

PBL Micro Savings Account Opening Form

Please complete in **BLOCK LETTERS** and tick (✓) where applicable

Branch Name: _____

1. PURPOSE OF ACCOUNT

PURPOSE OF ACCOUNT <input type="checkbox"/> Personal Savings <input type="checkbox"/> Business <input type="checkbox"/> Other (Please specify): _____		
E-BANKING PRODUCTS REQUIRED <input type="checkbox"/> ATM (cashWise) <input type="checkbox"/> E-Zwich		Mobile Banking: <input type="checkbox"/> Cardless Transaction <input type="checkbox"/> Mobile Money <input type="checkbox"/> Transaction Alert (alertWise) (E-STATEMENT AVAILABLE)
MODE OF DISPATCH OF STATEMENT/ADVICE <input type="checkbox"/> Collection By Self <input type="checkbox"/> Hand Deliver		Security Question _____ Answer _____

2. PERSONAL INFORMATION

Title: Mr Mrs Miss Dr Other: _____ (Please Specify)

Date of Birth:

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

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 /

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

 Gender M F

Place of Birth: _____

Nationality: _____

Profession/Vocation: _____

Optional information
Social Security No.:

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

Tax Identification No. (TIN):

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Surname:

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

First Name:

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

Middle Name(s):

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

3. CONTACT DETAILS IN GHANA

Residential Address: _____

Nearest Landmark: _____

Postal Address: _____

Telephone No.:

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

Mobile No.:

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

Mobile No.:

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

Email: _____

4. CONFIRMATION OF IDENTITY & RESIDENTIAL ADDRESS

i. Type of Identification document

Voters ID National ID National Health Insurance ID (NHIS)
 Driver's Licence Passport Other: _____ (Please Specify)

ID Number:

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

Place of Issue: _____

Date of Issue:

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

Date of Expiry:

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

DIRECTIONAL SKETCH

5. NEXT OF KIN

Surname:

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Middle Name(s):

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

Relationship: _____

First Name:

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

Postal Address: _____

Tel. No.:

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Mobile No.:

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6. INCOME STATUS

Monthly Income (Please select as appropriate)

- Up to GHS 200
 Between GHS 201 and GHS 500
 Between GHS 501 and GHS 1,000
 Above GHS 1,000

7. DECLARATION

- I confirm that all the information provided in connection with this application is true and complete.
- I confirm that all documents provided in connection with this application are genuine.
- I authorize you to make any reference and other enquiries in accordance with your normal procedures.
- I authorize you to submit information on this account to any credit reference bureau licensed under the credit reporting Act 2007 (Act 726).
- I consent to the Bank contacting me at the postal address, email address and telephone numbers provided on this application form.
- Prudential Bank Terms and Conditions apply.

MARKED AND THUMBPRINTED by _____ **after the contents hereof had first been read over, interpreted and explained to**
him/her in _____ **language by** _____ **of (address)** _____ **when he/she**
appeared to understand perfectly the import of same before making his/her mark hereto in the presence of:

Name of Applicant

Name of Witness

Signature/Thumbprint of Applicant

Signature/Thumbprint of Witness

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

8. AUTHORISED SIGNATORY

PLEASE ENSURE THAT YOU HAVE FULLY COMPLETED THIS FORM BEFORE SIGNING

Name: _____

First Name	Middle Name	Surname
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1. Specimen Signature/Thumbprint of Personal Account holder

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2. Specimen Signature/Thumbprint of Personal Account holder

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Please affix passport-sized photograph of signatory

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Thumbprint witnessed by:

Name

Signature

Date								
<table border="1" style="display: inline-table;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

Indicate Mandate: _____

9. FOR BANK USE ONLY

 Account Name:

 CIF Number:

 Date Account Opened:

Currency	Account Number	Account Class	Initial Deposit
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Ghana Cedi (GHC)	<input type="text"/>
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 AML Risk Classification: **Low**

 MIS Code (Customer Sector):

 Customer Identification was done: Face-to-face Remotely

Document Verification Carried Out By	Name	Signature	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>

A/C Opening Officer:	Name	Signature	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Branch/Deputy Branch Manager:	Name	Signature	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. DOCUMENTS CHECKLIST

	DOCUMENTS REQUIRED	SUBMITTED	DEFERRED	WAIVED	N/A
1.	Duly completed Micro Account Opening Form				
2.	One (1) recent passport-sized photograph of the personal account holder				
3.	Valid photo identification (e.g. Passport/Driver's Licence/Voter ID/National ID/ National Health Insurance ID (NHIS), etc).				
4.	Initial minimum deposit; GHC10.00				
5.	Specimen signature /thumbprint of the personal account holder or signatory to the account				

TEAR OFF PORTION

CUSTOMER ACKNOWLEDGEMENT

 REF. NO

 BRANCH NAME

 ACCOUNT NAME

 INITIAL DEPOSIT

 DATE
WE THANK YOU FOR OPENING PBL MICRO SAVINGS ACCOUNT

SKETCH DIRECTIONAL LOCATION OF RESIDENCE OF ACCOUNT HOLDER



Directional sketch confirmed by:

Name	

Signature	

Date							
D	D	M	M	Y	Y	Y	Y