FBNB	Affix Passport Photograph Here If USA citizen, complete FATCA form
INDIVIDUAL ACC	
GENERAL ACCOUNT IN	IFORMATION
(Please indicate the cat	egory and type of account to open by ticking the applicable box below)
Branch	
Account Type (1)	Account Type (2)
Purpose of Account (1)	
Purpose of Account (2)	
Account Number (1) (For official use only)	Currency Type GH¢ € £ \$ Y Others
Account Number (2) (For official use only)	Currency Type GH¢ € £ \$ Y Others
PERSONAL INFORMATI	
Surname	Title
First Name	
Maiden Name (if applicable)	
Other Names	
Marital Status (Please tick as appropriate)	Single Married Others(Pls specify) Gender Male Female
Place of Birth	Date of Birth D M M Y Y Y Y
Mother's Maiden Name	
Nationality	Resident Permit No.
Country of Origin	Country of Residence
Permit Issue Date	D D M M Y Y Y Y Permit Expiry Date D D M M Y Y Y Y
Profession / Occupation	
SSNIT No	
CONTACT DETAILS	
Residential Address in Ghana	
City / Town	Nearest Landmark
Proof of Address (Indicate type and Serial Number)	Mobile Number Image: Constraint of the second sec
Metropolitan, Municipal District Assembly Area (MMDA)	
Email Address	
Mailing Address	
VALID MEANS OF IDEN	
ID Type	National ID Card National Driver's License Passport Voter's ID National Health Insurance Card Other
Country of Issue	ID No.
ID Issue Date	D D M M Y Y Y Expire Date D D M M Y Y Y

ACCOUNT SERVICES REQUEST ADVANCES INFORMATION PROVIDENT SERVICES INFORMATION SERVICES INFORMA									
Land teamboles		REQUIRED			7			Othors	
Trocket on Alen Inferences Final Alert SMS Alert Statement Frederics Final Collection at Brann Statement Frederics Opened Cheque Cossed Cheque 25 leaves 30 Leaves MAINAN Opened Cheque Cossed Cheque 25 leaves 30 Leaves 100 Leaves MAINAN Dented Cheque Cossed Cheque Cossed Cheque 100 Leaves 100 Leaves Main Min State Cossed Cheque Sudant Cherrs (16 specify) 100 Leaves Main Min State Cossed Cheque Sudant Cherrs (16 specify) 100 Leaves Main Min State Cossed Cheque Sudant Cherrs (16 specify) 100 Leaves Main Min State Cossed Cheque Sudant Cherrs (16 specify) 100 Leaves Main Min Ale Cossed Cheque Sudant Cherrs (16 specify) 100 Leaves Main Min Ale Cossed Cheque Mapper Inference 100 Leaves 100 Leaves Main Min Min Min Cost or exector CAN BE CAPTURED UNDER NUTY RELATIONSHIP AS CREATING THEM AS CONTACT 100 Leaves 100 Leaves Statement Frederics Geoder Mate Geoder Mate 100 Leaves 100 Leaves									
Statement (Inference Image: Collection at Reach Statement (Responde) Workthy Cleage Book Requestion Operated Cheque EVELOWENT EVELUE Concert (Responde) Image: Responde with Jumme Prophety Image: Statement (Responde) Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Responde with Jumme Prophety Image: Respon					Other	Internet Banking Pr	oducts		
Statemet: Frequency Northly Querterly Smil-Annually Annually Cheque: Due doubling Operated Cheque Cosed Cheque 25 leaves 30 Loues 100 Loues EMCOVENT DETAILS Implying Set Implying Unemployed Retried Statism's Cohera (Ris specify) Integration of the specify of the specif		ences							
Cheque Back Requisition Opened Cheque 25 liaves 30 Liaves EMPLOYMENT OFFAUS Employed Gef Employed Unemployed Retired Student Ochers (Rs spectry) Engloyed Cheque Unit Curted Unit							_		
EMROVMENT DEFAULS Unimployed Petrod Student Others (Parspected) income Employed Self Employed Unimployed Petrod Selfey/Specied income Selfey/Specied income Morthly Salary Less than GHc (1.000 GHc (1.001 - 5.000 GHc (5001 - 10.000 More than GHc (1.000 Employer's Name									
Employed Self-Proployed Betrind Student Others (His specify) Length of pende with current Employer Image: Im			Opened Cheque	Crossed Cheque	25 lea	ves	50 Leaves	100 Leaves	
Length of period with current. Employer Image:									
Langth of period with Current Employer							ers (Pls specity)		
Employer's Name Employer's Name Employer's Name Employer's Address Neerest Landmark City Town NMDA Noture of Business Office Prace Number Finale Model Office Prace Number City Town NMDA DETAILS OF NEXT OF NN Inscrete or particulation CAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT Surname DETAILS OF NEXT OF NN Inscrete or particulation CAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT Surname DETAILS OF NEXT OF NN Inscrete or particulation CAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT Surname DETAILS OF NEXT OF NN Inscrete or particulation CAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT Surname DETAILS OF NEXT OF NN Inscrete or particulation DETAILS OF NEXT OF NN INSCRETE OR DETAILS DETAILS OF NEXT OF NOTION DETAILS OF			loyer		- ·				
Employer's Address Nearest Landmark City Town Region MADA City Town Region City Town Regio		Less than (GH¢ 1,000 GH¢	\$1,001 - 5,000	GH¢5001	- 10,000 M	ore than GH¢10,00	0	
Nearest Landmark City/ Town MDA Nature of Business Office Phone Number Employer's Email Address DEFAILS OF NEXT OF KIN uncose or remeaner CAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT Surrame Middle Name First Name Residential Address MMDA ADDITIONAL DEFAILS or must second managements MMDA Phone Number (1) Phone Number (2) Residential Address MMDA Prome Output of the Account (f applicable) Image: Second management of the Account (f applicable) Prequency of Depasts Carboards of punds to 1 2 Current of Depasts (Armount) Prequency of Depasts (Armount) Prequency of Depasts (Armount) Prequency of Depasts (Armount) 2 (Frequency of Withdrewals (f replace) 2 (f replace) 2 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
City/ Town Region MMDA Nature of BueleKity Owner(s) of the Account (if applicable) Full Name of Beneficiary Owner(s) of the Account (if applicable) Extent of Deposits (Account Accounts) EXPECTED ACCOUNT ACCUTYD Surrais of Fundis 10 1 2 Cered of Deposits (Account Sources) Prequency of Deposits (Account Sources) Frequency of Deposits (Account Account Acc									
MMDA MADA MADA MADA MADA MADA MAture of Business Office Phone Number Employer's Email Address DETAILS OF NEXT OF KIN UN COLOR SUBJECTORY OCAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT DETAILS OF NEXT OF KIN UN COLOR SUBJECTORY OCAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT DETAILS OF NEXT OF KIN UN COLOR SUBJECTORY OCAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT DETAILS OF NEXT OF KIN UN COLOR SUBJECTORY OCAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT Sumann DETAILS OF NEXT OF KIN UN COLOR SUBJECTORY OCAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT Sumann Relationship Phone Number (1) Phone Number (2) Residential Address MMDA Region ADDITIONAL DETAILS of This is account inductors isoues FUIL Name of Beneficiary Owner(s) of the Account (if applicable) EXECTED ACCOUNT ACTIVITY EXECTED ACCOUNT ACTIVITY Executed of Deposits Annord Funds to Prequency of Withdrawels Funds Funds to Prequency of Withdrawels Funds Funds to Prequency of Withdrawels Funds Funds] [
