ASUTIFI RURAL BANK PLC

ACCOUNT OPENING FORM - INDIVIDUAL Current Susu ACCOUNT TYPE Savings [Other:.... Affix AGENCY/ **Passport BRANCH** Photograph **STAMP** Here ACCOUNT NO. (For office use only) 1 PERSONAL INFORMATION Title Surname First Name Middle Name(s) Former Name Gender M F Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Place of Birth D D M M Υ Date of Birth Mother's Maiden Name Nationality Resident Permit No. D M Υ Μ Υ Υ D M D M Permit Issue Date Permit Expiry Date Tax Identification Number (TIN) Region Purpose of Account (Please Tick) Other, Specify Savings Business **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 Number 1 Phone Number 2 **Email Address**

3 VALID MEANS OF IDENTIFICATION				
National ID Card Driver's License Passport Voter's ID				
ID No.				
<u> </u>				
ID Issue D D M M Y Y Y Y Expiry D D M M Y Y Y Y				
Date Date Date				
4 EMPLOYMENT DETAILS				
Employed Self Employed Unemployed Student/Others (Pls Specify)				
Date of Employment (If Employed) D D M M Y Y Y				
Date of Employment (if Employed)				
Expected Annual Income Annual Income Less than GHC5,000 GHC5,001 – 10,000 GHC10,001 – 20,000 More than GHC20,000				
Employer's Name				
Employed Address				
Employer's Address				
Nearest Landmark				
Nearest Landinark				
L				
Region				
Nature of Business/Occupation				
Office Phone Number Mobile Number				
Email Address				
5 DETAILS OF NEXT OF KIN				
Title Gender F M				
Surname				
First Name:				
Date of Birth				
Middle News				
Middle Name:				
L				
Phone Number (1) Phone Number (2)				
Residential Address				
Region				
Togion				
6 ADDITIONAL DETAILS				

Spouse's Name						
Spouse's D D M	M Y Y Y Y St	auga'a Casunatian				
Date of Birth		ouse's Occupation				
1 1 1 1	1 1 1 1					
Sources of Funds to the	Account					
Level of Deposits	7 r.	a war as a financia				
	_ Fr	equency of Deposits				
Expected Annual Income from	n other sources					
Name of Associated Busi	iness(es)					
Type of Business						
Duain and Address						
Business Address						
7 ACCOUNTS WITH OT	HER BANKS					
	4 0 0 0 LIVE					
S/N NAME AND ADDRESS OF	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT			
BANK/BRANCH			7.011.27.2011			
1. 2.		+ + + + + + + + + +				
3.		 				
4.						
5.						
8 ACCOUNT MANDATE						
Mandate authorization (F	Please tick as appropriate)					
Account Number:						
Account Type: Savings	Susu Susu	Other:				
Sole Signatory Othe	er, Specify	·				
Name:	., ., ., ., .					
Surname						
Other Name						
Identification Type						
Identification No.						
Telephone Number						
Date						
	Signature/Thumbprint	РНОТО				
FOR BANK USE ONLY		FOR BANK USE ONLY				
Name	Signature	Name	Signature			
			3			

9 ACCOUNT SERVICE	ES(S) REQUIRED (Please tick the	applicable option	ii below)	
Card Preferences	ATM Card GH Link	Others (Please	specify)	
Electronic Banking P	references Internet Banking Mo	obile Banking	Others (Please	specify)
Transaction Alert Pre	ferences Email Alert	SMS Alert		
Statement Preference	S	tatement Frequer	ncy:	
Statements to be collect		Semi-Annually		thers
	ISCLOSURE ning of account(s) with Asutifi Rural Bar ied are the basis for opening such accou			
I further undertake to inde	emnify the Bank for any loss suffered as	a result of any false	e information provid	ded to the Bank.
The Bank will obtain any in The bureaux will record on you.	IT REFERENCE BUREAUX Information about you from the credit reference which may be seen by other Dose your credit transactions to credit reference.	r institutions that ma	ake their own credi	t enquiries about
Act, 2007 (Act 726).	,			1 3
CONSENT TO DISCLOS	URE			
	on on my/our account with Asutifi Rura Ghana, ARB Apex Bank, Credit Referei			
Name	Signature		Date.	
11 (THIS SHOULD BE A BY A THIRD PARTY	DOPTED WHERE THE APPLICANT IS	S NOT LITERATE	AND THE FORM I	S READ TO HIM OR HER
I agree to abide by the co explained to me by an into	ntent of this agreement and acknowledgerpreter.	ge that it has been t	ruly and audibly rea	ad over and
MARK/ THUMBPRINT OF CUSTOMER			SED BY OFFICER THE ACCOUNT	
	D D M	Date M Y Y Y	Y	
NAME AND ADDRESS OF	INTERPRETER			
LANGUAGE OF INTERPR	ETATION			
1 REQUIREMENT CHI	ECKLIST			
Susu Savings Accour	nt			
NO. DOCUMENTS RE		CHECKED	DEFERRED	WAIVED
Duly completed Action	count opening form.			
	re card duly completed			
3. Recent passport p				
	iternational passport, Driver's license or			
National Health ca	rd, Valid Ghanaian Voters ID (original			
must be signed)			1	

Resident Permit (for non-Ghanaian)
Proof of Address: Utility bills etc. (Certified true copy is acceptable if the original is not held)

5. 6.

2 AUTHENTICATION FOR FINANCIAL INCLUSION
i. Is the customer socially or financially disadvantaged? Yes No ii. if answer to the question (i) above is YES, state other documents obtained in line with the Bank's policy on social/financially disadvantaged customer in compliance with paragraph
iii. Does the Customer enjoy tiered KYC requirement? Yes No No iv. If answer to question (iii) above is YES, identify the customer risk category Low Risk Medium Risk High Risk
3 AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS
Is the Applicant a Politically Exposed Person? Yes No
A. ACCOUNT OPENED BY:
Name
D D M M Y Y Y Signature:
B. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:
Name
D D M M Y Y Y
Signature:
Name
Signature:
COMMENTS(S) (Address description and result finding):
D. ACCOUNT OPENING AUTHORIZED BY:
Name
D D M M Y Y Y Signature: AUTHORIZED
Name
Signature:
MANAGER'S CONFIRMATION