



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: FAX:
MOBILE: E-MAIL:
POSTAL ADDRESS:
NEXT OF KIN'S DETAILS: NAME:
POSTAL ADDRESS: TEL. NO.:
EMPLOYMENT DETAILS OF CLIENT: EMPLOYED OCCUPATION: NAME OF EMPLOYED:
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
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: