

Account Opening Form

Individual/Joint



CBG

CONSOLIDATED BANK GHANA LTD.

S/N	REQUIREMENT CHECKLIST	CHECKED	DEFERRED	WAIVED	N/A	VERIFIED BY
1.	Duly Completed Account Opening Form					
2.	Specimen Signature Card Duly Completed					
3.	Recent Passport Photograph (2 pictures)					
4.	Proof of Identity: International Passport, Driver's Licence, NIA Card, Valid Ghanaian Voter's ID Card or SSNIT Card (Original Must Be Sighted)					
5.	Residence Permit (for Non-Ghanaian)					
6.	Proof of Address: Utility bills etc. (Certified true copy is acceptable if original is not held)					
7.	Letter from Employer / School (for salary account and or student only)					
8.	Reference Letter (Others)					
9.	TIN (Tax Identification Number)					
10.	Birth Certificate / Weighing card					

INDIVIDUAL ACCOUNT OPENING FORM

Please complete in BLOCK LETTERS and tick "√" in the appropriate box where applicable.

Account Type			Account Currency			
<input type="checkbox"/> Current Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Other Account	<input type="checkbox"/> GHS	<input type="checkbox"/> GBP	<input type="checkbox"/> USD	<input type="checkbox"/> EUR

PERSONAL DETAILS

Full Name (Mr. / Mrs. / Ms. / Others: _____): First Name _____ Middle Name _____ Last Name _____
 (As per ID/Passport)

Gender: Male Female Date of Birth: Place of Birth: _____

Marital Status: _____ Mother's Maiden Name: _____

Nationality: _____ Country of Residence: _____

ID Type: National ID Card National Driver's Licence Passport Voter's ID SSNIT Card
 Birth Cert for Minors Student ID Country of Issue _____

ID No. ID Issue Date Exp. Date

Current Residential Address: House No. Plot No. Street Area Country
 Previous Residential Address: (If less than 3 years at current address) House No. Plot No. Street Area Country

Proof of Address (Indicate type and Serial Number) Telephone Electricity Water Others Specify GP Code Nearest Landmark _____
 SN: _____ Date of Visitation

Telephone: Mobile: _____ Email Address: _____

EMPLOYMENT DETAILS

Status: Employed Self Employed Unemployed Retired Student Others (Specify) _____

Sector: Manufacturing Trading Financial Services Agric / Allied IT Others (Specify) _____

Expected Income Per Annum _____ Length of period with current Employer _____

Monthly Salary: Less than GH¢1,000 GH¢1,001 - 5,000 GH¢5,001 - 10,000 More than GH¢10,000 TIN _____

Employer's Name _____

Employer's Address _____

City/Town _____ Nearest Landmark _____

MMDA _____ Region _____

Nature of Business _____

Office Contact

Employer's Email Address _____

FOR NON GHANAIS ONLY: (Please fill where applicable)

Arrival Date Visa No.

Visa Issue Date Visa Expiry Date

Resident/Work Permit Number

FATCA/CRS QUESTIONS:

DECLARATION OF OTHER FOREIGN NATIONALS

1. Are you a US citizen or any other foreign national? Yes No

2. Do you have a US permanent address or an address in any other foreign jurisdiction? Yes No

3. Do you have an account in the US or any other foreign nation? Yes No

4. Do you have a power of attorney over a US account or any account in any foreign jurisdiction? Yes No

5. Is your business into any US partnership or partnership with any foreign nation? Yes No

6. Is your business incorporated in the US or any other foreign jurisdiction? Yes No

7. Does your business have US or other foreign nationals as shareholders/controllers persons? Yes No

EXPECTED TRANSACTIONS

Expected monthly transaction amount of Withdrawals in GHS and corresponding number of transactions

Expected monthly transaction amount of Deposits in GHS and corresponding number of transactions

	0-5k	No.	5-20k	No.	20-50k	No.	50k+	No.
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheques/Draft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	0-5k	No.	5-20k	No.	20-50k	No.	50k+	No.
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheques/Draft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of Funds Savings Business Income Inheritance Investments Sale of Property Other

ACCOUNT SERVICES

Tick if you do not want E-Bundle

Cards: CBG Proprietary Card **Mastercard:** i. Classic ii. Gold E-Zwich iii. Platinum Others (Please specify)

Electronic Banking Transaction Alert Recipient:

Full Name Phone Number

User Email Address

Statement Preference: Email Collection at Branch Statement Frequency: Monthly Quarterly

Cheque Book Requisition: 50 leaves 100 leaves

Disclaimer

The customer acknowledges that to the full extent permitted by law, Consolidated Bank Ghana shall not be liable for any unauthorized drawing, transfer, remittance, disclosure, any activity or any incidence on the customer's account by the act of the knowledge and or use, or manipulation of the customer's password ID or any means whether or not occasioned by the Customer's negligence.

CONTACT PERSON/NEXT OF KIN (in case of emergency)

Title Gender Male Female

Name First Name _____ Middle Name _____ Last Name _____

Relationship

Phone Number (1) Phone Number (2)

Residential Address

MMDA

Region

SPECIMEN SIGNATURE AND DECLARATION OF ACCEPTANCE

I/ We declare that all the particulars given by me/ us are true. I/ We confirm that I/ we have read the terms and conditions attached to this form; governing the opening, operation and closure of the accounts with Consolidated Bank Ghana Limited and agree to be bound by them. I/ We also confirm that I/ we have collected a copy of the terms and conditions governing customer accounts with Consolidated Bank Ghana Limited and a tariff guide.

PLEASE ENSURE THAT YOU HAVE FULLY COMPLETED THIS FORM BEFORE SIGNING.

Photo	Specimen Signature of First or Sole Applicant
	Name: _____
	Specimen Signature: _____
	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Thumbprint witnessed by: _____

FOR BANK USE ONLY

A. ADDRESS VERIFICATION CARRIED OUT BY:

Name:

RO/RM Signature..... Date

Comments _____

B. DOCUMENT VERIFICATION CARRIED OUT BY (For higher risk category)

Name:

Signature..... Date

For higher risk category, (Head Compliance/MD/CEO may sign):

Designation..... Signature..... Date

C. SANCTIONS SCREENING CARRIED OUT BY:

Name:

Signature..... Date

Designation.....

KYC PROFILE/AUTHENTICATION

Is the Applicant a PEP/FEP/DNFBP ?(Underline as applicable) Yes No All Both _____

Name Position

Very Low Risk Low Risk Medium Risk High Risk Very High Risk

Refer to Risk Classification Portal or Tool. Complete the parameters and rate the customer.

I confirm all applicable Documents required to open this Account have been received from the Customer

Branch Name RO/RM Name

Account No. Signature

RO/RM Code Date

RELATIONSHIP OFFICER'S DECLARATION

As the account officer for the above named prospective customer(s) of the bank, I do hereby certify that I have conducted necessary due diligence required to establish the identity, address and with a view to establishing his/her eligibility as an account holder with the bank. On the basis of information arising from my interview and due diligence, I confirm that my AML risk rating of the prospective customer is appropriate and in line with bank's guidelines.

I acknowledge that it shall be my responsibility to continuously monitor account holder(s) account activity and to promptly inform the Branch Manager, Branch Operations Manager and the Compliance Officer. If at any point in time, there is any significant change(s) in the status of the account holder(s). I will also escalate any suspicious transaction(s) identified on the account.

Relationship Officer		Emp. No.	
Signature		Date	

Account Opened by

Name of CSO:..... Signature:..... Date:.....

CONCURRENCE AND APPROVALS

BOM		Emp. No.	
Signature		Date	
I hereby approve the opening of this account			
Branch Manager		Emp. No.	
Signature		Date	
Exceptional Approval (For high risk accounts only)			
Head of Compliance or MD/CEO			
Signature		Date	

Please complete in BLOCK LETTERS and tick "✓" in the appropriate box where applicable.

PERSONAL DETAILS

Full Name (Mr. / Mrs. / Ms. / Others: _____): First Name _____ Middle Name _____ Last Name _____
(As per ID/Passport for Joint Account/ITF)

Trust Account Name (if applicable) _____

Gender: Male Female Date of Birth: D D M M Y Y Y Y Y Place of Birth: _____

Marital Status: _____ Mother's Maiden Name: _____

Nationality: _____ Country of Residence: _____

ID Type: National ID Card National Driver's Licence Passport Voter's ID SSNIT Card

