

ACCOUNT OPENING FORM	- ENTITIES (INCORPORATED AND NON-INCORPORATED)
	and type of account to open by ticking the applicable box below)
Category of Business	Limited Liability Company Partnership Sole proprietorship MMDA's Charities Others
Account Type	Current Account Fixed Deposit Account Currency Type GH⊄ € £ \$ Y Others
Branch	
COMPANY DETAILS (PLEASE CO	MPLETE IN BLOCK LETTERS AND TICK WHERE NECESSARY)
Company/Business Name	
Certificate of Incorporation Registration Number	
Date of Incorporation/Registr	ation DDDMMMYYYYY Jurisdiction of Incorporation/Registration
Parent Company's Country of Inc.	Source of Funds.
Type/Nature of Business	
Sector/Industry	
Operating Business Address 1	
/ lddress 1	
Operating Business	
Address 2	
Corporate Business Address/ Registered 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
ANNUAL TURNOVER	
Annual Turnover GHS	0- 9,999 GHS 10,000 - 49,999 GHS 50,000 - 99,000 GHS 100,000 above
Is your Company quoted on a	any Stock Exchange? Yes No Ref No.
ACCOUNT SERVICE(S) REQI	JIRED (PLEASE TICK ANY APPLICABLE OPTION BELOW)
Card Preferences	Ezwich Card Master Card Visa Card Easy Cash Others (Please specify)
Electronic Banking Preference	Internet Banking Mobile Banking SMS Alert Other Internet Banking Products
Statement Preference	Email Collection at Branch
Statement Frequency:	Monthly Quarterly Semi-Annually Annually
Cheque Book Requisition	Opened Cheque Crossed Cheque 25 leaves 50 Leaves 100 Leaves
Cheque Confirmation : Will yo	ou like to pre-confirm your cheques? Yes No

CHEQUE CONFIRMATION	ON THRESHOLD
	pre confirm any cheque above GHS
	e a higher threshold pre-confirmation, please specify the amount (ie threshold above GHS)
	S / PRINCIPAL OFFICERS DETAILS (IF THIS IS CAPTURED AS BENEFICIARY UNDER RELATIONSHIP TAB)
Surname	
First Name	
Other Names	
Date of Birth	D D M M Y Y Y Y Gender Male Female Mother's Maiden Name
Nationality	Resident Permit No.
Means of Identification	ID Number
ID Issue Date	D D M M Y Y Y Y ID Expiry Date D D M M Y Y Y Y
Occupation	
Job Title	
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	
	S DETAILS (IF THIS IS CAPTURED AS GUARANTOR OR ANY OTHER RELATION TYPE UNDER RELATIONSHIP TAB)
Surname	
First Name	
Other Names	D D M M Y Y Y Y
Date of Birth	Gender Male Female Mother's Maiden Name
Nationality	Resident Permit No.
Means of Identification	D D M M Y Y Y Y D D M M Y Y Y Y Y
ID Issue Date	ID Expiry Date
Occupation	
Job Title 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	
Class of Signatory (Please indicate class in the box provided)	Signature
	Date D D M M Y Y Y Y
ACCOUNT SIGNATORY	S DETAILS (2) (IF THIS IS CAPTURED AS GUARANTOR OR ANY OTHER RELATION TYPE UNDER RELATIONSHIP TAB)
Surname	
First Name	
Other Names	
Date of Birth	DD MM MYYYYY Gender Male Female Mother's Maiden Name
Nationality	Resident Permit No.
Means of Identification	ID Number
ID Issue Date	D D M M Y Y Y Y ID Expiry Date D D M M Y Y Y Y ID Expiry Date
Occupation	
Job Title	
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	
Class of Signatory (Please indicate class in the box provided)	Signature
	Date D D M M Y Y Y Y
ACCOUNT SIGNATORY	S DETAILS (3) (IF THIS IS CAPTURED AS GUARANTOR OR ANY OTHER RELATION TYPE UNDER RELATIONSHIP TAB)
First Name	
Other Names	
Date of Birth	D D M M Y Y Y Y A Gender Male Female Mother's Maiden Name
Nationality (for Non-Ghanaians)	Resident Permit No.
Means of Identification	ID Number
ID Issue Date	D D M M Y Y Y Y ID Expiry Date D D M M Y Y Y Y
Occupation	
Job Title	
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	
Class of Signatory (Please indicate class in the box provided)	Signature
	Date D M M Y Y Y Y
DETAILS OF THE DIRECTOR	RS/ EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS ETC (IF THIS IS CAPTURED AS GUARANTOR OR ANY OTHER RELATION TYPE UNDER RELATIONSHIP TAB)
Surname	
First Name	
Other Names	
Date of Birth	D D M M Y Y Y Y Y Gender Male Female Mother's Maiden Name
Nationality (for Non-Ghanaians)	Resident Permit No.
Means of Identification	ID Number
ID Issue Date	D D M M Y Y Y Y I ID Expiry Date D D M M Y Y Y Y
Occupation	
Job Title	
Status as a Director (Pls tick as appropriate)	Chairman Executive Director Managing Director/Chief Executive Officer
	Non-Executive Director Chief Financial Officer Others(Specify)
Position / Office of the Officer	
Residential Address	
Nearest Landmark	
Nearest Landmark	
City / Town	
Metropolitan, Municipal District Assembly Area (MMDA)	
Region	
Phone Number (1)	Other Number
Email Address	
DETAILS OF T HE DIREC	CTORS/ EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS ETC (2) TOR OR ANY OTHER RELATION TYPE UNDER RELATIONSHIP TAB)
Surname	
First Name	
Other Names	
Date of Birth	D D M M Y Y Y Y A Gender Male Female Mother's Maiden Name
Nationality (for Non-Ghanaians)	Resident Permit No.

