



Account Opening Form

Individual/Joint



6. CONTACT DETAILS

*Residential Address

City / Town Nearest Landmark

Region

Proof of Address (Indicate type and Serial Number)

Telephone	Electricity	Water	Others Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SN:

Date of Visitation

Mobile Number

Fixed Tel. No.

Metropolitan, Municipal & District Assembly Area (MMDA)

Email Address

Mailing Address

Social Media Address (Linked in/ Face Book/ Twitter etc)

7. VALID MEANS OF IDENTIFICATION

National ID Card ☐ National Driver's Licence ☐ Passport ☐ Voter's ID ☐ National Health Insurance Card ☐

Birth Cert for Minors ☐ Student ID ☐ SSNIT Card ☐ Country of Issue

Other ID

ID No.

ID 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"/>

Exp. 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"/>

8. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences: Master Card ☐ Visa Gold Debit Card ☐ Visa Debit Card ☐ Others (Please specify)

E-Zwich ☐

Electronic Banking Preferences Internet Banking ☐ Mobile Banking ☐ Other Internet Mobile Products ☐

Transaction Alert Recipient Full Name User Email Address

Phone Number

Preferred User Name

Internet Banking Full Name

Statement Preference: Email ☐ Post ☐ Collection at Branch ☐

Statement Frequency: Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐

Cheque Book Requisition: Opened Cheque ☐ Crossed Cheque ☐ 25 leaves ☐ 50 leaves ☐ 100 leaves ☐

Disclaimer

The customer acknowledges that to the full extent permitted by law, Consolidated Bank Ghana shall not be liable for any unauthorized drawing, transfer, remittance, disclosure, any activity or any incidence on the customer's account by the act of the knowledge and or use, or manipulation of the customer's password ID or any means whether or not occasioned by the Customer's negligence.

9. EMPLOYMENT DETAILS

Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others (Please specify)

Industry Sector ☐ Manufacturing ☐ Trading ☐ Financial Services ☐ Agric / Allied ☐ IT ☐ Real Estate/Construction

Salary/Expected Income Length of period with current Employer

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"/>

Monthly Salary Less than GH¢ 1,000 ☐ GH¢ 1,001 - 5,000 ☐ GH¢ 5,001 - 10,000 ☐ More than GH¢ 10,000 ☐

Grade of Employment ☐ Lower ☐ Middle ☐ Executive ☐ Car Ownership ☐ Owned ☐ Leased ☐ None

Gross Annual Income ☐ 0-25k ☐ 25-50k ☐ 50-75k ☐ 75-100k ☐ 100k +

10. GRADE OF EMPLOYMENT

Employer's Name	<input type="text"/>																													
Employer's Address	<input type="text"/>																													
Nearest Landmark	<input type="text"/>																													
City/Town	<input type="text"/>										Region	<input type="text"/>																		
MMDA	<input type="text"/>																													
Nature of Business	<input type="text"/>																													
Office Phone Number	<input type="text"/>										Mobile Number	<input type="text"/>																		
Employer's Email Address	<input type="text"/>																													

11. DETAILS OF NEXT OF KIN (in case of emergency)

Title	<input type="text"/>	*Gender	F <input type="checkbox"/>	M <input type="checkbox"/>																										
*Surname	<input type="text"/>																													
Middle Name	<input type="text"/>																													
*First Name	<input type="text"/>																													
*Relationship	<input type="text"/>																													
*Phone Number (1)	<input type="text"/>										Phone Number (2)	<input type="text"/>																		
*Residential Address	<input type="text"/>																													
MMDA	<input type="text"/>																													
Region	<input type="text"/>																													

12. ADDITIONAL DETAILS

Full Name of Beneficiary Owner(s) of the Account (if applicable)	<input type="text"/>																													
	<input type="text"/>																													

*13. EXPECTED ACCOUNT ACTIVITY

Level of deposits (account) GH¢	<input type="text"/>	Frequency of deposits	<input type="text"/>
Expected monthly income from other sources	<input type="text"/>	Main source of income	<input type="text"/>
Occupation/Profession	<input type="text"/>	Frequency of withdrawals	<input type="text"/>
Name of Association Business(es) 1	<input type="text"/>	Type of Associated Business	<input type="text"/>
Associated Business Address 2	<input type="text"/>		

14. GENERAL ACCOUNT INFORMATION (JOINT)

Title *Surname

*First Name

Maiden Name (if applicable)

Other Names

*Marital Status (Please tick as appropriate) Single ☐ Married ☐ Others (Please specify) *Gender M ☐ F ☐

*Place of Birth *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 Name 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"/>

Mother's Maiden Name

*Nationality Residence Permit No.

*Country of Origin *Country of Residence

Residence Type ☐ Self Owned ☐ Rented ☐ Family Owned ☐ Employer Provided ☐ Mortgaged

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"/>

Place of Issue Place of Issue

*Profession / Occupation

SSNIT No. *TIN

15. FOR NON GHANAIANS ONLY: (Please fill where applicable)

Arrival 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"/>

 Visa No.