Nature of Business	-					Region			
Office Phone Number Mobile Number Employer's Email Address DETAILS OF NEXT OF KIN (or case or exercence) CAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT Surname Title Middle Name Gender First Name Gender Relationship Phone Number (2) Phone Number (1) Phone Number (2) Residential Address	MMDA								
Employer's Email Address DETAILS OF NEXT OF KIN (w. case or EXMERSINCY) CAN BE CAPTURED UNDER ENTITY RELATIONSHIP AS CREATING THEM AS CONTACT Surname Middle Name Gender Midde Name First Name Relationship Phone Number (1) Phone Number (2) Residential Address MMDA Region ADDITIONAL DETAILS (or Fuels & Account Michaels) Full Name of Beneficiary Owner(s) of the Account (If applicable) ExPECTED ACCOUNT ACTIVITY Sources of Funds to 1 2 Level of Deposits (Annount) Prequency of Deposits Name of Associated Business(es) 1 Contrast (et al.) Prequency of Deposits Name of Associated Business(es) 1 Contrast (et al.) 2 Contrast (et al.) Con	Nature of Business								
Address					Mobile Ni	umber			
Surname Title Middle Name Gender First Name Gender Relationship Image: Constraint of the Account of Associated Business (es) (frequency of Mithdrawals in the Associated Business (es) (frequency of Associated Business (es) (frequency of Legals in the Associated Business (freq	Address								
Middle Name Gender Male Female First Name Gender Male Female Relationship	DETAILS OF NEXT OF K	IN (IN CASE O	F EMERGENCY) CAN BE C	APTURED UNDER EN	TITY RELATIC	NSHIP AS CREATIN	IG THEM AS CONT	АСТ	
First Name	Surname								
Relationship Phone Number (1) Phone Number (1) Residential Address MMDA Region ADDITIONAL DETAILS (or this is Account Housers NAME) Full Name of Beneficiary Owner(s) of the Account (if applicable)	Middle Name						Gender	Male Female	2
Phone Number (1) Phone Number (2) Residential Address MMDA Region ADDITIONAL DETAILS (cr THIS if ACCOUNT HOLDERS NAME) Full Name of Beneficiary Owner(s) of the Account (if applicable)	First Name								
Residential Address MMDA Region ADDITIONAL DETAILS (IF THIS IS ACCOUNT HOLDER'S NAME) Full Name of Beneficiary Owner(s) of the Account (if applicable)	Relationship								
MMDA Region ADDITIONAL DETAILS (IF THIS IS ACCOUNT HOLDER'S NAME) Full Name of Beneficiary Owner(s) of the Account (if applicable) Full Name of Beneficiary Owner(s) of the Account (if applicable) EXPECTED ACCOUNT ACTIVITY Sources of Funds to the Account (If applicable) Level of Deposits (Amount) Level of Deposits (Amount) Expected Monthly Income from other Sources Name of Associated Business(es) (if applicable) 2 Urits applicable Prequency of Withdrawals Amount Amount Frequency of Withdrawals Associated Business Associated	Phone Number (1)				Phone Num	oer (2)			
Region ADDITIONAL DETAILS (IF THIS IS ACCOUNT HOLDER'S NAME) Full Name of Beneficiary Owner(s) of the Account (if applicable)	Residential Address								
ADDITIONAL DETAILS (IF THIS IS ACCOUNT HOLDER'S NAME) Full Name of Beneficiary Owner(s) of the Account (if applicable)	MMDA								
Full Name of Beneficiary Owner(s) of the Account (if applicable)	Region								
EXPECTED ACCOUNT ACTIVITY Sources of Funds to the Account 1 2 2 Level of Deposits (Amount) Frequency of Deposits [Expected Monthly Income from other Sources Frequency of Withdrawals Name of Associated Business(es) (if applicable) 1 Zume of Associated Business 1 Zum of Associated Business 1									
Sources of Funds to the Account 1 2 Level of Deposits (Amount) Expected Monthly Income from other Sources Frequency of Withdrawals Name of Associated Business(es) (If applicable) 2 Type of Associated Business Associated		y Owner(3)							7
Sources of Funds to the Account 1 2 Level of Deposits (Amount) Expected Monthly Income from other Sources Frequency of Withdrawals Name of Associated Business(es) (If applicable) 2 Type of Associated Business Associated									Ī
the Account 1 2 Level of Deposits (Amount) Expected Monthly Income from other Sources Frequency of Withdrawals Name of Associated Business(es) (if applicable) 2 Type of Associated Business Associated Survey	EXPECTED ACCOUNT A	CTIVITY							
Level of Deposits (Amount) Expected Monthly Income from other Sources Name of Associated Business(es) (if applicable) 2 Type of Associated Business Associated I		1							7
(Amount) requercy of Deposits Expected Monthly Income from other Sources Frequency of Withdrawals Name of Associated Business(es) 1 (if applicable) 2 Type of Associated Business		2							Ī
Expected Monthly Income from other Sources Frequency of Withdrawals Name of Associated Business(es) 1 (if applicable) 2 Type of Associated Business 1 Associated Susiness 1					Freque	ncy of Deposits			Ī
Business(es) I (if applicable) 2 Type of Associated Business I Assocated I		ne from oth	ner Sources			Frequency of With	drawals		Ī
(if applicable) 2 Type of Associated Business		1]		L		Ī
Type of Associated Business Assocated		2							Ī
Assocated									
									1

