

# Account Opening Form

## Societies, Clubs & Associations



**PRUDENTIAL BANK LTD.**

Your Trusted and Dependable Partner



Dear Applicant,

**IMPORTANT INFORMATION FOR OPENING A NEW BANK ACCOUNT**

Thank you for your decision to open an account with Prudential Bank Limited.

We wish to inform you that the Bank is required in compliance with the Anti-Money Laundering Act, 2008 (Act 749), Anti-Terrorist Act, 2008 (Act 762), and other statutes and regulations of relevance, to obtain, verify and record information, which identifies each person, company or institution that opens a bank account in Ghana.

Applicants are required to provide their names, residential and postal addresses, proof of identity, date of birth, occupation, source(s) of income and other pertinent personal details which are spelt out on page 2 of this document.

Please ensure that you read carefully the Terms and Conditions on pages .....

We count on your co-operation.

**By Management**

## REQUIREMENTS FOR OPENING A SOCIETY, CLUB OR ASSOCIATION ACCOUNT

1. Personal Details of Chairman/President/Rev. Minister and Secretary/Executive Members
2. Two (2) recent passport-sized photographs of each signatory to the account.
3. Certificate of Registration (if any) – (original/certified true copy).
4. Copies of Constitution/Rules and Bye Laws.
5. Valid identification of each signatory to the account (e.g. Passport / Driver's Licence / Voter ID / National ID, NHIS ID, etc).

**Note: For foreign nationals, valid Passport and Residence permit are mandatory**

6. Proof of residential address of each signatory to the account.
  - Directional sketch to the residence of each signatory. Directional sketch will be confirmed by the Bank.  
In addition to the directional sketch, provide any of the following:
    - Original copy of utility bill (e.g. electricity, water, telephone etc) not more than 3 months old or
    - Current Tenancy Agreement to confirm the residential address.
    - **For foreign nationals and non-resident Ghanaians, a phone bill, bank statement or driver's licence etc confirming the residential and postal addresses in the country of permanent residence is required.**
7. Resolution to open account signed by Chairman/President/Rev. Minister and Secretary/Executive Member (Please contact Account Opening Desk for Specimen Resolution).
8. A reference may be required from any of the following to open a Current Account. This will be subject to confirmation by the Bank:
  - Prudential Bank current account holder;
  - Heads of recognised educational institutions;
  - Reputable individuals and professionals in good standing (e.g. Senior Public Officer, Lawyer, Medical Doctor, Accountant, Senior Banking Official and Religious Leader.)

A photocopy of the referee's ID is required and subject to confirmation.

9. Application on Society, Club or Association's letterhead to open account signed by the Chairman/President/Rev. Minister and Secretary/Executive member.
10. Society, Club or Association's stamp/seal.
11. Particulars of the Executive members (i.e. date of birth, identity and residential address, etc.).
12. Specimen signatures of authorized signatories.
13. Initial minimum deposit
  - Cedi Current Account – GH¢100.00
  - Cedi Savings Account – GH¢100.00
  - Forex a/c – USD100, £100, €100 or CHINESE YUAN (CNY) 1,000
  - Foreign Currency a/c – no initial deposit required (to be fed with transfers from abroad)

*For further clarification please contact the Account Opening Desk*

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

Branch Name: \_\_\_\_\_

### 1. TYPE OF ACCOUNT

SELECT THE TYPE OF ACCOUNT(S) YOU WISH TO OPEN.

NOTE: YOU CAN OPEN MORE THAN ONE TYPE OF ACCOUNT WITH THIS FORM

#### GHANA CEDI ACCOUNTS

Current Account

Savings Account

Standard  PBSA

#### FOREIGN ACCOUNTS

	Foreign Currency Account (FCA)				Foreign Exchange Account (Forex)			
	USD	GBP	EUR	CNY	USD	GBP	EUR	CNY
Current Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### PURPOSE OF ACCOUNT(S)

Members Welfare

Investment

Savings

Business operations

Other: \_\_\_\_\_

(Please specify)

#### E-BANKING PRODUCTS REQUIRED

Internet Banking (netWise)

#### Mobile Banking:

SMS Banking (textWise)

Mobile Money

Transaction Alert (alertWise)  
(E-STATEMENT AVAILABLE)

Third Party Bill Payment

#### MODE OF DISPATCH OF STATEMENT/ADVICE

By Post (Current Account Only)

Collection By Self

Hand Delivery (with a fee)

Email

#### OTHER ACCOUNT SERVICES

**Cheque Confirmation:** Please note that the Bank may confirm cheques issued before payment is made

### 2. SOCIETY, CLUB & ASSOCIATION INFORMATION

Name: \_\_\_\_\_

City/Town: \_\_\_\_\_

Society, Club or Association's Registration No. (if any):

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District: \_\_\_\_\_ Region: \_\_\_\_\_

Registration Date

D	D	M	M	Y	Y	Y	Y
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Mailing Address: \_\_\_\_\_

Principal Business/Activity: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Principal Place of Activity: \_\_\_\_\_

Fax: \_\_\_\_\_

Registered office (if different from principal place of activity):