Visa 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"/>

 Visa 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"/>

Resident/Work Permit Number

16. CONTACTS DETAILS

*Residential Address in Ghana

City/Town Nearest Landmark

Region

Proof of Address (indicate type and Serial Number)

Telephone <input type="checkbox"/>	Electricity <input type="checkbox"/>	Water <input type="checkbox"/>	Others Specify <input type="checkbox"/>
SN: <input type="text"/>			

Date of Visitation

Mobile Number

Fixed Tel. No

Metropolitan, Municipal & District Assembly Area (MMDA)

Email Address

Mailing Address

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

17. VALID MEANS OF IDENTIFICATION

National ID Card ☐ National Driver's Licence ☐ Passport ☐ Voter's ID ☐ National Health Insurance Card ☐
 Birth Cert. for Minors ☐ Student ID ☐ SSNIT Card ☐ Country of Issue
 Other ID
 ID No. ID Issue Date

D	D	M	M	Y	Y	Y	Y

 Exp. Date

D	D	M	M	Y	Y	Y	Y

18. EMPLOYMENT DETAILS

Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Others (Please specify)
 Industry Sector ☐ Manufacturing ☐ Trading ☐ Financial Services ☐ Agric / Allied ☐ IT ☐ Real Estate/Construction ☐
 Length of period with current Employer

D	D	M	M	Y	Y	Y	Y

 Salary/Expected Income
 Monthly Salary Less than GH¢ 1,000 ☐ GH¢ 1,001 - 5,001 ☐ GH¢ 5,001 - 10,000 ☐ More than GH¢ 10,000 ☐

19. GRADE OF EMPLOYMENT

Employer's Name
 Employer's Address
 Nearest Landmark
 City/Town Region
 MMDA
 Nature of Business
 Office Phone Number Mobile Number
 Employer's Email Address

20. DETAILS OF NEXT OF KIN (in case of emergency)

Title *Gender F ☐ M ☐
 *Surname
 Middle Name
 *First Name
 *Relationship
 *Phone Number (1) Phone Number (2)
 Residential Address
 MMDA
 Region

21. ADDITIONAL DETAILS

Full Name of Beneficiary Owner(s) of the Account (if applicable)

CHEQUE CONFIRMATION

Consolidated Bank Ghana is under no obligation to confirm cheques issued by its customers to 3rd parties. Consolidated Bank Ghana 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.

Name: _____

Signed: _____

Date: ____/____/____

25. 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 them /us) combine or consolidate all or any of the my/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.

Banks should be permitted to insert their term and condition for operation

Authorised Signature of the Customer/Representative & Date

Authorised Signature of the Customer/Representative & Date

Name:

[illegible]

Nationality:

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

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 for Completion:

Subject to the applicable local laws, I hereby consent to Consolidated Bank Ghana 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 change(s) to my personal circumstances which include but not limited to citizenship, marital status, residential and mailing addresses and contact telephone numbers.

Signature:

[illegible]



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

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 (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 the Account can be made only by the same mode of lodgment and in the Currency of the Account or in Cedis the request of the undersigned in writing. Any 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 (ries) 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

--

10

☐ Sole Signatory ☐ Joint ☐ Either to Sign

Passport Photo

First Name

Other Names

Class of Signatory

Identification Type

ID Number

Tel.

Signature

Date _____

**JOINT ACCOUNT
ONLY**

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 _____

FOR BANK USE ONLY

29. REQUIREMENT CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Duly Completed Account Opening Form				
2.	Specimen Signature Card Duly Completed				
3.	Recent Passport Photograph (2 pictures)				
4.	Proof of Identity: International Passport, Driver's Licence, National Health Insurance card, Valid Ghanaian Voter's ID Card or SSNIT Card (Original Must Be Sighted)				
5.	Residence Permit (for Non-Ghanaian)				
6.	Proof of Address: Utility bills etc. (Certified true copy is acceptable if original is not held)				
7.	Letter from Employer / School (for salary account and or student only)				
8.	Reference Letter (Others)				

30. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person?

 Yes ☐

 No ☐

 Low Risk ☐

 Medium Risk ☐

 High Risk ☐

A. ACCOUNT OPENED BY:

 NAME:

CSM SIGNATURE.....

DATE

D	D	M	M	Y	Y	Y	Y

B. DOCUMENT VERIFICATION CARRIED OUT BY:

 NAME:

BOM SIGNATURE.....

DATE

D	D	M	M	Y	Y	Y	Y

BM Signature.....

Comments

B. DOCUMENT VERIFICATION CARRIED OUT BY:

 NAME:

SIGNATURE.....

DATE

D	D	M	M	Y	Y	Y	Y

For higher risk category, (Head Compliance/MD/CEO may sign:

Designation..... Signature.....

