

**NZEMA MANLE RURAL BANK LTD
ACCOUNT OPENING FORM
CORPORATE/SME ACCOUNT**



NZEMA MANLE RURAL BANK LTD.

3. KEY CONTACT PERSON /PRINCIPAL OFFICER DETAILS

Surname
[Grid]

First Name
[Grid]

Middle Name(s)
[Grid]

Date of Birth **D D M M Y Y Y Y**
[Grid]

Gender M F

Mother's Maiden Name
[Grid]

Nationality
[Grid]

RESIDENT PERMIT NO.
[Grid]

Type of Identification
[Grid]

ID number
[Grid]

ID Issue Date **D D M M Y Y Y Y**
[Grid]

ID Expiry Date **D D M M Y Y Y Y**
[Grid]

Occupation
[Grid]

Job Title
[Grid]

Position
[Grid]

Residential Address
[Grid]

Nearest Landmark
[Grid]

City/Town
[Grid]

Metropolitan, Municipal District Assembly Area (MMDA)
[Grid]

Region
[Grid]

Phone Number1
[Grid]

Mobile Number
[Grid]

Phone Number2
[Grid]

Other Number
[Grid]

Email Address
[Grid]

4. ACCOUNT SIGNATORY'S DETAILS (1)

Surname
[Grid]

First Name
[Grid]

Middle Name(s)
[Grid]

Date of Birth **D D M M Y Y Y Y**
[Grid]

Gender M F

Mother's Maiden Name
[Grid]

Nationality
[Grid]

RESIDENT PERMIT NO.
[Grid]

Type of Identification
[Grid]

ID number
[Grid]

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

Class of Signatory (please indicate class in the box provided)

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

6. ACCOUNT SIGNATORY'S DETAILS (3)

Surname

First Name

Middle Name(s)

Date of Birth

D	D	M	M	Y	Y	Y	Y

Gender M F

Mother's Maiden Name

Nationality

RESIDENT PERMIT NO.

Type 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

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

Class of Signatory (please indicate class in the box provided)

Signature _____

Date

D	D	M	M	Y	Y	Y	Y

Nationality

RESIDENT PERMIT NO.

Type 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

Status as a Director (Pls tick as appropriate)

Chairman Managing Director/Chief Executive Officer Executive Director Non-Executive Director

Chief Financial Officer Other (Pls Specify)

Position/Office of the Officer

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS (3)

Surname

First Name

Middle Name(s)

Date of Birth

D	D	M	M	Y	Y	Y	Y

Gender M F

Mother's Maiden Name

Nationality

RESIDENT PERMIT NO.

Type 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

f). Full Name of Shareholder

--

Address

--

Status

--

Percentage Holding

--

Mobile Number

--

Nationality

--

Email Address

--

Registration Certificate (If a shareholder)

--

Country of Incorporation (if a corporate shareholder)

--

Name(s) of Beneficial owner(s) (if any)

--

12. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

NO.	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS ACTIVE/DORMANT

13. ACCOUNTS SERVICE(S) REQUIRED (Please tick any 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

14. LETTER OF SET-OFF

(Title) _____

.....Bank

.....

.....

LETTER OF SET-OFF

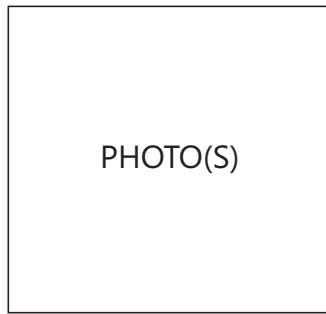
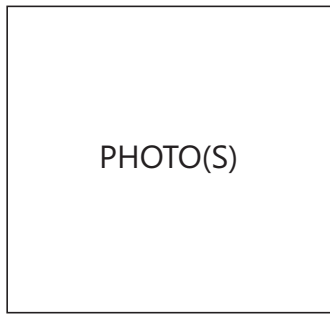
I/We agree that you (in addition to any general lien or similar right to which you as my / our banker may have at any time and without notice to me / us) combine or consolidate all or any of the company's accounts with liabilities to you and set off or transfer any sum standing to the credit of any such 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 respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

Authorized Signature of the Customer/Representative & Date

Authorized Signature of the Customer/Representative & Date

15. LETTER OF INDEMNITY

I/We 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.