Birth Cert for Minors Student ID Country of Issue _____

ID No. ID Issue Date D D M M Y Y Y Y Exp. Date D D M M Y Y Y Y

Current Residential Address: _____ House No. Plot No. _____ Street _____ Area _____ Country _____

Previous Residential Address: _____ (if less than 3 years at current address) House No. Plot No. _____ Street _____ Area _____ Country _____

Proof of Address (Indicate type and Serial Number	Telephone	Electricity	Water	Others Specify	GP Code	Nearest Landmark
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SN: _____						Date of Visitation
					<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	

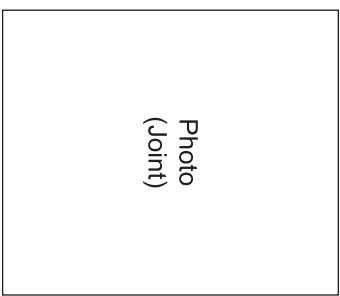
Telephone: Mobile: _____ Email Address: _____

Specimen Signature of Joint Applicant

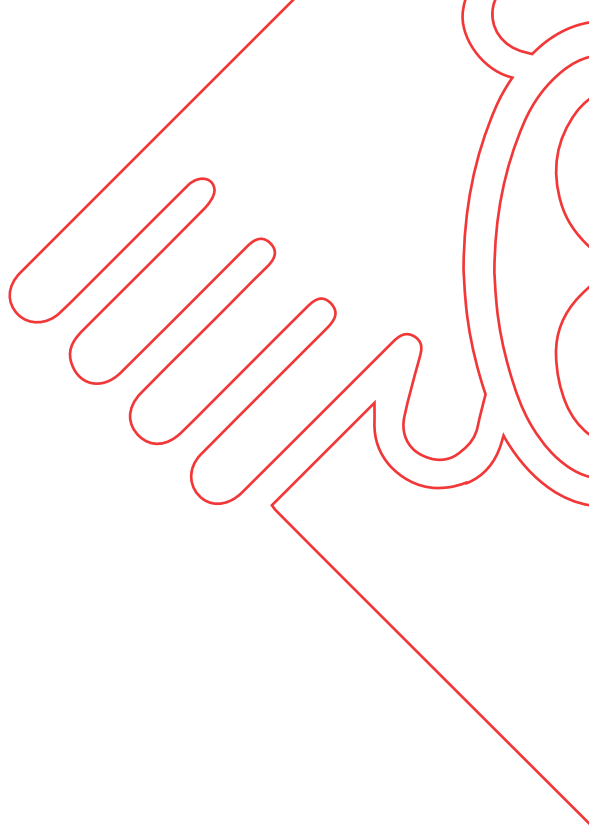
Name: _____

Specimen Signature: _____

Date D D M M Y Y Y Y



Thumbprint witnessed by: _____



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1st Floor Manet Tower 3 Airport City, Accra | P.O.Box PMC CT363, Cantonments, Accra

GENERAL TERMS AND CONDITIONS

(A) ACCOUNT MANDATE

I/We hereby authorize and request you to:

1. Open a current/ savings account in my/our name and at any time subsequently, to open further accounts as I/We may direct. We understand and agree that you may at your discretion and without giving any reason thereto decline to accept my/our account application. I/We also understand that until such time that you shall inform me/us in writing of the relevant Account number, no account relationship is established with you.

2. Honor such cheques or other orders which may be drawn on my/our said account provided such cheques or orders are signed by me/us and to debit such cheques or order to the said account whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft or increase of overdraft and in consideration, I/We agree:

- a. All cheque books will be collected in person.
- b. To assume full responsibility for the genuineness, correctness, and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and receipts or other documents deposited.
- c. To ensure that I/We safeguard our accounts, chequebooks, passwords and debit cards to prevent their unauthorized and/or fraudulent use. Any negligence on my/our part to safeguard our accounts, chequebooks, passwords and debit cards may be a ground for any consequential loss being charged to my/our account; and in the event my/our chequebook (or any cheque(s)) are mislaid, lost or stolen, I/We will immediately notify the Bank. In this regard, I/we will report any discrepancy in the number of cheques received to the Bank within seven (7) working days of having received the said cheque book.
- d. To be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank's rules for the conduct of a current/ savings account which may be in force from time to time, and where this account is a joint account, our liability hereunder shall be joint and several;
- e. To free the Bank from any responsibility for any loss or damage to funds deposited with it due to any future government order, law, levy, tax, embargo, moratorium, exchange restriction or any other cause beyond our control, and that any of all funds standing to the credit of the account are payable at any of the Bank's branches, on demand only and only in such local currency or at your option, in such local currency as may then be in local circulation;
- f. To be bound by any notification of change in conditions governing the account directed to my/our last known address and any notice or letter sent to my/our last known address shall be considered as duly delivered and received by us/me at the time it will be delivered in the ordinary course of post;
- g. That if a cheque credited to my/our individual current/ savings account is returned dishonoured, it may be transmitted to us/me through our last known address either by the bearer or post;
- h. That the Bank may at any time without assigning any reason with at least 7 (seven) days notice to me/us, close my account whether it be in debit or credit;
 - i. That the Bank will accept no liability whatsoever for funds handed to Bank representative outside banking hours or outside of the Bank's premises;
 - j. That the Bank is under no obligation to honour any cheque's drawn on this account unless there are sufficient funds in the account to cover the value of the said cheques and I/We understand and agree that any such cheque may be returned to me/us unpaid but if paid, I am/WWe are obliged to repay the Bank on demand. The Bank reserves the right to exercise its discretion in confirming cheques before payment and without responsibility/ liability to proceed/ withhold payment of such cheque(s);
 - k. That I/We will make any disagreements with entries on my Bank Statements known to the Bank within 15 days of the dispatch of the Bank Statement. Failing receipt by the Bank of a notice of disagreement of the

entries within 15 days from the day of dispatch of my Bank statement, it will be assumed by the Bank that the statement as rendered is correct;

l. That any sum standing to the credit of the current/ savings account shall bear interest charges at the rate fixed by the Bank from time to time. That Bank is authorized to debit from the account the usual bank charges, interest, commissions and any service charge set by the Bank from time to time;

m. That in the event that the Bank receives from myself/us ambiguous or conflicting instructions in connection with the account, the Bank may in its absolute discretion and without any liability act or decline to act as the Bank thinks fit;

n. That the Bank is authorized to accept for safe-keeping or for collection or for any other purpose any securities or other property deposited with the Bank or received from or on behalf of myself/any of us/all of us and to release, deliver or give up any such securities or property so accepted against written instructions signed in the manner described herein;

o. In the event of death of any one or more of us, the credit balance at that date on our account together with any security or property deposited with the Bank relating to such joint account shall be held to the order of the remaining account-holder(s) but subject to any claim, right, lien, charge, pledge, set-off, howsoever arising which the Bank may have in respect of the liability(ies) of any of the account-holders including the deceased.

p. If an account remains inactive or dormant for such period of times as the Bank may decide, the Bank reserves the right to impose such conditions in relation to the further operation of my/our account(s) in its sole and absolute discretion.

q. The Bank may at any time at its sole and absolute discretion and upon written notice to me/us add and/or change one or more of these Terms & Conditions which shall take effect from the time of posting of the said notice

r. No failure or delay by the Bank in exercising or enforcing any right or option under these Terms & Conditions shall operate as a waiver thereof or limit, prejudice or impair the Bank's right to take any action or to exercise its rights against me/us or render the Bank responsible for any loss or damage arising therefrom

(B) TERMS AND CONDITIONS FOR OTHER SERVICES

1. I/We agree that in the use of the SMS Banking services and Debit Card, the following additional terms & conditions will apply in addition to the general terms and conditions.

2. It is my/our responsibility to safeguard my/our mobile telephone handset and/or Card(s) and keep any confidential information, including but not restricted to security procedures, codes, and personal identifiers secret in order to prevent unauthorized and fraudulent use. Loss of the handset or Card and/or suspicion of tampering must be reported immediately to the Bank.

3. Any verbal report of loss or suspicion of tampering must be followed, within 5 days, by a written notice to the Bank. The Bank will not be liable for any loss occurring from use of the service by unauthorized persons before such notification.

4. The Bank may charge a replacement levy for the issuance of a new card.

5. If I/We wish to have an additional card for my/our account, I/We shall sign the mandate to indicate the additional user who will also be one of the account holders and shall sign the mandate to indicate same.

6. The Bank may cancel or invalidate a card without assigning any reason, but I/We can voluntarily cancel a card with the necessary documentation and a confirmation in writing within 5 days of any verbal instruction to cancel.

