



E-ZWICH CLIENT REGISTRATION FORM

PLEASE TICK WHERE APPROPRIATE

SURNAME: []
OTHER NAMES: []

DATE OF BIRTH: : __/__/____ (DD/MM/YYYY) GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

NATIONALITY: _____ TYPE OF ID: _____ ID NO.: _____

RESIDENTIAL ADDRESS: _____

CONTACT NUMBERS

OFFICE: []

FAX: []

MOBILE: []

E-MAIL: _____

POSTAL ADDRESS: _____

NEXT OF KIN'S DETAILS:

NAME: _____

POSTAL ADDRESS: _____

TEL. NO.: []

EMPLOYMENT DETAILS OF CLIENT:

EMPLOYED NOT EMPLOYED

OCCUPATION: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____ LOCATION: _____

ACCOUNT DETAILS OF CLIENT:

ACCOUNT WITH PBL: YES NO

ACCOUNT NUMBER_(IF YES): []

ACCOUNT NAME: _____

ACCOUNT(S) WITH OTHER BANKS YES NO

	ACCT. NAME	ACCT NO.	TYPE (eg.Savings)	BANK	BRANCH
1					
2					

PRINT BALANCE ON SLIP?: YES NO

DAILY CASH LIMIT: GH¢ _____

EMERGENCY AMT.: GH¢ _____

ADDITIONAL CARD HOLDER _____

SALARY ON CARD?: YES NO

% SALARY TO CARD/TRAD A/C: _____

SIGNATURE OF CLIENT _____

DATE: __/__/____ (DD/MM/YYYY)

FOR BANK USE ONLY

CAPTURED BY: _____

SIGNATURE: _____

DATE: _____

CLIENT USN: _____

MANAGER / ASST. MANAGER: _____