/domestic or foreign/overseas regulators or tax authorities, I consent and agree to the Bank to withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I further consent to notify the Bank within a period of 30 days of any changes to my personal circumstances which include but not limited to citizenship, marital status, residential and mailing addresses and contact telephone numbers.

Signature:

Date:

20. DECLARATION

CUSTOMER INFORMATION

I/We hereby apply for the opening of account(s) with.....Bank. I 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 further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank

DISCLOSURE TO CREDIT REFERENCE BUREAUS

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

Name

Status

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

Name

Status

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

↑
COMPANY SEAL

21. IN THE PRESENCE OF:

Name

Address

Occupation

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

22. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE /DORMANT

23. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

..... Bank

.....

.....

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Registrar General's Department or relevant agency / authority.

Thank you.

Yours faithfully

Authorised Signature of the Customer/Representative & Date

Authorised Signature of the Customer/Representative & Date

24. LETTER OF SET-OFF

(Title) _____

..... Bank

.....

.....

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 our accounts with liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, 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 of the Customer/Representative & Date

Authorised Signature of the Customer/Representative & Date

TERMS AND CONDITIONS

Please read this page carefully. It provides you with important information about your Consolidated Bank Ghana Limited.

A. INDEMNITY

The Bank is hereby authorized but not obliged, to accept and act upon telephone, facsimile, or email or other electronic instructions in connection with my account (s) from myself provided that such instructions are issued by modes registered with the bank (Telephone, Email etc.) It is understood that any loss issues by or in connection with the use of the password whether by ourselves or an authorized or unauthorized third party will be entirely our responsibility. Provided that any such instructions are supported by our identification password, We acknowledge and accept that the Bank needs no further steps to confirm the identity and authority of the source of any such instructions and agree that the Bank shall be entitled to debit our account(s) with the amount of any payment made pursuant to such instruction.

Further, We hereby undertake to indemnify the Bank, its officers and staff from and against all actions, proceedings, costs, claims, demands, expenses or losses sustained as a result of or in connection with the Bank having acted on such instructions. This indemnity shall continue until the Bank has received, and has had a reasonable time to act upon instructions in writing from us cancelling it. Further, We hereby agree that this indemnity shall be governed by and constrained in accordance with the laws of the Republic of Ghana.

B. TERMS /SCOPE

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 agreement between you and Consolidated Bank Ghana Limited. When you sign the account application form you accept these terms, as binding on you.

C. YOUR ACCOUNT

You will assume full responsibility for the correctness and validity of all endorsements appearing on all cheques, orders, bills, notes negotiable instruments and receipts etc. deposited in your account.

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. Your account may be debited for any service charge that is set by the Bank from time to time. All notices or letters will be sent to the address supplied by you and be considered duly delivered and received at the time it is delivered or seven days after posting. The bank will not be liable for funds handed over to members of its staff outside the Bank premises. Any anomaly in the entries on your bank statement must be brought to the attention of the Bank as soon as reasonably practicable upon discovery. The bank may exercise its general lien or any similar right it is entitled to or consolidates all or any of your accounts with any liabilities you may have to the Bank and set off or transfer any sum or sums standing to the credit of any one of more of such accounts or any other credit.

The Bank reserves the right to suspend or discontinue ebanking/SMS or any part of our services without notice. The Bank shall in no circumstances be liable to you if access to e-banking/SMS is not available for any reason, including but not limited to force majeure, fault in network or hardware error. The Bank will not be liable to you if it is unable to carry out its responsibilities as a result of anything it cannot control.

D. CHEQUES

All cheques or other orders signed by you (or either or both of you if a joint account) will be honoured by the Bank and your account will be debited for such cheques whether such account be for the time being in credit or overdrawn or may become over-drawn in consequence of such debit. 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 cheque and such cheques may be returned to you unpaid. The Bank may exercise its discretion in allowing withdrawals against an un-cleared cheque. Where a cheque is returned unpaid thereafter, the bank shall have the right to hold on to the returned cheque and take any 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" endorse thereon.