ACCO	ACCOUNTS HELD WITH OTHER BANKS														
S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER												
1															
2															
3															
4															
5															

TERMS AND CONDITIONS

DECLARATION

Where this application is for a Joint Account, I being one of the joint holders of this account hereby agree that in the event of my demise, the Bank is authorized to pay (subject always to provisions of the Estate Duty Enactment, Faraid Law and the Laws of Republic of Ghana or any future legislation) the balance standing to the credit of this account to the survivor(s) and such payment shall constitute a valid discharge by the Bank of the amount due on the account and I further agree to the account operating mandate as stipulated on this form executed by me. I/We the joint account holders acknowledge that the mandate given as to the operation of the account must be terminated by all of us and the Bank is entitled to act on the same. In such event that the Bank may at its discretion not permit any withdrawals from the account until receipt of fresh mandate from us

We hereby authorize you to credit into our Joint Account funds and negotiable instruments belonging to or payable to either / any one of us. In consideration of the above and the Bank agreeing to place all amounts received by the Bank from cheques and other negotiable instruments favouring either / any one of us to the credit of our Joint Account and to deliver any instrument or cheque the Bank may hold on our Joint Account to either / any one of us, we jointly and severally undertake to save harmless and keep the Bank howsoever indemnified against all losses, claims, demands, proceedings, costs, expenses and other liabilities whatsoever and whensoever incurred or arising from our authorization above, subject to the Bank's right to reject at any time and at the Bank's discretion for any reason whatsoever any instrument or cheque received.

ATM Card (Individual or Sole Proprietor Account only)

I, the holder of the above account / the sole proprietor of the above firm, confirm having read and understood the ATM Terms and Conditions and hereby agree that the ATM Card Terms and Conditions shall be binding on me / me and my firm. In the event that, I should close my account / my firm be converted to a partnership or there be a change in any other form, I hereby undertake to notify the Bank at once and shall immediately return the ATM Card to the Card issuing branch of the Bank for cancellation / immediate termination and this agreement shall forthwith be terminated. In the event of any failure on my part in notifying the Bank promptly of any changes to the mode of operation of the account / in the constitution of my firm, I shall not hold the Bank for any losses or damages suffered by me and I undertake that I shall at all times thereafter indemnify the Bank (its successors in title and assigns) in full and keep the Bank indemnified against all liabilities in respect thereof and against all actions, suits, proceedings, claims, demands, losses, costs, damages and any expenses whatsoever which may be taken or made against the Bank or incurred by the Bank arising therefrom.

General

I / We / Representative of the organization am / are authorized to open the above customer records and / or account(s) record and hereby furnish the particulars required to open the account and declare that all the information is correct. I / We / Representative of the organization undertake to inform the Bank of any changes to my / our personal / organization's details. By signing the Account Opening Form and affixing the rubber stamp of the organization, I / We / the organization confirm that I / we / the organization have / has received, read and fully understood the Bank's Terms and Conditions of Deposit Accounts, Notice of Mandate (if any) and agree to comply with and be bound by and any amendment(s) to the same which the Bank may subsequently introduce. An "Account" shall include but is not limited to a Deposit Account or other Account which the Bank may offer to me / us / representative of the organization.

