

# ACCOUNT OPENING FORM – INDIVIDUAL

**AGENCY/  
BRANCH  
STAMP**

**ACCOUNT NO.** (For office use only)

## 1





**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 ☐    Others

**10 DECLARATION / DISCLOSURE****DECLARATION**

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

I 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).

**CONSENT TO DISCLOSURE**

I/We agree that information on my/our account with Asutifi Rural Bank PLC could be **disclosed** to any Financial Regulating Body. (Eg. The Bank of Ghana, ARB Apex Bank, Credit Reference Bureau, etc) as stipulated in the Credit Reporting Act 726 and other financial Acts.

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

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LANGUAGE OF INTERPRETATION

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**1 REQUIREMENT CHECKLIST****Susu 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)			

## 2 AUTHENTICATION FOR FINANCIAL INCLUSION

Low Risk ☐ Medium Risk ☐ High Risk ☐

### 3 AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

[illegible]

D	D	M	M	Y	Y	Y	Y

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

[illegible]

D	D	M	M	Y	Y	Y	Y

**C. ADDRESS VERIFICATION CARRIED OUT BY:**

[illegible]

D	D	M	M	Y	Y	Y	Y

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**D. ACCOUNT OPENING AUTHORIZED BY:**

[illegible]

D	D	M	M	Y	Y	Y	Y

[illegible]

D	D	M	M	Y	Y	Y	Y

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