E. ATM CARD

You can use your card to access funds at any ATM worldwide that displays the VISA sign or any other payment company and to pay for charges incurred by the Merchant. The Merchant reserves the right at anytime to refuse to permit the use of the card at the outlet for any reason whatsoever. You must sign your card as soon as you receive it and follow any relevant instructions that we give. You can use your cards if you have adequate funds in your account. Limits and restrictions may vary from each ATM and Merchant; the Bank will not be liable for any losses this may cause you. We will convert all overseas transaction into Ghana Cedis currency using the prevailing exchange rate and will factor in a percentage commission on the amount of the transaction. The exchange rate we use may not be the same as the rate when the transaction was completed. If we have good reason, we may: (a) refuse to approve a transaction,(b)

cancel or suspend your right to use the card for any or all purposes; or refuse to replace any card without prior notice to you(c) limit number or frequency of transactions within any period. We will credit your account with a refund for a transaction if the retailer asks us to or if you notify us that a transaction with retailer has been incorrect debited to your account. You cannot use a claim you may have against someone else to make a claim against us, or refuse to pay us, unless you have a legal right to do so. You cannot transfer any rights of action against us to anyone else.

F. OVERDRAWN ACCOUNT

Overdrafts may be available to customers upon arrangement with the Bank. If you do not have such an arrangement and your account becomes overdrawn, The Bank may charge you an extra fee and interest at our current rate for unauthorized borrowing. If your account does not have enough cleared funds to cover the amount you want to withdraw, The Bank may return your cheque unpaid.

The Bank reserves the right to use the credit balance on your account(s) to set off any outstanding exposures on any of your accounts.

G. PAYING INTEREST AND CHARGES

You will be liable for the payment of interest charges at the rate fixed by the Bank from time to time for any sum(s) outstanding to the debit of the current account. The current account may also be debited for the Bank usual banking charges, interest, commissions, etc. the Bank's current charges and fees including those applicable to cheques and ATM cards can be found on www.cbg.com.gh and at our branches.

H. JOINT HOLDERS

As joint Account Holders you are individually and jointly liable for complying with the Bank's terms and conditions, running the account and for repaying any money owed to us. We may demand from any of you, some of you or all of you repayment of all or part of any money owed. You agree that if one of you dies, the survivor(s) will become the owner(s) of the Account and may (subject to our right of set-off) withdraw any Account balances (subject to the applicable legislation).

I. CLOSING YOUR ACCOUNT

You may ask for a service to be terminated or for your account to be closed at any time but we will not close your account till you have repaid all monies owed to us. We may terminate any service without notice. We may choose to end our banking relationship with you at any time, but will give you reasonable notice unless there are specific circumstances that prevent us from doing so such as suspicions that you have committed or attempted a fraud, impersonation, forgery, etc. on account closure the Bank may send a draft in the currency of the account or cedi equivalent to the address specified on this form, less any applicable charges or fees and made payable to the Account holder(s).

J. SECURITY

You must ensure that you use your best endeavours to safeguard your account, cheque books, and e-banking password and ATM cards to prevent their unauthorized or fraudulent use. This includes but is not limited to keeping your cheque book, withdrawal books, and ATM Cards in a safe place, never disclosing to anyone your ID's passwords, PINs, and internet banking details. You must never write down or otherwise record your password and other security details in a way that can be recognized by someone else. Any negligence on your part may be grounds for the Bank debiting your Account(s) with any losses direct, indirect and consequential suffered. If your cheque book, withdrawal book and or ATM card gets lost, missing or stolen or someone else may have figured out your PIN or internet Banking details you must notify the Bank immediately. The Bank shall not be held liable for any unauthorized withdrawals during the period that the Bank has not been notified. The Bank will block the card once it has been notified within a reasonable time.

K. DISCLAIMER CLAUSE

The Bank disclaims any liability for any funds/assets deposited by you which are subsequently found to have been derived from illegal sources or activities. You confirm that the funds/assets deposited are not derived from any illegal sources or activities. You agree to indemnify, defend and hold the Bank harmless from or against all claims, cost, liability, losses or expense incurred by the Bank in connection with your use or alleged use of your PIN, passwords, or e-banking details without your consent or authorization. You should not use any service, or your account, or permit your account to be used for any illegal and improper purposes.