I / We / Representative of the organization declare that prior to or at the time of the opening of this account, I/we/the organizations have/has not: a) committed any act of bankruptcy; or

b) been subject to any resolution or petition for winding up or insolvency being made or presented against me/us.

I / We / Representative of the organization hereby agree to indemnify the Bank as collecting banker against all losses, claims, demands proceedings, costs, expenses and other liabilities whatsoever and whensoever which the Bank may incur on any cheque, bill, note, draft, dividend warrant or other instrument presented by me / us / representative of the organization for collection and shall be deemed to have been collected at my/our expressed request in every case for the credit of my / our / the organization's account.

The Bank reserves the right to accept or reject this application without assigning any reason whatsoever.

I / We / Representative of the organization agree to be bound by the Terms and Conditions herein and the Terms and Conditions appearing on the reverse of the FD Receipt

1st Applicant		2nd Applicant		3rd Applicant	
Signature		Signature		Signature	
	(Organization's rubber stamp)				
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y

RULES AND REGULATIONS GOVERNING OPERATIONS OF CURRENT ACCOUNT

The customer must sign the Rules & Regulations (R&R) governing the operation of current account, which shall be kept by FBNBank Ghana (hereinafter referred to as the Bank) and a copy extended to customer. The R&R are as follows:-

 The Bank undertakes to honour and debit the customer's account at his request with all cheques, drafts, bills, promissory notes, acceptances and other negotiable instruments and orders drawn accepted or made out by him, and to carry out any instructions that may be given in connection with the customer's account notwithstanding that any such debiting or carrying out of his instructions may cause the account to be overdrawn or an approved overdraft to be permitted.

Where no overdraft has been agreed or the limit of overdraft has been agreed, the bank may refuse to carry out any instructions, which would result in an overdraft or excess over the agreed limit, as the case may be.

- 2. The customer shall make available to the Bank in prescribed form a specimen signature (or thumb print if permitted by the Bank) of every person authorized to operate the account. Instructions for signing and operating the account may also be provided. Unless otherwise agreed all signatories are entitled to withdraw all or any of the customer's properties or securities held by the bank from time to time and may open further or additional accounts in the name of the customer and may overdraw any of the customer's accounts. Authorized signatories shall be able to endorse and sign (but not limited to) all cheques, drafts, bill, promissory notes, acceptances, or any negotiable instruments and orders, foreign exchange contracts, documentary letters of credit application forms, indemnities and guarantees, Bankers Acceptance agreements, trust receipts, applications for telegraphic transfers/demand drafts/ bankers cheques and any other payment instruments and all agreement documents with the Bank.
- 3. The customer will take all reasonable precautions to:
 - i) Draw cheques with reasonable care in order to prevent forgeries and/ or alterations, which could mislead the bank.
 - ii) Not to issue cheques when there are insufficient funds in the account or accounts.
 - iii) Notify the Bank as soon as customer becomes aware of any fraud being or having been perpetrated on the accounts or any information that may assist the bank in the detection of any fraud to be or being perpetrated.
 - iv) Regularly check the Bank's statements of accounts pertaining to the account(s) and / or bank slips to prevent and / or establish any possible fraud or mistakes on the account(s) and notify the Bank accordingly as per clause 8.
 - v) Look after, safeguard and ensure that all cheques and seals are kept in safe custody.
- 4 The Bank is entitled and authorized to debit the accounts of the customer with all charges including (but not limited to) interest fixed by the Bank from time to time, advocates and legal fees incurred in obtaining advice/legal arbitration, legal action in connection with the customer's account commission/fees/service charges at such rate as the Bank may determine and all other proper expenses/charges/duty/taxes incurred in complying with the customer's request.
- 5. The bank reserves the right to stop or dishonor any cheques opens for cash drawn in favour of third parties. The bank also reserves the right not to effect any payment it is unable to confirm.
- 6. Where the bank received several orders at approximately the same time the total amount of which exceeds the customer's available balance, the bank may honor orders and apportion funds in whatever manner it deems fit.
- 7. Deposit of cheques or commercial items (whether or not drawn or payable) by the customer shall not be available for withdrawals until collected funds are received and / or paid by the bank. Before making any withdrawal or writing cheques, the customer must ensure that funds are available in the account(s). The customer must allow sufficient time after making any deposit or transfer to enable the Bank to carry out the necessary bookkeeping operations to credit the account(s).
- 8. The customer's usual statement of account, bank slips and advices with respect to the account will be sent by postage mail to the customer's last known address as per the Bank's record. All notices or letters sent to customer via this mode is deemed to have been delivered to the customer notwithstanding the failure of the medium of posting. Further, any notice or letter sent through the customer's address shall be validly sent and shall be deemed to have been duly delivered to and received by the customer within seven (7) days if delivered in the ordinary course of post. The customer will inform the Bank within fourteen (14) days of the dispatch of such bank's statements, bank slips and advices if it disputes any entries therein. If no notice of dispute of any bank's statements, bank slips or advices is received within the fourteen (14) days grace period the Bank will deemed that all bank's statements, bank slips or advices rendered is accepted as correct and in order.
- 9. The Bank may without notice to the customer set-off credit balance in the customer's account(s) against any indebtedness of the customer.
- 10. All cheques or other orders for payment of whatsoever nature are accepted for deposit for collection at the risk of the customer. Where any cheque or order is unpaid for any reason whatsoever (including but not limited to physical loss), the Bank may debit the customer with the amount previously credited (taking into account any exchange fluctuation where relevant) in respect of that cheque or order. The Bank will not be liable for any cheque or order that has been lost in transit.
- 11. The Bank may at any time upon notice to the customer terminate or vary the business relationship with the customer. The Bank may with due notice to the customer close the account(s). Further the Bank may cancel any overdraft/loans, which it has granted, and require its repayment together with interest therein.
- 12. The bank may at any time freeze any account of the customer if and so long as there is any dispute or the Bank had doubt for any other reason (whether or not well founded) as to the person or persons entitled to operate the same, without any obligation to institute interpleaded proceedings or take any steps of its own initiative for the determination of such dispute or doubt.