DATE

D	D	M	M	Y	Y	Y	Y

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) signs / sign 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

INDIVIDUAL / JOINT CURRENT ACCOUNT MANDATE

To: Consolidated Bank Ghana

I/WE HEREBY REQUEST AND AUTHORIZE YOU:

1. To open a current account in my /our name(s) and at anytime subsequently to open further accounts as I/We may direct.
 2. To honour all cheques or other orders which may be drawn on the said account provided such cheques or orders are signed by me/us and to debit such cheques or orders to the said account whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft or increase and in consideration thereof I/We agree.

(a) To assume full responsibility for the genuineness or correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments, receipts, and/or other documents deposited in my/our account.

(b) To be responsible for the repayment of any overdraft with interest under such terms as the Bank determines and to comply and be bound by the Bank's rules for the conduct of a Current Account receipt of which/we hereby acknowledge.

(c) To free the Bank from any responsibility for any loss of funds deposited with the Bank due to any future Government order, law, levy, tax, embargo, moratorium, exchange restriction and/or all other causes beyond the Bank's control.

(d) That all funds standing to my/our credit are payable on demand only in such local currency as may be in circulation.

(e) To be bound by any notification of change in conditions governing the account directed to my/our last known address and any notice or letter sent to my/our last known address shall be considered as duly delivered and received by me/us at the time it would be delivered in the ordinary course of post.

(f) That if a cheque credited to my/our account is returned dishonoured, the same may be transmitted to customer.

(g) I/We agree that the Bank will bear no liability whatsoever for funds handed to members of staff of the Bank outside banking hours.

(h) That my/our attention has been drawn to the necessity of safe guarding my/our cheque book so that unauthorized persons are unable to gain access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to my account.

(i) That the bank is under no obligation to honor any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheques and I/we understand and agree that any such cheque may be returned to me/us unpaid but if paid, I/we are obliged to repay the bank on demand. The Bank may at its discretion grant financial accommodation to me/us where there are insufficient funds in my/our instructions in connection with any transaction.

(j) That any disagreements with entries on my/our Bank Statements will be made to the Bank within 15 days of the dispatch of the Bank statements, failing receipt by the Bank of a notice of disagreement of the entries within 15 days from the date of dispatch, my/our Bank statement as rendered is correct.

(k) That any sum standing to the debit of the current account shall be liable to interest charges at the rate fixed by the Bank from time to time. The Bank is authorized to debit the account with the usual Bank charges, interest, commissions, and any service charge set by its management from time to time.

(l) I/We agree that the Bank may at its discretion close my/our account(s) in the event that it is dissatisfied in anyway with the operation thereof.

I/We also agree that in addition to any general lien or similar right on which you as Bankers may be entitled by law you may at anytime and without notice to me/us combine or consolidated all or any of my/our accounts without any liabilities to you and set off or transfer any sum or sums standing to the credit of anyone or more of such accounts or any other credit, 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, contingent, primary, collateral, several or joint.

Dated the _____ day of _____ 20 _____

SIGNATURE
Name and Address

TERMS AND CONDITIONS

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

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 myself or an authorized or unauthorized third party will be entirely my responsibility. Provided that any such instructions are supported by my identification password, I/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 my account(s) with the amount of any payment made pursuant to such instruction.

Further, I/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 me cancelling it. Further, I/ We hereby agree that this indemnity shall be governed by and 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 endorsement 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 on 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 any time 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's 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, once the Bank has been notified and has had reasonable time to.

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:

- Any office or branch of the bank, affiliate or another group member.
- Any agent, contractor or third party service provider, or any professional advisor of the bank or another group member.
- Any guarantor or third party security provided by the customer.
- Any credit reference Bureau, Rating Agency and a collection Agency.
- Any regulatory, supervisory, governmental or quasigovernmental authority with jurisdiction over the Bank or another Group Member.
- 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 I/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

I/We have read and understood the Terms and Conditions governing the opening of an account with Consolidated Bank Ghana Ltd. I/We accept and agree to be bound by the said Terms and Conditions including those limiting the Bank's Liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us I/We agree that the Bank may debit my account for services charges as applicable from time to time. I/We hereby apply for the opening of account(s) with Consolidated Bank Ghana Limited. 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.

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 Electronic Banking using appropriately registered username, password and token. Before we allow you 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.

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: 80px;"></div>

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"/>
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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: 80px;"></div>

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"/>
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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

☐ Low

Is Customer a PEP?

☐ Moderate

☐ Yes

☐ Above Average

☐ No

☐ High

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

Branch Name

Staff Code

Account No.

Signature

RO/RM ID #

RO/RM Name

Date

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 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 account holder(s) account activity and to promptly inform the Branch Manager, Branch Operation 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	

Account Opened by CSM:.....

Signature:.....

Date:.....

CONCURRENCE AND APPROVALS

BOM's 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)			
Head of Compliance or MD/CEO			
Signature		Date	