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

### 3. FINANCIAL INFORMATION

#### A. Source of Funding the Account

Members Contribution  Donations  Investment Income  Other: \_\_\_\_\_

(Please specify)

**B. Estimated Annual Income GH¢:**  Up to 50,000  Between 50,001 to 100,000  100,001 to 500,000  Above 500,000

#### C. Anticipated Value of Transactions per Month in Ghana Cedis (GH¢)

**Deposits:**  Up to 5,000  Between 5,001 to 20,000  Above 20,000

**Withdrawals:**  Up to 5,000  Between 5,001 to 20,000  Above 20,000

#### 4. OTHER ACCOUNTS

**A. Does the Club/Society have other account(s) with Prudential bank?**

Yes  No

If yes, please provide number(s):


Additional account numbers:


**B. Does the Club/Society have accounts with other banks?**

Yes  No

If yes, please provide details:

**i. Bank Account 1:**

Bank Name

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Bank Branch

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Account Name

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Account Number

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Does the Club/Society have a credit facility with the Bank named above?

Yes  No

Account status:  Active  Dormant

**ii. Bank Account 2:**

Bank Name

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Bank Branch

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Account Name

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Account Number

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Does the Club/Society have a credit facility with the Bank named above?

Yes  No

Account status:  Active  Dormant

**iii. Bank Account 3:**

Bank Name

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Bank Branch

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Account Name

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

Account Number

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Does the Club/Society have a credit facility with the Bank named above?

Yes  No

Account status:  Active  Dormant

**iv. Bank Account 4:**

Bank Name

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Bank Branch

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Account Name

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Account Number

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Does the Club/Society have a credit facility with the Bank named above?

Yes  No

Account status:  Active  Dormant

#### 5. NAME AND SPECIMEN SIGNATURES OF EXECUTIVE MEMBERS

POSITION	FULL NAME	NATIONALITY	OCCUPATION	SPECIMEN SIGNATURE
Chairman/President/ Rev. Minister				
Vice Chairman/ Vice President/Elder/ Steward				
Secretary				
Financial Secretary				
Treasurer				

Executive Member				
Executive Member				

## 6. PERSONAL INFORMATION OF EXECUTIVE MEMBERS

Please provide details for ALL EXECUTIVE MEMBERS (continue on separate sheet if required)

### (A) Chairman/President/Rev. Minister-in-charge

Surname  First Name

Middle Name(s)

Date of Birth:         Gender:  M  F Nationality: \_\_\_\_\_ Profession/Vocation: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

### (i) CONTACT DETAILS IN GHANA

Residential Address: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Address: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone No.:         Mobile No.:

Mobile No. II:         Social Security No.:

Email Address: \_\_\_\_\_ Tax Identification Number (TIN):

### (ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAI CHAIRMAN/PRESIDENT

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone No.:         Mobile No.:

Email Address: \_\_\_\_\_

### iii. CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS

#### 1. Type of Identification document

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

ID Number:

Place of Issue: \_\_\_\_\_

Date of Issue:

Date of Expiry:

#### 2. Residential Address Confirmation

Directional Sketch  Utility Bill  Tenancy Agreement  Bank Statement (Foreign Nationals)  Other: \_\_\_\_\_  
(Please Specify)

Which of the following describes your status? PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

- Head of State or Government  Minister of State  Politician\*  Senior Military Official
- Senior Judicial official  Senior Public Official  Chief Executive of State Owned Corporation
- Family Member or Close Associates of any of the above  Private Individual

\*Politician includes MPs, MCEs, DCEs Political Party Executives and other high ranking Political Party Officials.

Have you ever been the subject of bankruptcy proceedings?:  Yes  No

If yes, provide details and continue on a separate sheet if required:

**ADDITIONAL INFORMATION FOR NON-GHANAIS RESIDENT IN GHANA, PLEASE PROVIDE DETAILS BELOW.**

Nationality \_\_\_\_\_ Passport Number:

Date of Issue: D D M M Y Y Y Y Date of Expiry: D D M M Y Y Y Y Country of Issue: \_\_\_\_\_

Residence Permit No.:  Date of Issue: D D M M Y Y Y Y Date of Expiry: D D M M Y Y Y Y

Work Permit No.:  Date of Issue: D D M M Y Y Y Y Date of Expiry: D D M M Y Y Y Y

**(B) Vice Chairman/Vice President/Elder/Steward**

Surname  First Name

Middle Name(s)

Date of Birth: D D M M Y Y Y Y Gender:  M  F Nationality: \_\_\_\_\_ Profession/Vocation: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**(i) CONTACT DETAILS IN GHANA**

Residential Address: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Address: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone No.:  Mobile No.: | | |  | | |

Mobile No. II:  Social Security No.:

Email Address: \_\_\_\_\_ Tax Identification Number (TIN):

**(ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAN VICE CHAIRMAN/PRESIDENT**

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone No.:  Mobile No.: | | | | | |

Email Address: \_\_\_\_\_

**(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS**

**1. Type of Identification document**

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



ID Number:

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Place of Issue: \_\_\_\_\_

Date of Issue:

D	D	M	M	Y	Y	Y	Y
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Date of Expiry:

D	D	M	M	Y	Y	Y	Y
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**2. Residential Address Confirmation**
 Directional Sketch   
  Utility Bill   
  Tenancy Agreement   
  Bank Statement (Foreign Nationals)   
  Other: \_\_\_\_\_  
 (Please Specify)

**Which of the following describes your status? PLEASE INDICATE BY TICKING THE APPROPRIATE BOX**
 Head of State or Government   
  Minister of State   
  Politician\*   
  Senior Military Official  
 Senior Judicial official   
  Senior Public Official   
  Chief Executive of State Owned Corporation  
 Family Member or Close Associates of any of the above   
  Private Individual

\*Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

**Have you ever been the subject of bankruptcy proceedings?:**  Yes     No

If yes, provide details and continue on a separate sheet if required:

**ADDITIONAL INFORMATION FOR NON-GHANAIS RESIDENT IN GHANA, PLEASE PROVIDE DETAILS BELOW.**

 Nationality \_\_\_\_\_ Passport Number: 

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 Date of Issue: 

D	D	M	M	Y	Y	Y	Y
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 Date of Expiry: 

D	D	M	M	Y	Y	Y	Y
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 Country of Issue: \_\_\_\_\_

 Residence Permit No.: 

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 Date of Issue: 

D	D	M	M	Y	Y	Y	Y
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 Date of Expiry: 

D	D	M	M	Y	Y	Y	Y
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 Work Permit No.: 

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 Date of Issue: 

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 Date of Expiry: 

D	D	M	M	Y	Y	Y	Y
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**(C) Secretary**

 Surname 

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 First Name 

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 Middle Name(s) 

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 Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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 Gender:  M  F   
 Nationality: \_\_\_\_\_   
 Profession/Vocation: \_\_\_\_\_

Country of Residence: \_\_\_\_\_   
 Mother's Maiden Name: \_\_\_\_\_

**(i) CONTACT DETAILS IN GHANA**

Residential Address: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_   
 City/Town: \_\_\_\_\_

Postal Address: \_\_\_\_\_   
 District: \_\_\_\_\_   
 Region: \_\_\_\_\_

 Telephone No.: 

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 Mobile No.: 

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 Mobile No. II: 

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 Social Security No.: 

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 Email Address: \_\_\_\_\_   
 Tax Identification Number (TIN): 

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**(ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAN SECRETARY**

Residential Address: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone No.:                       
 Mobile No.: | | | | | | | | | | |      
 Email Address: \_\_\_\_\_

**(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS**

**1. Type of Identification document**

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

ID Number:

Place of Issue: \_\_\_\_\_

Date of Issue:

Date of Expiry:

**2. Residential Address Confirmation**

Directional Sketch     Utility Bill     Tenancy Agreement     Bank Statement (Foreign Nationals)     Other: \_\_\_\_\_  
(Please Specify)

**Which of the following describes your status?** PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

- Head of State or Government       Minister of State       Politician\*       Senior Military Official
- Senior Judicial official       Senior Public Official       Chief Executive of State Owned Corporation
- Family Member or Close Associates of any of the above       Private Individual

\*Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

**Have you ever been the subject of bankruptcy proceedings?:**  Yes     No

If yes, provide details and continue on a separate sheet if required:

**ADDITIONAL INFORMATION FOR NON-GHANAIS RESIDENT IN GHANA, PLEASE PROVIDE DETAILS BELOW.**

Nationality \_\_\_\_\_ Passport Number:

Date of Issue:

Date of Expiry:

Country of Issue: \_\_\_\_\_

Residence Permit No.:

Date of Issue:

Date of Expiry:

Work Permit No.:

Date of Issue:

Date of Expiry:

**(D) Financial Secretary**

Surname

First Name

Middle Name(s)

Date of Birth:

Gender:

 M  F

Nationality: \_\_\_\_\_

Profession/Vocation: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**(i) CONTACT DETAILS IN GHANA**

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_

District: \_\_\_\_\_

Region: \_\_\_\_\_

Telephone No.:

Mobile No.:

Mobile No. II:

Social Security No.:

Email Address: \_\_\_\_\_

Tax Identification Number (TIN):

**(ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAAN FINANCIAL SECRETARY**

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone No.:

Mobile No.:

Email Address: \_\_\_\_\_

**(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS**
**1. Type of Identification document**
 Passport  Driver's Licence  Voters ID  National ID  National Health Insurance ID (NHIS)  Other: \_\_\_\_\_  
(Please Specify)

ID Number:

Place of Issue: \_\_\_\_\_

Date of Issue:

Date of Expiry:

**2. Residential Address Confirmation**
 Directional Sketch  Utility Bill  Tenancy Agreement  Bank Statement (Foreign Nationals)  Other: \_\_\_\_\_  
(Please Specify)
**Which of the following describes your status? PLEASE INDICATE BY TICKING THE APPROPRIATE BOX**
 Head of State or Government  Minister of State  Politician\*  Senior Military Official  
 Senior Judicial official  Senior Public Official  Chief Executive of State Owned Corporation  
 Family Member or Close Associates of any of the above  Private Individual