- 13. The Bank may refuse payment of cheques not drawn on the Bank's cheque form in the manner specified and issued by the Bank. The Bank may also refuse to issue cheque book(s) to the customer if the requests for cheque book(s) are not made in the bank's pre-printed requisition slips found in the cheque book.
- 14. Notwithstanding the provisions of clause 8 herein any money credited to the customer in error must be repaid on demand.
- 15. The Bank is authorized to comply with documented instructions from the customer transmitted to the Bank through mail, messenger, facsimile, computer or other electronic means provided the customer's authorized signatories initiate such instructions. The Bank is however not obliged to act on these instructions and at its discretion may require confirmation or hard copies of electronic transmissions before action on these instructions.
- 16. The Bank shall not be responsible or liable for any delay caused in complying with customer instructions caused by a break in communication between branches and the Head Office/ central server of the Bank due to electrical or other mechanical failure beyond the control of the Bank.
- 17. The Bank is not liable in any way to the customer for having honoured even negligently any cheque the signature or content of which has been forged if the customer has failed to comply with clause 3 or the forgery has been perpetrated by an employee, servant, agent or contractor of the customer.
- 18. Stop payment instructions should be made or confirmed in writing. Stop payment instructions shall be effective for six (6) months unless renewed in writing.
- 19. The customer agrees that the Bank may include any of the customer's personal data in the FBNBank Ghana Customer group systems which may be used by other banks or financial institutions for banking and credit assessment, statistical analysis including behaviour and credit scoring and to identify products and services (including those supplied by third parties) which may be relevant to the customer and used by the Bank to market such products. The Bank will disclose personal data outside the FBNBank Ghana only:
 - a) For fraud prevention purposes
 - b) To licensed credit references agencies
 - c) To sub-contractors or persons acting as the bank's agents in cases of default or breach of any facilities advanced to customer.
 - d) To any person who may assume the customer's rights under these rules.
 - e) If the bank has a right or duty to disclose or are permitted or compelled to do so by law.