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Occupation Job Title Status as a Director (Printin on exceptions) Non-Executive Director (Printin on exceptions) Non-Executive Director (Chef Financial Officer Residential Address Residential A		
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Status as a Director (Pictic as appoprietal) Chairman Executive Director Chief Financial Officer Chief Financial Offi		
Chief Financial Officer Chief Financial Officer Others(Specify)		
Position / Office of the Officer Residential Address Nearest Landmark Nearest Landmark Nearest Landmark Nearest Landmark Responsion / Office Person Number (1) Email Address DETAILS OF THE DIRECTORS, PERCUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS ETC (3) Consider Address of Residential Address of Residential Responsion for the Officer Residential Address of Residential Responsion for the Officer Residential Residen		
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Position / Office		Chairman Executive Director Managing Director/Chief Executive Officer
		Non-Executive Director Chief Financial Officer Others(Specify)
or the Officer	Position / Office of the Officer	
Residential Address	Residential Address	
Nearest Landmark	Nearest Landmark	
Nearest Landmark	Nearest Landmark	
City / Town	City / Town	
Metropolitan, Municipal District Assembly Area (MMDA)	Metropolitan, Municipal District Assembly Area	
Region Region		
Phone Number (1) Other Number		Other Number

Description	Email Address	
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Nearest Landmark City / Town Metropolitan, Municipal Descric Assembly Area (MMDA) Region Phone Number (1) Cher Number Email Address ADDITIONAL DETAILS I. Name of affiliated Company/Body 2 3 III. PRINCIPAL SHAREHOLDERS (Shareholding of 10% and above) a. Full Name of Shareholder Address Status Percentage Holding Mobile Number Email Address Registration Certificate (if a corporate shareholder) Country of Incorporation (if a corporate shareholder)		
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Mobile Number	Status	Percentage Holding
Registration Certificate (if a corporate shareholder) Country of Incorporation (if a corporate shareholder)	Mobile Number	
Country of Incorporation (if a corporate shareholder)	Email Address	
	Registration Certificate	(if a corporate shareholder)

b. Full Name of Shareholder			
Address			
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Status		Dt	
Mobile Number		Percentage Holding Nationality	
Email Address			
Registration Certificate (if a co	ornorate shareholder)		
Country of Incorporation (if a			
Names of Beneficial owner(s)			
C	(ii dily)		
Full Name of Shareholder			
Address			
Status		Percentage Holding	
Mobile Number		Nationality	
Email Address			
Registration Certificate (if a co	orporate shareholder)		
Country of Incorporation (if a	corporate shareholder)		
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d. Full Name of Shareholder			
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Status		Percentage Holding	
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e. Full Name of Shareholder			
Address			
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Email Address			
Registration Certificate (if a co	orporate shareholder)		
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LETTER OF INDEMNITY

The Bank is hereby absolved, and shall be free and held harmless from any responsibility to the Customer or any third party for any loss, damage, liability, cost, expense, inconvenience, economic loss, loss of revenue or business opportunities, lost profit, loss of anticipated savings or business, loss of data, loss of goodwill or any other adverse consequence or analogous event whatsoever, suffered or incurred (whether direct, indirect, incidental, special, consequential, punitive or of whatsoever nature) arising from a force majeure event and/or any act or omission of the Customer.

Without prejudice to the preceding clause, the Customer undertakes to indemnify the Bank and keep the Bank indemnified on full indemnity basis (including legal and associated costs) against all claims, demands, costs, damages, expenses, actions and any other analogous circumstance which may arise in relation to the Customer, an Account, any Transaction, as well as all other matters attributable to the relationship between the Bank and the Customer. This indemnity provision shall continue notwithstanding the termination of the Account.

termination of the Accoun							
ACCOUNT OPENING N							
Category of Account	Joint Account	Fixed Investment Account		Other Types of			
Account Type	Current Account	Fixed Deposit Account		Savings Accour	nt	Domiciliary Account	
Currency Type	GH¢ € £	\$ Y Others					
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Account Number							
Mandate authorization	/ Combination Rule (Please t	ick as appropriate)					
	Sole Signatory	Two or more If two o	r mor	e are to sign, please	specify		
SIGNATORIES							
Name							
Surname							
First Name						PHOTO	
Other Names							
Class of Signatory							
ID Type	National ID Card	National Driver's License	asspor	t Voter's ID	National H	ealth Insurance Card	Other
Identification No						L	
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and declare that all the info Account Opening Form and Terms and Conditions of De	ormation is correct. I / We / Representation is correct. I / We / Representation is affixing the rubber stamp of the organize posit Accounts, Notice of Mandate (if an	re of the organization undertake to inf ation, I / We / the organization confir y) and agree to comply with and be t	form the Bank of any changes to my m that I / we / the organization hav sound by and any amendment(s) to	urnish the particulars required to open the account // our personal / organization's details. By signing the e / has received, read and fully understood the Bank's the the Bank may offer to me / us / representative of the
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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:-

1. 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 book-keeping 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. $% \left(1\right) =\left(1\right) \left(1\right) \left$
 - 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.

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Name	Name Name
Date	D D M M Y Y Y Y Y Date D D M M M Y Y Y Y Y Y Date
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 Here
IN THE PRES	ENCE OF:
Name	
Address	
Occupation	
Signature	Date D D M M Y Y Y Y
FOR BANK U	SE ONLY

REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Account opening form duly completed				
2	Specimen signature card duly completed				
3	Copy of Registrar General's Department Certificatie				
4	Board Resolution				
5	Copy of Memorandum and Article of Association (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 sized photographs of each signatory to the account with name written on the reverse side				
13	Introduction letter (where applicable)				
14	Status report from Banker (where applicable)				
15	Resident 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 indemnity				
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 Identity Card, National Driver's Licence and Voter's ID Card				

	f Address of all Signatories and Directors / Officers whose names	
	on the account opening forms /documents – Utility bill (Certified py is acceptable if original is not held	
	ompleted satisfactorily reference forms	
	f the audited Financial statements	
	(please specify)	
KYC PROFILE		
	opriate risk profile Low Medium High Director, Executive, Trustee, Promoter, Executor or Administrator is a PEP	
Name	Position	
Name	Position	
Name	Position	
A. ACCOUNT O		
Name		
Signature	Date D D M M Y Y Y Y	
Name		
Signature	Date D D M M Y Y Y Y	
B. DEFERRAL /	WAIVER OF DOCUMENTS (IF ANY) AUTHORISED BY:	
Name		
Signature	Date D D M M Y Y Y Y	
Name		
Signature	Date Date	
C. ADDRESS VE	ERIFICATION CARRIED OUT BY:	
Name		
C:t	D D M M Y Y Y Y	
Signature	Date Date	
Name		
Signature	Date D D M M Y Y Y Y Y	
Signature	Date	
COMMENT(S):		
(Address description and		
Result Findings		
ACCOUNT OPE	NING AUTHORISED / APPROVED BY:	
Name		
Ivanic		
Signature	Date D D M M Y Y Y Y	
Name		
Signature	Date D D M M Y Y Y Y	