\*Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

**Have you ever been the subject of bankruptcy proceedings?:**  Yes  No

If yes, provide details and continue on a separate sheet if required:

**ADDITIONAL INFORMATION FOR NON-GHANAIS RESIDENT IN GHANA, PLEASE PROVIDE DETAILS BELOW.**

Nationality \_\_\_\_\_ Passport Number: 

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Date of Issue: 

D	D	M	M	Y	Y	Y	Y
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 Date of Expiry: 

D	D	M	M	Y	Y	Y	Y
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 Country of Issue: \_\_\_\_\_

Residence Permit No.: 

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 Date of Issue: 

D	D	M	M	Y	Y	Y	Y
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 Date of Expiry: 

D	D	M	M	Y	Y	Y	Y
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Work Permit No.: 

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 Date of Issue: 

D	D	M	M	Y	Y	Y	Y
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 Date of Expiry: 

D	D	M	M	Y	Y	Y	Y
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**(E) TREASURER**

Surname 

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 First Name 

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Middle Name(s) 

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Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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 Gender:  M  F Nationality: \_\_\_\_\_ Profession/Vocation: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**(i) CONTACT DETAILS IN GHANA**

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone No.: 

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 Mobile No.: 

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Mobile No. II: 

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 Social Security No.: 

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Email Address: \_\_\_\_\_ Tax Identification Number (TIN): 

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**(ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAN TREASURER**

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone No.: 

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 Mobile No.: 

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Email Address: \_\_\_\_\_

**(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS****1. Type of Identification document**

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

ID Number: 

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

 Place of Issue: \_\_\_\_\_

Date of Issue: 

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

 Date of Expiry: 

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

**2. Residential Address Confirmation**
 Directional Sketch     Utility Bill     Tenancy Agreement     Bank Statement (Foreign Nationals)     Other: \_\_\_\_\_  
(Please Specify)
**Which of the following describes your status?** PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Head of State or Government                           | <input type="checkbox"/> Minister of State      | <input type="checkbox"/> Politician*                                | <input type="checkbox"/> Senior Military Official |
| <input type="checkbox"/> Senior Judicial official                              | <input type="checkbox"/> Senior Public Official | <input type="checkbox"/> Chief Executive of State Owned Corporation |   |
| <input type="checkbox"/> Family Member or Close Associates of any of the above | <input type="checkbox"/> Private Individual     |   |   |

\*Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

**Have you ever been the subject of bankruptcy proceedings?:**     Yes     No

If yes, provide details and continue on a separate sheet if required:

**ADDITIONAL INFORMATION FOR NON-GHANAIS RESIDENT IN GHANA, PLEASE PROVIDE DETAILS BELOW.**

Nationality: _____	Passport Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																																																						
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Residence Permit No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								Date of Issue: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								Date of Expiry: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
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**(F) Executive Member**

Surname: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								First Name: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
Middle Name(s): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																															
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Country of Residence: _____	Mother's Maiden Name: _____																																														

**(i) CONTACT DETAILS IN GHANA**

Residential Address: _____																																									
Postal Address: _____	City/Town: _____																																								
Nearest Landmark: _____	District: _____	Region: _____																																							
Telephone No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																	Mobile No.:     <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
Mobile No. II: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																	Social Security No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
Email Address: _____	Tax Identification Number (TIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																								

**(ii) FOREIGN CONTACT DETAILS FOR FOREIGN NATIONALS AND NON-RESIDENT GHANAIAN EXECUTIVE MEMBER**

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone No.:

Mobile No.: | | | | | |

Email Address: \_\_\_\_\_

**(iii) CONFIRMATION OF IDENTITY AND RESIDENTIAL ADDRESS**
**1. Type of Identification document**

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

ID Number:

Place of Issue: \_\_\_\_\_

 Date of Issue:          

 Date of Expiry:          
**2. Residential Address Confirmation**

Directional Sketch  
  Utility Bill  
  Tenancy Agreement  
  Bank Statement (Foreign Nationals)  
  Other: \_\_\_\_\_  
(Please Specify)

**Which of the following describes your status?** PLEASE INDICATE BY TICKING THE APPROPRIATE BOX

- Head of State or Government  
  Minister of State  
  Politician\*  
  Senior Military Official  
 Senior Judicial official  
  Senior Public Official  
  Chief Executive of State Owned Corporation  
 Family Member or Close Associates of any of the above  
  Private Individual

\*Politician includes MPs, MCEs, DCEs, Political Party Executives and other high ranking Political Party Officials.