20. The bank shall be entitled to change these rules and regulations by displaying a copy of any change in its banking hall for a period of one (1) month.

21. The bank shall be entitled to disclose the details of cheques dishonoured (dud cheques), and or any other details called for by any statutory or regulatory agency like Central bank of the country, law enforcement agencies of the government, etc. without any further reference.

I / We hereby confirm that we have read and understood the above-mentioned rules and regulations and are agreeable and bound by them.

Authorized Signatory		Authorized Signatory		Authorized Signatory	
Name		Name		Name	
Customer		Customer		Customer	
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y

MAIN RULES AND REGULATIONS GOVERNING SAVINGS ACCOUNTS

- 1. The minimum deposit for opening and maintenance of a savings account will be stipulate by the bank
- 2. Interest shall be calculated by the bank at its prevailing rate and credited to the depositor's account on the last day of each month or upon closing of account. Interest will not be paid a balance that is less than the minimum maintenance balance set by the bank
- 3. The depositor shall notify the bank of any changes of address
- 4. The bank reserves the right to close an account that violates the minimum maintenance balance and becomes inactive for a period exceeding six month s after the last transaction
- 5. The bank reserves the right to add, delete or amend any of the rules and regulations at any time

Authorized Signatory		Authorized Signatory		Authorized Signatory	
Name		Name		Name	
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y

INTRODUCER			
Name			
Bank	As in IC / Pa	assport	٦
Account Number			
Office Tel		Mobile Tel	
IC/Passport		Biz Registration	
Signature			
ACCOUNT OPENING M	ANDATE		
Mandate Authorization (Please tick as appropriate)	S	Sole Signatory Either to Sign Both to sign	
Name			
Surname			
First Name			
Other Name			
Class of Signatory			
Identification Type			
Identification No			
Telephone Number			
Signature			
Date	D D	M M Y Y Y I	
Signatory		Name Signature	
	In case of joi	uint a/c, 2nd applicant is required to complete a second information sheet and attach herewith.	_
DECLARATION			
		of account(s) with Bank. I understand that the information given herein and the documents msupplied count(s) and I/We therefore warrant that such information is correct.	
I/We further undertake t	to indemnif	ify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.	
	rmation ab	ICE BUREAUS bout you from the credit reference bureaus to check your credit status and identity. The bureaus will record our :her institutions that make their own credit enquiries about you.	
The Bank shall also discl	ose your cr	redit transactions to credit reference bureaus in accordance with the Credit Reporting Act, 2007 (Act 726).	
Name		Signature Date M M Y <t< td=""><td></td></t<>	
(THIS SHOULD BE ADOPT	ED WHERE	E THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)	
I agree to abide by the	content of	f this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.	
Mark of Customer/ Thumbprint/Signature		Mark of Interpreter/ Thumbprint/Signature Date Date M M Y Y Y Y	
Name & Address of Inte	erpreter		
Language of Interpretati	ion		

FOR BANK USE ONLY									
REQUI	REMENTS 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								
4	Proof of identity: International passport, Driver's license or National Health Insurance card, Valid Ghanaian Voters ID Card (original must be sighted)								
5	Resident 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)								
AUTHE	NTICATION FOR POLITICALLY EXPOSED PERSONS								
Is the /	Applicant a Politically Exposed Person?	25							
	ow Risk Medium Risk High Risk								
A. ACC	OUNT OPENED BY:								
Name									
Signatu	re	Date D M	M Y Y Y Y						
B. DEF	ERRAL / WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY	:							
Name									
Signatu	re	Date D M	M Y Y Y Y						
C. DOO	UMENT VERIFICATION CARRIED OUT BY:								
Name									
Signatu	re	Date D M	M Y Y Y Y						
Comm	ents:								
D. ACC	OUNT OPENING AUTHORISED / APPROVED BY:]				
Name									
Signatu	re	Date D M	M Y Y Y Y						
For hig	her risk category, (Head Risk/Compliance; Head Operations; I	MD/CEO may sign:							
Design	ation								
Signatu	re	Date D M	M Y Y Y Y						