L. DISCLOSURE POLICY

I/We hereby consent(s) to the disclosure by the Bank and/or any of its officers or employees for any purpose of any information concerning my/our account(s), including without limitation, personal information, information relating to my/our business, my/our account(s) held with the bank or another group member of its relationship with the Bank or another group member to/from any of the following:

1. Any office or branch of the bank, affiliate or another group member.
2. Any agent, contractor or third party service provider, or any professional advisor of the bank or another group member.

3. Any guarantor or third party security provided by the customer.
4. Any credit reference Bureau, Rating Agency and a collection Agency.
5. Any regulatory, supervisory, governmental or quasigovernmental authority with jurisdiction over the Bank or another Group Member.
6. Any actual or potential participant in, or assignee, novatee or transferee of, any of the bank's right and/or obligations and relation to the customer
7. Any person to whom the bank is required or authorized by law or court order to make such disclosure.
8. Any person who is under a duty of confidentiality to the bank.
9. Any bank or financial institution with which We have as or proposed to have dealings.
10. Any Overseas Regulator or Tax Authority for the purpose of establishing any tax liability in compliance with an order, agreement with the Overseas regulators or tax Authorities

M. DECLARATION ON CUSTOMER INFORMATION

We have read and understood the Terms and Conditions governing the opening of an account with Consolidated Bank Ghana Limited. We accept and agree to be bound by the said Terms and Conditions including those limiting the Bank's Liability. We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to us We agree that the Bank may debit our account for services charges as applicable from time to time. We hereby apply for the opening of account(s) with Consolidated Bank Ghana Limited. We therefore warrant that such information is correct. We further undertake to indemnify the bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

N. FOREIGN ACCOUNT INDEMNITY

The Bank will be indemnified and have no responsibility for or liability to the undersigned for any diminution due to taxes or imports or depreciation in the value of funds credited to the Account (which funds may be deposited by the Bank in the Bank's name and subject to the Bank's control with which depository (ies) as you may select) or for the unavailability of such funds due to restrictions on convertibility, requisition, involuntary transfers, or other similar causes beyond the Bank's Control.

O. ELECTRONIC MONITORING OR RECORDING

The Customer and Consolidated Bank Ghana Limited consent to telephone 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.

1. Security features and precautions: You will access Corporate Electronic Banking using appropriately registered username, password and token. Before we allow you

DEACTIVATION OF ACCOUNTS

If you have not made any transactions for a continuous period of 6 months and above Your Account will be declared as inactive and efforts will be made to contact You to ask if You want to keep the Account open and "live." If We do not hear from You, We will act accordingly to protect both You and the Bank from fraudulent activities or act according to any prevailing directives by the Central Bank on dormant/unclaimed balances.

Name	<input type="text"/>
Authorised Signature	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Date	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div> </div>

access to Internet Banking we will need a fully completed and signed mandate from you which describes the business services and terms of engagement with us including information on who can access the systems and mandate authority. To ensure security in your use of Electronic Banking:

Do not use any public device, for example a computer at an internet café, hotel etc. Public Devices are not safe; Protect and keep your access codes secret. After your access code has been successfully entered, we shall be entitled to assume that, any electronic banking activity or instruction is genuine. Run the latest software including updated antivirus software that works with your systems. We will never ask you for your password and no person ever has any reason to know or ask for your access codes, so you must never let anyone get those including CBG staff. Change your password if you suspect someone else knows the password Do not choose passwords that can be easily guessed such as birthdays, anniversaries, addresses or simple sequence numbers You must make sure that you log out of Internet Banking and close the browser when you have finished using the system for your electronic banking services. We are not responsible for any loss or damage you may suffer because someone gets access to your Account, except it is established that the access was made possible by our gross negligence.

2. Indemnity: You agree to indemnify us against any losses or damages (including indirect or consequential damages), that we may suffer on your behalf because: you gave us wrong instructions or information; you did not have enough money for a payment from your Account; or someone carried out an instruction or made a payment without permission and this was not as a result of our own gross negligence.

3. Intellectual property: We own or are licensed to keep the copyright and any other intellectual property rights to everything relating to the Services including logos and images or multimedia works. The logos and trade marks on our website and communications are our trademarks or those of other parties. Nothing on our website or communications gives you or any person a licence to use any trademark or our intellectual property without our prior written consent.