FOR BANK USE ONLY

_____ Name _____ Signature

FOR BANK USE ONLY

_____ Name _____ Signature

iii) Name:

Surname _____

Other Name _____

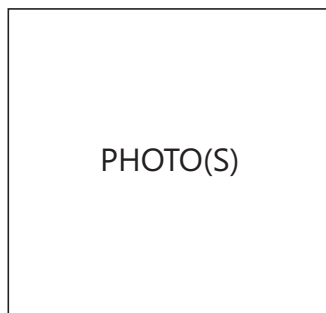
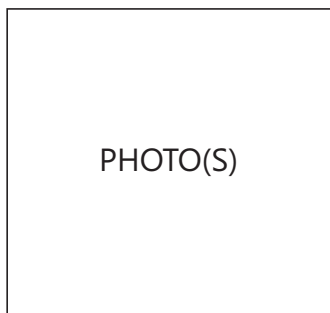
Class of Signatory _____

Identification Type _____

Identification No. _____

Telephone Number _____

Signature and Date _____



FOR BANK USE ONLY

_____ Name _____ Signature

FOR BANK USE ONLY

_____ Name _____ Signature

**17. DECLARATION / DISCLOSURE
DECLARATION**

I/We hereby apply for the opening of account(s) withBank. I/We 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 BUREAUX

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

1. REQUIREMENTS CHECKLISTS

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Certificate of Incorporation				
4.	Certificate of Registration				
5.	Form A details of Ownership showing registration of Business name, Registration receipt (Current year)				
6.	Copy of constitution rules of the prospective Club, Society or Charity				
7.	Certificate to Commence Business				
8.	Board Resolution to Open Account				
9.	Memorandum and Article of Association				
10.	Tax Clearance Certificate				
11.	Tax Identification Number (TIN)				
12.	Partnership Deed (where applicable)				
13.	Approval Letter (MMDAs)				
14.	Trust Deed				
15.	Act / Gazette (for Government Agency) (where applicable)				
16.	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
17.	Introduction letter (where applicable)				
18.	Banker's Opinion				
19.	Resident Permit (for non-Ghanaians)				
20.	Evidence of Registration with Ghana Investment Promotion Centre (where applicable)				
21.	Evidence of Registration with other Government Agency/Agencies				
22.	Search Report (Registrar General's Department)				
23.	Power of Attorney (where applicable)				
24.	Letter of indemnity				
25.	Proof of Company Address				
26.	Business Premises visitation certificate				
27.	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms/documents – Passport, National ID Card, National Driver's License and Voter's ID Card.				
28.	Proof of Identity 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)				
29.	Two completed satisfactory reference forms				
30.	Copy of the audited Financial statements/statement of affairs				
31.	Others (please specify)				

***Note**

Originals and photocopies of documents mentioned above must be provided.

2. KYC RISK PROFILE

Please tick appropriate risk profile

Low

Medium

High

Please refer the AML/CFT Handbook

Indicate which Director, Executive, Trustee, Promoter, Executor or Administrator is a Politically Exposed Person (PEP)

Name

Position

Head Office:
AIYINASI
P. O. Box 43
Aiyinasi, Ellembelle District, W/R
+233 (0) 31 209 2369
www.nzemamanleruralbank.com
info@nzemamanleruralbank.com

AGENCIES:

AIYINASI 020 22 293 28
AWIEBO 020 22 239 20
AXIM 020 22 293 31
ASASETRE 020 22 239 23

ELUBO 020 22 239 17
BOINSO 020 22 239 26
JEMA 027 22 799 95