



If USA citizen, complete FATCA form

**ACCOUNT OPENING FORM - ENTITIES (INCORPORATED AND NON-INCORPORATED)**

CIF ID

(Please indicate the category 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 COMPLETE IN BLOCK LETTERS AND TICK WHERE NECESSARY)**

Company/Business Name

Certificate of Incorporation Registration Number

Date of Incorporation/Registration 

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

 Jurisdiction of Incorporation/Registration 

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

Parent Company's Country of Inc.  Source of Funds.

Type/Nature of Business

Sector/Industry

Operating Business Address 1

Operating Business Address 2

Operating Business Address 2

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

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

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 any Stock Exchange?  Yes  No Ref No.

**ACCOUNT SERVICE(S) REQUIRED (PLEASE TICK ANY APPLICABLE OPTION BELOW)**

Card Preferences  Ezwich Card  Master Card  Visa Card  Easy Cash  Others (Please specify)

Electronic Banking Preferences  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 you like to pre-confirm your cheques?  Yes  No

**CHEQUE CONFIRMATION THRESHOLD**

You will be required to pre confirm any cheque above GHS

If you would like to have a higher threshold pre-confirmation, please specify the amount (ie threshold above GHS)

**KEY CONTACT PERSONS / 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender  Male  Female Mother's Maiden Name

Nationality  Resident Permit No.

Means of Identification  ID Number 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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ID Issue Date 

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

 ID 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"/>

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

**ACCOUNT SIGNATORY'S DETAILS (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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender  Male  Female Mother's Maiden Name

Nationality  Resident Permit No.

Means of Identification  ID Number 

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ID Issue Date 

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 ID Expiry Date 

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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 

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

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

 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	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"/>

**DETAILS OF THE DIRECTORS/ 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

 ID 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"/>

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 THE DIRECTORS/ EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS ETC (2) (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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 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

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 THE DIRECTORS/ EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS ETC (3)**  
 (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

 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

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 THE DIRECTORS/ 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

Gender  Male  Female

Mother's Maiden Name

Nationality  
(for Non-Ghanaians)

Resident Permit No.

Means of Identification

ID Number

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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

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

**ADDITIONAL DETAILS**

I. Name of affiliated Company/Body

1

2

3

II. PRINCIPAL SHAREHOLDERS (Shareholding of 10% and above)

a.

Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

b.

Full Name of Shareholder			
Address			
Status		Percentage Holding	
Mobile Number		Nationality	
Email Address			
Registration Certificate (if a corporate shareholder)			
Country of Incorporation (if a corporate shareholder)			
Names of Beneficial owner(s) (if any)			

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c.

Full Name of Shareholder			
Address			
Status		Percentage Holding	
Mobile Number		Nationality	
Email Address			
Registration Certificate (if a corporate shareholder)			
Country of Incorporation (if a corporate shareholder)			
Names of Beneficial owner(s) (if any)			

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d.

Full Name of Shareholder			
Address			
Status		Percentage Holding	
Mobile Number		Nationality	
Email Address			
Registration Certificate (if a corporate shareholder)			
Country of Incorporation (if a corporate shareholder)			
Names of Beneficial owner(s) (if any)			

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e.

Full Name of Shareholder			
Address			
Status		Percentage Holding	
Mobile Number		Nationality	
Email Address			
Registration Certificate (if a corporate shareholder)			
Country of Incorporation (if a corporate shareholder)			

Names of Beneficial owner(s) (if any)

f. Full Name of Shareholder

Address

Status  Percentage Holding

Mobile Number  Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

**DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER**

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

**AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE**

 Bank  
  


Dear Sir,

**AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE**

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

Yours faithfully

Authorised Signature of the Customer / Representative & Date

D	D	M	M	Y	Y	Y	Y

Authorised Signature of the Customer / Representative & Date

D	D	M	M	Y	Y	Y	Y

**LETTER OF SET-OFF**

 Bank (Title)   
   


LETTER OF SET-OFF  
I/We agree that you (in addition to any general lien or similar right to which you as my / our banker may have at any time and without notice to me/ us) combine or consolidate all or any of the company's 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

D	D	M	M	Y	Y	Y	Y

Authorised Signature of the Customer / Representative & Date

D	D	M	M	Y	Y	Y	Y



**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, 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.

**ACCOUNT OPENING MANDATE**

Category of Account  Joint Account  Fixed Investment Account  Other Types of Account