**Have you ever been the subject of bankruptcy proceedings?:**  Yes    No

If yes, provide details and continue on a separate sheet if required:

**ADDITIONAL INFORMATION FOR NON-GHANAIS RESIDENT IN GHANA, PLEASE PROVIDE DETAILS BELOW.**

Nationality: \_\_\_\_\_ Passport Number:

Date of Issue:            
 Date of Expiry:            
 Country of Issue: \_\_\_\_\_

Residence Permit No.:

Date of Issue:            
 Date of Expiry:

Work Permit No.:

Date of Issue:            
 Date of Expiry:

**(G) Executive Member**

Surname:

First Name:

Middle Name(s):

Date of Birth:            
 Gender:  M  F  
 Nationality: \_\_\_\_\_  
 Profession/Vocation: \_\_\_\_\_

Country of Residence: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_



Work Permit No.:

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Date of Issue:

D	D	M	M	Y	Y	Y	Y
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Date of Expiry:

D	D	M	M	Y	Y	Y	Y
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**7. NAME AND SPECIMEN SIGNATURES OF AUTHORISED SIGNATORIES**

POSITION	FULL NAME	NATIONALITY	SPECIMEN SIGNATURE
Chairman/President/ Rev. Minister			
Vice Chairman/Vice President/Elder/ Steward			
Secretary			
Financial Secretary			
Treasurer			
Executive Member			
Executive Member			

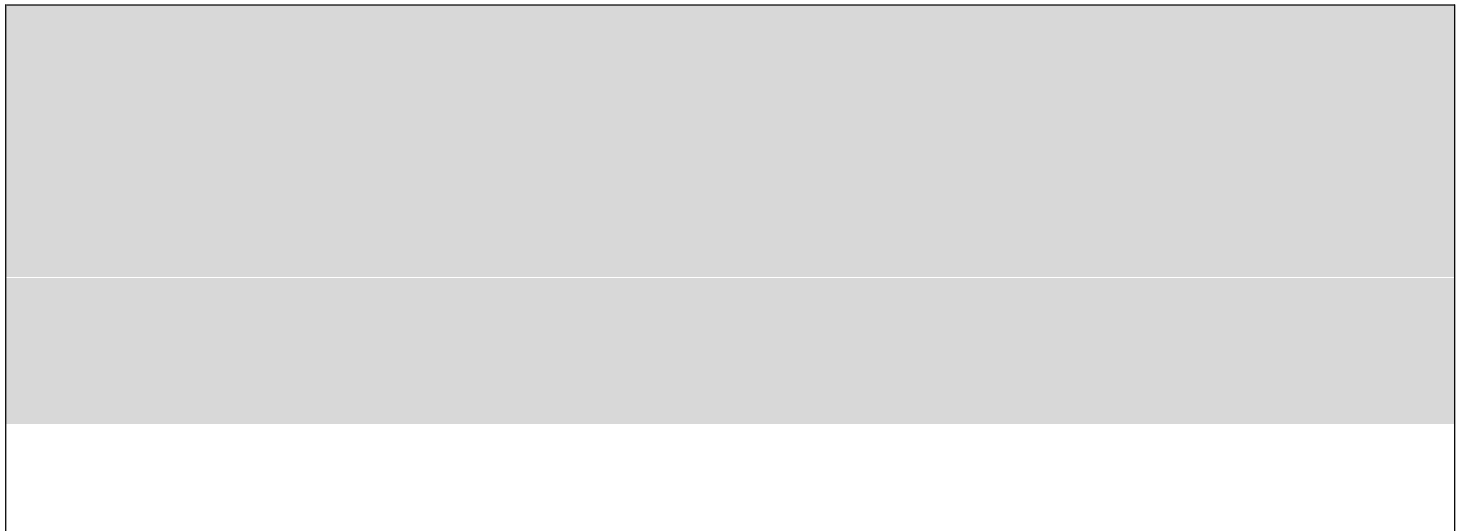
**8. RESIDENTIAL INFORMATION OF AUTHORISED SIGNATORIES**

**i. Name of Chairman/President /Rev. Minister**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

- Residential Status:**  Home Owner       Tenant       Living with Parents       Living with Friends
- Residential Type:**  Family House       Compound House       Apartment       Bungalow-Type  
 Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE




**ii. Name of Vice Chairman/ Vice President /Elder/Steward**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

- Residential Status:**  Home Owner       Tenant       Living with Parents       Living with Friends
- Residential Type:**  Family House       Compound House       Apartment       Bungalow-Type  
 Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE





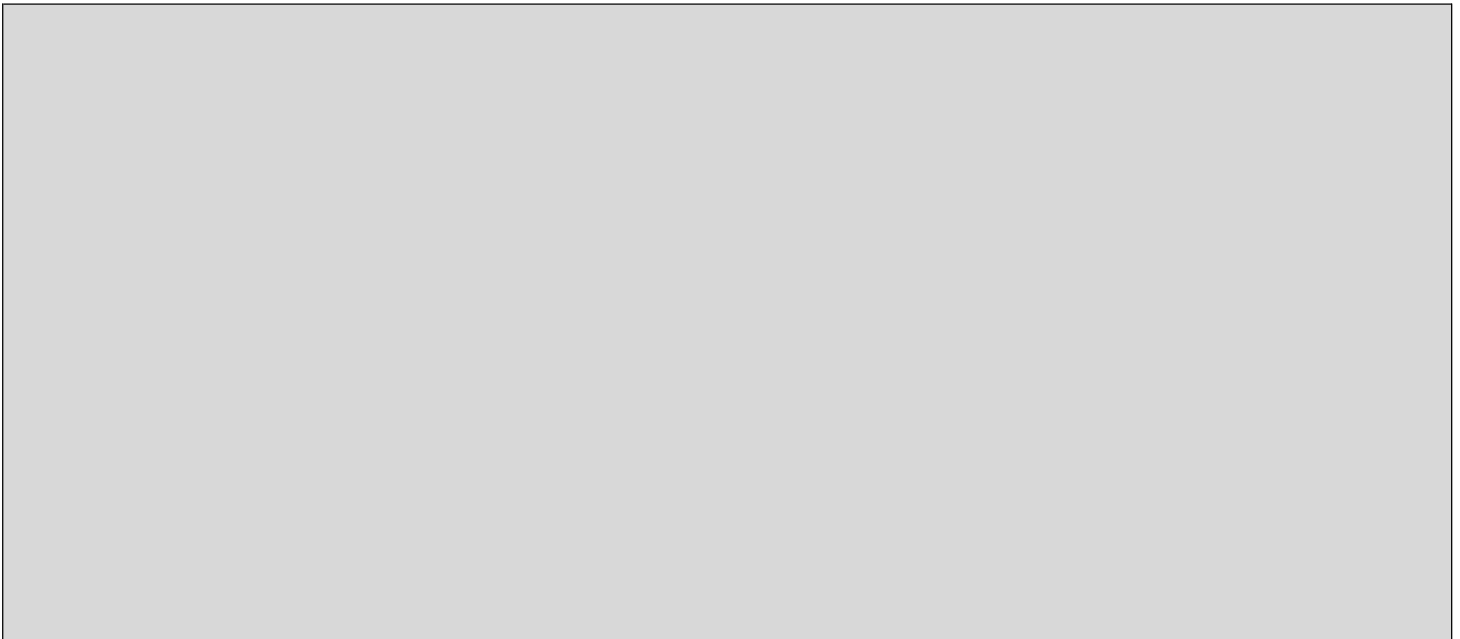
**ii. Name of Secretary**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

**Residential Status:**  Home Owner  Tenant  Living with Parents  Living with Friends

**Residential Type:**  Family House  Compound House  Apartment  Bungalow-Type  
 Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE



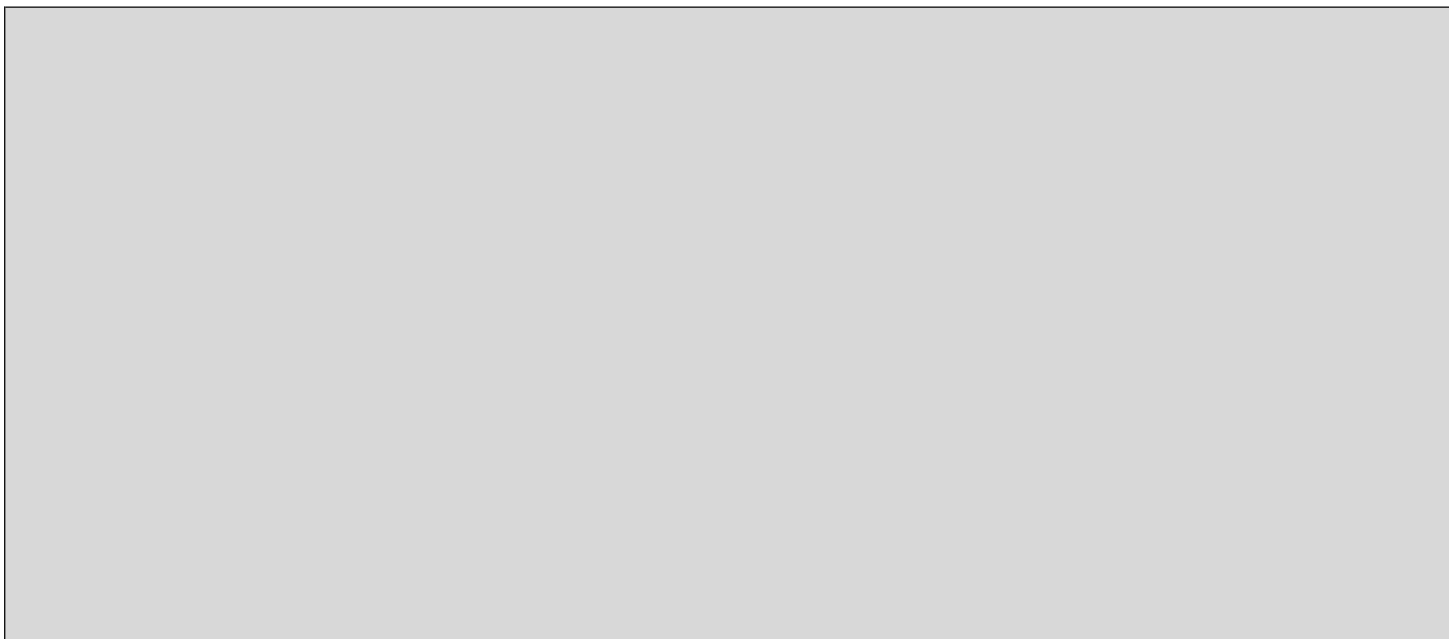
**iii. Name of Financial Secretary**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

**Residential Status:**  Home Owner  Tenant  Living with Parents  Living with Friends

**Residential Type:**  Family House  Compound House  Apartment  Bungalow-Type  
 Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE

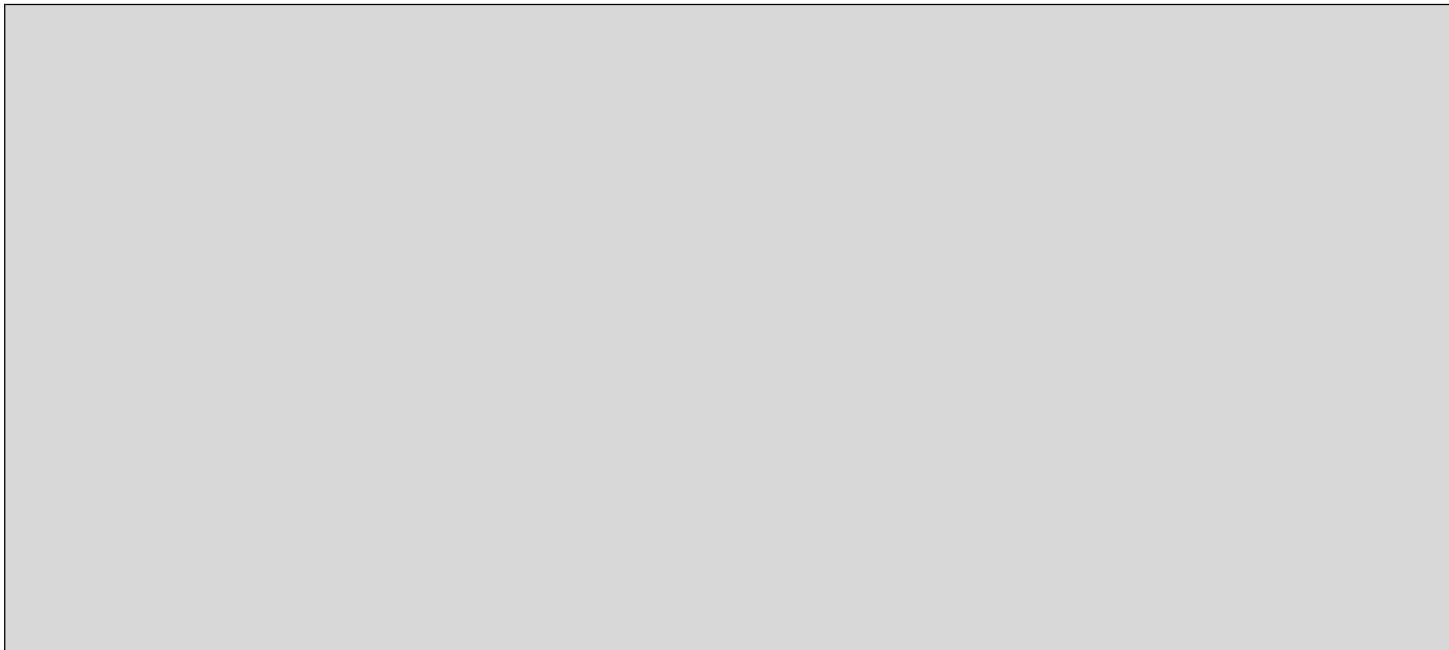


**iv. Treasurer**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

- Residential Status:**  Home Owner       Tenant       Living with Parents       Living with Friends
- Residential Type:**  Family House       Compound House       Apartment       Bungalow-Type
- Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE



**v. Name of Executive Member**

Residential Address: \_\_\_\_\_ Landmark: \_\_\_\_\_

- Residential Status:**  Home Owner       Tenant       Living with Parents       Living with Friends
- Residential Type:**  Family House       Compound House       Apartment       Bungalow-Type
- Executive Bungalow-Type

SKETCH DIRECTIONAL LOCATION OF RESIDENCE

**vi. Name of Executive Member**

Residential Address: \_\_\_\_\_

Landmark: \_\_\_\_\_

**Residential Status:**     Home Owner                       Tenant                       Living with Parents                       Living with Friends

**Residential Type:**     Family House                       Compound House                       Apartment                       Bungalow-Type  
 Executive Bungalow-Type

SKETCH DI RECTI ONAL LOCATI ON OF RESI DENCE

Directional sketch  
Confirmed by:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y

**9. DECLARATION**

- We confirm that all the information provided in connection with this application is true and complete.
- We authorize you to make any reference and other enquiries in accordance with your normal due-diligence procedures.
- We authorize you to submit information on this account(s) to any credit reference bureau licensed under the credit reporting Act 2007 (Act 726).
- We acknowledge that the Bank may decline the application at its sole discretion.
- We consent to the Bank contacting us at the postal address, email address and telephone numbers provided on this application form.
- We have read and understood the Prudential Bank Terms and Conditions for operating a bank account on pages ... and ... of this application form and agree to be bound by them.

