

Nsutaman Rural Bank Plc.

Happy to Help

ACCOUNT OPENING FORM - INDIVIDUAL/JOINT ACCOUNT

ACCOUNT TYPE Savings Current Joint Other Specify

AGENCY/
BRANCH
STAMP

Affix
Passport
Photograph
Here

ACCOUNT NO. (For office use only)

1A PERSONAL INFORMATION

Title Surname

First Name

Middle Name(s)

Former Name

Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Gender M F

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"/>

 Place of Birth

Mother's Maiden Name

Nationality Resident Permit No.

Permit Issue Date

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

 Permit Expiry Date

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

Father's Maiden Name

Nationality Resident Permit No.

Permit Issue Date

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

 Permit Expiry Date

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

Tax Identification Number (TIN) Region

Purpose of Account (Please Tick)
Salary Savings Business Other, Specify

1B. PERSONAL INFORMATION

Title Surname

First Name

Middle Name(s)

Former Name

Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Gender M F
Date of Birth

D	D	M	M	Y	Y	Y	Y

 Place of Birth

Mother's Maiden Name

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

Nationality Resident Permit No.
Permit Issue Date

D	D	M	M	Y	Y	Y	Y

 Permit Expiry Date

D	D	M	M	Y	Y	Y	Y

Father's Maiden Name

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

Nationality Resident Permit No.
Permit Issue Date

D	D	M	M	Y	Y	Y	Y

 Permit Expiry Date

D	D	M	M	Y	Y	Y	Y

Tax Identification Number (TIN)

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

 Region

House Ownership
Householder Living with parents Others Nester Renter
Purpose of Account (Please Tick)
Salary Savings Business Others (Specify)

2 CONTACT DETAILS

Residential Address

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

City / Town / Village

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

 Nearest Landmark

Proof of Address (Indicate type and Serial Number)

Metropolitan, Municipal, District Assembly Area (MMDA)

Mailing Address

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

Phone Number1

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

 Phone Number 2

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

Email Address

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

3. VALID MEANS OF IDENTIFICATION

National ID Card Driver's License Passport Voter's ID

ID No.

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

ID Issue Date

D	D	M	M	Y	Y	Y	Y

 Expiry Date

D	D	M	M	Y	Y	Y	Y

4 EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Others (Pls Specify)

Level of Deposits

Grid for Level of Deposits

Frequency of Deposits

Field for Frequency of Deposits

Expected Annual Income from other sources

Field for Expected Annual Income from other sources

Name of Associated Business(es) 1

Grid for Name of Associated Business(es) 1

Name of Associated Business(es) 2

Grid for Name of Associated Business(es) 2

Name of Associated Business(es) 3

Grid for Name of Associated Business(es) 3

Type of Business

Grid for Type of Business

Business Address

Grid for Business Address

7 ACCOUNTS WITH OTHER BANKS

Table with 5 columns: S/N, NAME AND ADDRESS OF BANK/BRANCH, ACCOUNT NAME, ACCOUNT NUMBER, STATUS: ACTIVE/DORMANT. Rows 1-5.

8 ACCOUNT MANDATE

(Please tick as appropriate)

Mandate authorization (Please tick as appropriate)

Sole Signatory [] Either to Sign [] Both to Sign []

Name:

Surname

Other Name

Class of Signatory

Identification Type

Identification No.

Telephone Number

Signature and Date

Form fields for Name, Surname, Other Name, Class of Signatory, Identification Type, Identification No., Telephone Number, Signature and Date.

PHOTO(S) box

PHOTO(S) box

FOR BANK USE ONLY box with Name and Signature fields

FOR BANK USE ONLY box with Name and Signature fields

9 ACCOUNT SERVICES(S) REQUIRED (Please tick the applicable option below)

Card Preferences ATM Card GH Link Others (Please specify)

Electronic Banking Preferences Internet Banking Mobile Banking Others (Please specify)

Transaction Alert Preferences Email Alert SMS Alert

Statement Preference

Statements to be collected at the Branch/Agency

Statement Frequency:

Semi - Annually Annually

10 DECLARATION / DISCLOSURE

DECLARATION

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

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

DISCLOSURE TO CREDIT REFERENCE BUREAUX

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

Name..... Signature..... Date.....

Name..... Signature..... Date.....

11 (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

MARK/THUMBPRINT OF CUSTOMER

WITNESSED BY OFFICER OPENING THE ACCOUNT

Date

D	D	M	M	Y	Y	Y	Y

NAME AND ADDRESS OF INTERPRETER

LANGUAGE OF INTERPRETATION

1 REQUIREMENT CHECKLIST

Savings Account

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
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 card, Valid Ghanaian Voters ID (original must be signed)			
5.	Resident Permit (for non - Ghanaian)			
6.	Proof of Address: Utility bills etc. (Certified true copy is acceptable if the original is not held)			
7.	Letter from Employer / School (for salary account and or student only)			