Account Type  Current Account  Fixed Deposit Account  Savings Account  Domiciliary Account

Currency Type  GH¢  €  £  \$  ¥  Others

Account Name

Account Number

Mandate authorization / Combination Rule (Please tick as appropriate)

Sole Signatory  Two or more If two or more are to sign, please specify

**SIGNATORIES**

Name

Surname

First Name

Other Names

Class of Signatory

ID Type  National ID Card  National Driver's License  Passport  Voter's ID  National Health Insurance Card  Other

Identification No

Telephone Number

Signature and Date

D	D	M	M	Y	Y	Y	Y

**FOR BANK USE ONLY**

_____	_____
Name	Signature

**FOR BANK USE ONLY**

_____	_____
Name	Signature

Name

Surname

First Name

Other Names

Class of Signatory

ID Type  National ID Card  National Driver's License  Passport  Voter's ID  National Health Insurance Card  Other

Identification No

Telephone Number

Signature and Date

D	D	M	M	Y	Y	Y	Y

**FOR BANK USE ONLY**

_____	_____
Name	Signature

**FOR BANK USE ONLY**

_____	_____
Name	Signature

Name	<input style="width: 95%;" type="text"/>	PHOTO																
Surname	<input style="width: 95%;" type="text"/>																	
First Name	<input style="width: 95%;" type="text"/>																	
Other Names	<input style="width: 95%;" type="text"/>																	
Class of Signatory	<input style="width: 95%;" type="text"/>																	
ID Type	<input type="checkbox"/> National ID Card <input type="checkbox"/> National Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> National Health Insurance Card <input type="checkbox"/> Other																	
Identification No	<input style="width: 95%;" type="text"/>																	
Telephone Number	<input style="width: 95%;" type="text"/>																	
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## 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.

1st Applicant	2nd Applicant	3rd Applicant																																																
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>																																																
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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(s) 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.
  - 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.

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**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

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**INTRODUCER**

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As in IC / Passport

Bank

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IC/Passport 

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Signature

**DECLARATION**

**CUSTOMER INFORMATION**

I/We hereby apply for the opening of account(s) with FBNBank Ghana I understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

**DISCLOSURE TO CREDIT REFERENCE BUREAUS**

The Bank will obtain information about you from the credit reference bureaus to check your credit status and identity. The bureaus will record our enquiries which may be seen by other institutions that make their own credit enquiries about you.

The Bank shall also disclose your credit transactions to credit reference bureaus in accordance with the Credit Reporting Act, 2007 (Act 726).

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Occupation	<input style="width: 95%;" type="text"/>																				
Signature	<input style="width: 90%;" type="text"/>	Date	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td></tr></table>	D	D	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	M	M	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Y	Y	Y	Y	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		
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**FOR BANK USE 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 Certificate				
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				

24	Proof of Address of all Signatories and Directors / Officers whose names appear on the account opening forms /documents - Utility bill (Certified true copy is acceptable if original is not held)				
25	Two completed satisfactorily reference forms				
26	Copy of the audited Financial statements				
27	Others (please specify)				

**KYC PROFILE**

Please tick appropriate risk profile  Low  Medium  High

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

Name	<input type="text"/>	Position	<input type="text"/>
Name	<input type="text"/>	Position	<input type="text"/>
Name	<input type="text"/>	Position	<input type="text"/>

**A. ACCOUNT OPENED BY:**

Name	<input type="text"/>																		
Signature	<input type="text"/>	Date	<table border="1"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td> <td></td><td></td> <td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
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D	D	M	M	Y	Y	Y	Y												

**B. DEFERRAL / WAIVER OF DOCUMENTS (IF ANY) AUTHORISED BY:**

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Signature	<input type="text"/>	Date	<table border="1"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td> <td></td><td></td> <td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
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**C. ADDRESS VERIFICATION CARRIED OUT BY:**

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Signature	<input type="text"/>	Date	<table border="1"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td> <td></td><td></td> <td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
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COMMENT(S): (Address description and Result Findings)	<input type="text"/>																		

**ACCOUNT OPENING AUTHORISED / APPROVED BY:**

Name	<input type="text"/>																		
Signature	<input type="text"/>	Date	<table border="1"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td> <td></td><td></td> <td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
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