**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 Chairman/President/Rev. Minister

Name of Witness

Signature/Thumbprint of Chairman/President

Signature/Thumbprint of Witness

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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Name of Secretary/Executive Member

Name of Witness

Signature of Secretary/Executive Member

Signature/Thumbprint of Witness

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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**10. AUTHORISED SIGNATORY / SIGNATORIES AS STATED IN RESOLUTION TO OPEN ACCOUNT**

**Signatory I**

Name: \_\_\_\_\_  
First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Type of Identification document:  Passport  Driver's Licence  Voters ID  National ID  Other: \_\_\_\_\_  
(Please Specify)

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

Please affix  
passport-sized  
photograph of  
signatory

Date: 

D	D	M	M	Y	Y	Y	Y
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**Signatory II**

Name: \_\_\_\_\_  
First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Type of Identification document:  Passport  Driver's Licence  Voters ID  National ID  Other: \_\_\_\_\_  
(Please Specify)

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

Please affix  
passport-sized  
photograph of  
signatory

Date: 

D	D	M	M	Y	Y	Y	Y
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**Signatory III**

Name: \_\_\_\_\_  
First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Type of Identification document:  Passport  Driver's Licence  Voters ID  National ID  Other: \_\_\_\_\_  
(Please Specify)

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

Please affix

passport-sized  
photograph of  
signatory

Date: 

D	D	M	M	Y	Y	Y	Y
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**Signatory IV**

Name: \_\_\_\_\_  
First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Type of Identification document:  Passport  Driver's Licence  Voters ID  National ID  Other: \_\_\_\_\_ (Please Specify)

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

Please affix  
passport-sized  
photograph of  
signatory

Date: 

D	D	M	M	Y	Y	Y	Y
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**Signatory V**

Name: \_\_\_\_\_  
First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Type of Identification document:  Passport  Driver's Licence  Voters ID  National ID  Other: \_\_\_\_\_ (Please Specify)

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

Please affix  
passport-sized  
photograph of  
signatory

Date: 

D	D	M	M	Y	Y	Y	Y
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**Signatory VI**

Name: \_\_\_\_\_  
First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Type of Identification document:  Passport  Driver's Licence  Voters ID  National ID  Other: \_\_\_\_\_ (Please Specify)

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

Please affix

passport-sized  
photograph of  
signatory

Date: 

D	D	M	M	Y	Y	Y	Y
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**Signatory VII**

Name: \_\_\_\_\_  
First Name
Middle Name
Last Name

Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Type of Identification document:  Passport  Driver's Licence  Voters ID  National ID  Other: \_\_\_\_\_ (Please Specify)

Specimen Signature/Thumbprint I

Specimen Signature/Thumbprint II

Please affix  
passport-sized  
photograph of  
signatory

Date: 

D	D	M	M	Y	Y	Y	Y
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Thumbprint  
witnessed by:

Name

Signature

Date								
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;">D</td><td style="width: 20px; height: 15px;">D</td><td style="width: 20px; height: 15px;">M</td><td style="width: 20px; height: 15px;">M</td><td style="width: 20px; height: 15px;">Y</td><td style="width: 20px; height: 15px;">Y</td><td style="width: 20px; height: 15px;">Y</td><td style="width: 20px; height: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

**Indicate groupings of signatories and combination for signing payment instruments in accordance with resolution to open an account and appointing signatories.**

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**Indicate Mandate:** \_\_\_\_\_

**KEY CONTACT PERSON**

Name: \_\_\_\_\_  
First Name
Middle Name
Last Name

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_





## 12. HIGH-RISK APPLICANT(S)

### A. Compliance Officer's Comments:

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Name	Signature	Date							
		D	D	M	M	Y	Y	Y	Y

### B. Senior Management Approval

Managing  
Director/Deputy  
Managing Director:

Name	Signature	Date							
		D	D	M	M	Y	Y	Y	Y

## 13. DOCUMENTS CHECKLIST

	DOCUMENTS REQUIRED	SUBMITTED	DEFERRED	WAIVED	N/A
1.	Duly completed Account Opening Form				
2.	Two (2) recent passport-sized photographs of each signatory to the account				
3.	Certificate of Registration (Original or Certified true copy)				
4.	Copies of Constitution/Rules and Bye Laws				
5.	Valid photo identification (e.g. Passport/Driver's Licence/Voter ID/National ID/ National Health Insurance ID (NHIS), etc). <b>Foreign nationals are required to submit valid Passport</b>				
6.	Proof of residential address of each signatory to the account (e.g. Utility bill /Current Tenancy Agreement /Bank Statement from another bank)				
7.	Directional sketch to the residence of each signatory to the account.				
8.	Proof of residential address for foreign nationals of each signatory to the account (e.g. Phone bill, driver's licence)				
9.	Residence Permit for Foreign nationals				
10.	Work Permit for Foreign nationals				

11.	Resolution to open account				
12.	Reference from the list of PBL acceptable individuals				
13.	Specimen signature/Thumbprint of each signatory to the account				
14.	Initial minimum deposit				

**15. ACCOUNT OPENING COMPLIANCE OFFICER'S COMMENTS AND RECOMMENDATIONS:**

First Review by the Compliance Officer:

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Final Review by Compliance Officer:

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Account Opening  
Compliance Officer:

Name

Signature

Date							
D	D	M	M	Y	Y	Y	Y