4. Availability of electronic banking: Internet Banking may not always be available for any reason, including:

Any technical failure or problem with our or any other communication system directly or indirectly involved in providing Electronic Banking; the need to carry out Scheduled or unscheduled but required maintenance any failure or other problem with any national telecommunication service; or any other circumstance beyond our control If Electronic Banking is unavailable for any reason, you agree to carry out transactions and/or communicate with us in any other way while this situation lasts. For all scheduled maintenances, adequate communication will be provided and such maintenances will be carried out during off-peak hours on weekends except on exceptional circumstances.

REACTIVATION OF INACTIVE ACCOUNTS

Inactive Accounts may be reactivated and funds made available to You if You request the Bank in writing, in accordance with the operational instruction. You will be required to furnish the Bank with Your latest Identity/address proof acceptable to Us. We will allow operations in the Account only after carrying out detailed due diligence after which transactions into the Account at the counter of any of Our branches will activate the Account.

Name	<input type="text"/>
Authorised Signature	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Date	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div> </div>

25. ACCOUNT OPENING MANDATE

Account Name

Account Number

Mandate Authorization / Combination Rule (Please tick as appropriate)

☐ Sole Signatory
 ☐ Two or more
 ☐ If Two or more are to sign please specify)

Signatory

Passport Photo

i) Surname

First Name

Other Names

Class of Signatory

Identification Type

ID Number

Tel.

Signature

Date

Signatory

Passport Photo

ii) Surname

First Name

Other Names

Class of Signatory

Identification Type

ID Number

Tel.

Signature

Date

Signatory

Passport Photo

iii) Surname

First Name

Other Names

Class of Signatory

Identification Type

ID Number

Tel.

Signature

Date

26. ACCOUNT OPENING MANDATE

Signatory

Passport Photo

iv) Surname

First Name

Other Names

Class of Signatory

Identification Type

ID Number

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Tel.

Signature

.....

Date

.....

Signatory

Passport Photo

v) Surname

First Name

Other Names

Class of Signatory

Identification Type

ID Number

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

Tel.

Signature

.....

Date

.....

Chairman/Director's Signature _____ Director/Company Secretary's Signature _____

FOR OFFICIAL USE ONLY

RM/RO Assigned

RM/RO ID #

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

Account Segment

Segment ID #

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

SECTION 1

CROSS BORDER/SWIFT PAYMENTS DECLARATION

There are rules guiding cross border payments and corporate clients are expected to operate within these rules for international payments.

All wire transfers must comply with Memorandum 26(58) of the Foreign Exchange Manual which states that-'Where a person imports foreign currency in excess of \$10,000.00 or its equivalent in cash and deposits same in the Domiciliary Account, withdrawal from the account shall be in cash only

Please note that the Bank reserves the right to request for further information/documentation before a transaction can be effected.

You will be advised from time to time as these rules change

Name & Signature:



CBG

CONSOLIDATED BANK GHANA

First Floor, Manet Tower 3, Plot 27,
Airport City, Accra PMB CT363, Cantonments, Accra
Tel: 0302 63 4330 • 0302 63 4359

ELECTRONIC MAIL INDEMNITY

WHEREAS:

I/We _____ maintaining account no(s) _____ and _____ with your _____ Branch have requested CBG to accept, in addition to other modes of confirmation, electronic confirmation of payment instruction issued in respect of my Accounts.

NOW, in consideration of you, Consolidated Bank Ghana agreeing to honour my electronic confirmation forwarded from the following e-mail address(es).....

and as I/We may from time to time advise you in writing, I/We hereby confirm and declare that:

1. Consolidated Bank Ghana is authorized to accept electronic confirmation of instruments regarding my Accounts from the email(s) stated above subject to a limit of..... Ghana Cedis (GHS.....)
2. In the event that I/We suffer any loss as a result of your honouring such confirmation, I/We shall have no claim or redress against you.
3. I/We undertake to indemnify you and keep you indemnified against any damages, costs and expenses whatsoever including all legal and other charges and other expenses you may incur by reason of your honouring costs, the said confirmation.
4. I/We agree that you may at any time without notice to me/us, set off or transfer any sum or sums standing to the credit of any one or more of my/our accounts with you in or towards the satisfaction of my/our liabilities to you arising out of your honouring the confirmation on my/our behalf.
5. I/We agree that if I/We fail to pay on demand any sums payable hereunder, that interest shall accrue thereon from the date of such demand until judgment and full liquidation at your Prime Lending Rate.
6. I/We agree that no delay or omission or granting of any indulgence on your part in exercising any right, power, privilege or remedy in respect of this indemnity shall be construed as a waiver thereof, nor shall any single or partial exercise of any other right, power, privilege or remedy preclude any further exercise of any right, power, privilege or remedy. The rights, powers, privileges or remedies provided in this indemnity are cumulative and not exclusive of any rights, powers, privileges or remedies provided by the law.
7. I/We agree that Consolidated Bank Ltd. is not obliged to call to confirm an electronic instruction issued via the email stated. However, when Consolidated Bank Ghana Ltd. is in doubt at any point, it reserves the right to decline or accept an electronic instruction if I/We cannot be reached on telephone/mobile number.for confirmation.
8. I/We agree to notify Consolidated Bank Ltd. in writing of an alternative number for a possible confirmation when traveling.
9. I/We agree to ratify the transaction by completing the standard form of Consolidated Bank Ghana Ltd.

10. That the Bank shall not be liable to me/us or any other person where:

- a. I/We have entered incorrect details and the payment is made to the wrong recipient;
- b. I/We have exceeded transaction/daily or monthly or annual limits for transactions or I/We acting outside of the authorized mandate;
- c. My/Our emails and or telephone calls are not received by the Bank or recipient of mails and or calls from my address and or telephone number is temporarily or permanently barred;
- d. My/Our hardware, software or internet provider's service is not functioning properly;
- e. The transaction is suspicious or fraudulent resulting in losses to the third party;
- f. The transaction details received do not contain the correct information;
- g. My/Our receipt of funds is intercepted by legal process or other encumbrance restricting the transfer; or
- h. Unforeseen circumstances prevent the execution of a request by the Bank despite any reasonable precautions taken by the Bank. Such circumstances may include, but are not limited to acts of God, power outages, fire, flood, theft, equipment breakdowns, internal mechanical malfunction, or the Banks System delays or failures.

Dated this _____ day of _____ 20____

In the case of a corporate entity:

Signed, Sealed and Delivered by the within Named Customer:

Director: _____
(Name) (Signature)

Secretary: _____
(Name) (Signature)

In the case of a non-corporate entity:

Name: _____

Signature: _____

Official Use:

Confirmed by Relationship Officer (Name/Signature/Date):

Concurred by the Branch Manager (Name/Signature/Date):

Verified by BOM (Name/Signature/Date):

CHEQUE CONFIRMATION

Consolidated Bank Ghana Ltd. is under no obligation to confirm cheques issued by its customers to third parties. Consolidated Bank Ghana Ltd. will however, when deemed necessary and at its own discretion, contact customers to validate the authenticity of an instrument presented for payment on customer accounts. As a customer, you are kindly requested to please bear with us in the event of us calling you to confirm cheques presented on your account(s).

Declaration:

I confirm that I have read and understood the information provided above on cheque confirmation by Consolidated Bank Ghana Ltd.

Name: _____

Signed: _____

Date: ____/____/____

REFERENCE FORM

FROM: (Referee)

'IT IS DANGEROUS TO INTRODUCE ANY PERSON WHO IS NOT WELL KNOWN TO YOU.
For applicants with no other Bank Account, Referee must be the person's employer
who has an account with an acceptable bank.

Name:.....

Address:.....

.....

To:

Dear Sir/Madam

.....

NAME OF APPLICANT

The above named Individual(s)/Person(s) wishes(s) to open a current Account with you. They are well known to us/me and we/I consider them as suitable to maintain a current account with you.

The Applicant(s) sign / signs thus.....
and we/I witness their signature(s) as being correct

Our/My Bankers are

Name of Bank

Branch

.....
Account No.

.....
Signature of Referees

From

To: (Referees Bank)

.....

.....

.....

Please verify the signature(s) of your client(s) as above.

.....
Signed

From:..... (Referees Bank)

To: Consolidated Bank Ghana Ltd.....Branch

We hereby verify and confirm our client's signature(s) here is/are correct/irregular.

.....
Signed and Stamped by
Authorised Signatory

.....
Signed and Stamped by
Authorised Signatory



CBG

CONSOLIDATED BANK GHANA

First Floor, Manet Tower 3, Plot 27,
Airport City, Accra PMB CT363, Cantonments, Accra
Tel: 0302 63 4330 - 0302 63 4359

FOREIGN ACCOUNT AGREEMENT

I/We the undersigned hereby request you to establish in your books a Current account in

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

 (currency) herein after called (the Account) and to credit there to such amount of such currency as many from time to time be received by you for the Account. In order to induce you to establish the account and to maintain it in your books, it is hereby agreed that:

Withdrawals from Accounts can be made only by the same mode of lodgment and in currency of the account in Cedis the request of the undersigned in writing. And stamp, transmission or other charges related to withdrawals from the account will be paid by the undersigned upon demand or charged to the said Account.

You will be indemnified and have no responsibility for or liability to the undersigned for any diminution due to taxes, imports or depreciation in the value of funds credited to the Account (which funds may be deposited by you in your name and subject to your control with depository (lies) as you may select) or for the unavailability of such funds due to restrictions on convertibility, requisition, involuntary transfer, or other similar causes beyond your control.

You may at any time in your discretion discharge your entire liability with respect to the Account by mailing to the undersigned at the address set forth below your draft in the currency of the Account without recourse to you as drawer, payable to the order of the undersigned in the amount of the credit balance in the Account less charges, together with such documents, if any as may be necessary in your sole discretion to transfer to the undersigned such claims as you may have on such funds,

The operation of this Account is subject to the Laws and Regulations at any time existing in the Republic of Ghana.

Signature

--

Signature

--

Name in Full

--

Name in Full

--

Date

D	D	M	M	Y	Y	Y	Y

Date

D	D	M	M	Y	Y	Y	Y

FOR OFFICE USE

Account No.

--

Signature of CSM

--

Date

D	D	M	M	Y	Y	Y	Y

Signature of BM/BOM

--

KYC DOCUMENT - MANDATORY

VALID IDENTIFICATION (SELECT ANY ONE)

Passport, Driver's Licence, National Identity Authority ID, Voter's ID, NHIS ID Student ID; (supported by an Introduction Letter from the Head of institution/ Representative or Admission Letter not more than 1 year from the date of issue.)

VALID RESIDENTIAL ADDRESS CONFIRMATION DOCUMENT (SELECT ANY ONE):

Utility Bill (not more than three months old), Introduction Letter by a Doctor/ Lawyer/ Accountant, Government or Local Authority Bill (not more than 3 months old), Fully Completed Address Confirmation by an Existing Customer (at least one year relationship with the Bank and the prospective customer), Tenancy Agreement, Bank Statement or Passbook containing current Residential Address (at most 3 months old), Solicitor's Letter confirming recent house purchase or Search Report from the Lands Commission, Letter from a Public Authority/Statutory Declaration, Tax Assessment Statement, Record of home visit (Visitation Report), Student accommodation contract for only students, Document verifying Home Address of Parent of a student. Confirmation of place of work where necessary: Search Report on prospective customer's place of employment signed by the Branch Manager for Retail Banking or Head of the Units/Desk for Corporate Banking.

ADDITIONAL DOCUMENTS REQUIRED-MANDATORY

Sole Proprietorship

Certificate of Registration, Form A' (Registration of Business Name), Photo ID and Residential Address Confirmation Documents of the Business Owner.

Partnership

Resolution Letter, Certificate of Registration, Form A' or Form 'B, Partnership Agreement / Deed endorsed by the Registrar General's Department, Photo ID and Residential Address Confirmation Documents of: (a) All Signatories, (b) All Partners to accounts.

Private Entities

Certificate of Incorporation & Certificate to Commence Business, Forms 3 & 4, Form 17 (If Directors have changed), Company's Regulation, Board Resolution Letter, an undertaken from a firm of Lawyers/ Accountants / Auditors and Completed Introduction Form. TIN of Company and Directors. Photo ID and Address confirmation of three key Directors, all Signatories and all Shareholders with 10% or more interests.

Listed Entities

Board Resolution Letter on the Company's Letter Head or with a Seal of the Company, Copies of Certificate of Incorporation and TIN of the Company, Certificate to Commence Business, Copies of the Forms 3 & 4, Form 17 (If Directors have changed), Company's Regulations, Proof of listing (printout), A subsidiary of an Entity listed on an Approved Stock Exchange, Proof of 51% or more ownership by the listed entity, An undertaking from a firm of Lawyers or Accountants / Auditors confirming the documents submitted to the Registrar General's Department. Photo ID and Residential Address Confirmation Documents of three Key Directors, all Signatories and all Shareholders with 10% or more interests.

Embassies

Resolution Letter, An Introduction Letter from the Ministry of Foreign Affairs or the relevant authorities in the Consulate's home country to open account, Photo ID and Residential Address Confirmation Documents of All Signatories.

Government Ministries / Parastatals

Authorisation Letter from the Controller & Accountant General's Department authorizing the opening of the account for Non-Autonomous Government Institutions, Ministries and Agencies, (eg. AMA, All Ministries, Community Water and Sanitation Agency, Ghana National Fire Service, Ghana Policy Service, National Youth Employment

Programme) OR Board Resolution and a Copy of the Legislative Instrument (LI) / Act that established the Institution for Government Institutions that are Autonomous (eg. BOST, GNPC, VRA, GPHA, PC). Evidence of call back to the Chief Executive Officer / Authorised Head confirming the resolution to open the account, Photo ID and Residential Address Confirmation Documents of All Signatories to accounts and three key Directors (if the Institution is managed by a Board of Directors).

Trust / Estate

Trust Deed or Probate or Letters of Administration from the Court for an Estate/ Trust, Photo ID and Residential Address Confirmation Documents of: a) All Signatories, Settlor, Trustees, Controllers, b) Beneficiaries who are not minors and all Shareholders with 10% or more interests.

Church & Other Religious Organizations

Board/Executive Council Resolution Letter, Registration Certificate, Form 3 and Regulations, Full Constitution. An undertaking from a firm of Accountants / Lawyers confirming the documents submitted OR an Introduction Letter from the Supervisory Body/National/Regional/ District Council if the Branch is under that body / council. Photo ID and Residential Address Confirmation Documents of: (a) All Signatories, (b) All Board of Trustees/ Directors/ Executives / Council Members.

Non Governmental Organizations / Foundations

Board Resolution Letter, Certificate of Registration, Form 3 and Regulation, Full Constitution (For Foundations), Certificate of Recognition from the supervising Regulatory Body. Eg. Social Welfare for Charities, GES for Schools, Ghana Health Services for Health Centres etc., An independent undertaking from a reputable and known firm of lawyers or accountants confirming the documents submitted. Photo ID and Residential Address Confirmation Documents of three Key Directors, all Signatories and all Shareholders with 10% or more interests.

Clubs / Associations & Societies

Board / Executive Council Resolution Letter, For Registered Association: [Registration Certificate, Form 3, and Regulation]. Full Constitution, an undertaking from a firm of Accountants / Lawyers confirming the documents submitted where the Association is Registered OR an Introduction Letter from the Supervisory Body if the Association is under that body. Photo ID and Residential Address Confirmation Documents of: (a) All Signatories, (b) All Members of the Executive Council/Committee.

External Foreign Entity Registered as a Private Entity

Board Resolution letter on the Company's Letter Head or with a Seal of the Company, Certificate of Registration as an External Company from the Registrar General Department of Ghana and TIN of the company, Registration Documents (e.g. Certificates of Incorporation and Certificate to Commence Business) from the foreign country of Incorporation, Copy of Company's Regulation/Memorandum or Articles of Association, Power of Attorney (if the Board has designated powers to a person (s) eg. Power of Attorney to the Country Manager/Representative).

Recent Audited Annual Report and/or Group Structure/Organogram, Proof of Business Address (Documents for proof of business address not required if address is already indicated in the Annual Report or Company Regulation or Memorandum/Articles of Association), Certification of all documents originating from the foreign country by a Notary Public or Bankers in the foreign country, Name and contact details of Notary Public or Bankers in the foreign country where documents were certified. Photo ID and Residential Address Confirmation Documents of Local Manager, three Key Directors, All Signatories and Shareholders with 10% or more interests.

FOR BANK USERS

1. REQUIREMENTS CHECKLIST

S/N	DOCUMENT REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Account Opening Form Duly Completed				
2	Spicemen Signature Card Duly Completed				
3	Certificate to Commence Business & Certificate of Incorporation				
4	Board Resolution				
5	Copy of Company Regulations (Certified true copy by the Registrar of Companies)				
6	Tax Clearance Certificate				
7	TIN Registration No				
8	Partnership Deed (where applicable)				
9	Approval Letter (MMDAs)				
10	Trust Deed				
11	Act / Gazette (for Government Agency) (where applicable)				
12	Two (2) passport size photographs of each signatory to the Account name written on the reverse side				
13	Introductory Letter (where applicable)				
14	Status Report From Banker (where applicable)				
15	Residence Permit (for Non-Ghanaians)				
16	Evidence of Registration with Ghana Investment Promotion Centre (where applicable)				
17	Evidence of Registration with other Government Agency				
18	Search Report				
19	Power of Attorney (where applicable)				
20	Letter of Idemnity				
21	Proof of Company Address				
22	Business Premises Visitation Certificate				
23	Proof of Identity of all Signatories and Directors/Officers whose names appear on the Account Opening Forms/Documents NHIS, Passport National Identification Card, National Driver's Licence and Voter's ID				
24	Proof of Address of all Signatories and Directors/Officers whose names appear on the Account Opening Forms/Documents Utility Bill (certified true copy is acceptable if original is not held)				
25	Two Completed Satisfactory Reference Forms				
26	Copy of the Audited Financial Statements				
27	Other (please specify)				

C. ADDRESS VERIFICATION CARRIED OUT BY:

 Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

 Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

COMMENTS(S): (Address description and Result Findings)

D. ACCOUNT OPENING AUTHORISED / APPROVED BY:

 Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

 Name

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

KYC PROFILE

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

Name

Position

Refer to Risk Classification Portal or Tool. Complete the parameters and rate the customer. Print & File

<input type="checkbox"/> Low	Is Customer a PEP?
<input type="checkbox"/> Moderate	<input type="checkbox"/> Yes
<input type="checkbox"/> Above Average	<input type="checkbox"/> No
<input type="checkbox"/> High	

I confirm all applicable Documents required to open this Account have been received from the Customer

Branch Name	<input type="text"/>	Staff Code	<input type="text"/>
Account No.	<input type="text"/>	Signature	<input type="text"/>
RO/RM ID #	<input type="text"/>		
RO/RM Name	<input type="text"/>		
		Date	<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 OFFICER'S DECLARATION

As the Account Officer for the above named prospective customer(s) of the bank, I do hereby certify that I have conducted necessary due diligence required to establish the identity, address and nature of business of the company with a view to establishing his/her eligibility as an account holder with the bank. On the basis of information arising from my interview and due diligence, I confirm that my AML risk rating of the prospective customer is appropriate and in line with bank's guidelines. I acknowledge that it shall be my responsibility to continuously monitor the account holder(s) account activity and to promptly inform the Branch Manager, Branch Operations Manager and the Compliance Officer if at any point in time, there is any significant change(s) in the status of the account holder(s). I will also escalate any suspicious transaction(s) identified on the account.

Relationship Officer		Emp. No.	
Signature		Date	
CONCURRENCE AND APPROVALS			
BOMs Concurrence			
I concur to the AML risk rating (in PART III of this form) of the CUSTOMER by the Relationship Officer			
BOM		Emp. No.	
Signature		Date	
I hereby approve the opening of this account			
Branch Manager		Emp. No.	
Signature		Date	
Exceptional Approval (For high risk accounts only)			
MD / CEO	Signature	Date	
Head of Compliance	Signature	Date	

Account opened by CSM _____

Signature _____

Date _____

