NAFANA RURAL BANK LTD P.O BOX 123 SAMPA ACCOUNT OPENING FORM - INDIVIDUAL/JOINT ACCOUNT ACCOUNT TYPE Savings Current Joint Other Specify Affix **Passport** AGENCY/ Photograph Here **BRANCH STAMP** ACCOUNT NO. (For office use only) **1A PERSONAL INFORMATION** Title Surname First Name Middle Name(s) Former Name Gender M F Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Date of Birth Place of Birth M M Υ Υ D D Mother's Maiden Name Nationality Resident Permit No. Permit Issue Date Permit Expiry Date YYY D М D M М D M Tax Identification Number (IIN) Region Purpose of Account (Please Tick) Salary Savings Business Other, Specify **1B PERSONAL INFORMATION** Title Surname First Name Middle Name(s) Former Name

Marital Status (Please tick as appropriate) Single Married Other (Pls Specify) Gender M F
Date of Birth D D M M Y Y Y Place of Birth
Mother's Maiden Name
Nationality Resident Permit No.
Permit Issue Date D D M M Y Y Y Y Permit Expiry Date D D M M Y Y Y Y
Tax Identification Number (TIN) Region
Purpose of Account (Please Tick)
Salary Savings Business Others (Specify)
2 CONTACT DETAILS
Residential Address
City / Town / Village
Nearest Landmark
Proof of Address (Indicate type and Serial Number) Metropolitan, Municipal, District Assembly Area (MMDA)
Mailing Address
Phone Number 2
Email Address
3 VALID MEANS OF IDENTIFICATION
National ID Card Driver's License Passport Voter's ID
ID No.
ID Issue D D M M Y Y Y Y Date Expiry
4 EMPLOYMENT DETAILS
Employed Self Employed Unemployed Student Others (Pls Specify)
Date of Employment (If Employed)

Annual Salary / Expected Annual Income Annual Salary Less than GHC5,000 GHC5,001 – 10,000	GHC10,001 – 20,000 More than GHC20,000
Employer's Name	
Employer's Address	
Nearest Landmark	
City / Town / Village	Region
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Nature of Business/Occupation	
Office Phone Number	Mobile Number
Email Address	
5 DETAILS OF NEXT OF KIN	
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	Date of Birth
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Middle Name:	
Middle Name: Relationship	
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Middle Name: Relationship Phone Number (1) Residential Address Region 6 ADDITIONAL DETAILS	
Middle Name: Relationship Phone Number (1) Residential Address Region 6 ADDITIONAL DETAILS Name of Beneficial Owner(s) of the Account	
Middle Name: Relationship Phone Number (1) Residential Address Region 6 ADDITIONAL DETAILS	
Middle Name: Relationship Phone Number (1) Residential Address Region 6 ADDITIONAL DETAILS Name of Beneficial Owner(s) of the Account Spouse's Name	Phone Number (2)
Middle Name: Relationship Phone Number (1) Residential Address Region 6 ADDITIONAL DETAILS Name of Beneficial Owner(s) of the Account Spouse's Name	

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Signature and Date		
	PHOTO(S)	PHOTO(S)
FOR BANK USE ONLY		FOR BANK USE ONLY
Name	Signature	Name Signature
Card Preferences	ATM Card GH Link eferences Internet Banking	Others (Please specify) Mobile Banking Others (Please specify)
Transaction Alert Pref	erences Email Alert	SMS Alert
Statement Preference Statements to be collect	ted at the Branch/Agency	Statement Frequency: Semi-Annually Annually
10 DECLARATION / DI	ISCLOSURE	
		Bank. I/We understand that the information given such account(s). I/We therefore confirm that such information
I/We further undertake to i	indemnify the Bank for any loss suffe	ered as a result of any false information provided to the Bank.
The Bank will obtain any ir		reference bureaux to check your credit status and identity. ther institutions that make their own credit enquiries about
The Bank shall also disclo Act, 2007 (Act 726).	se your credit transactions to credit i	reference bureaux in accordance with the Credit Reporting
Name	Signature	Date
Name	Signature	Date
11 (THIS SHOULD BE AI BY A THIRD PARTY	DOPTED WHERE THE APPLICAN	I IS NOT LITERATE AND THE FORM IS READ TO HIM OR HER
		edge that it has been truly and audibly read over and
MARK/ THUMBPRINT OF CUSTOMER		WITNESSED BY OFFICER OPENING THE ACCOUNT Date
	D D	M M Y Y Y
NAME AND ADDRESS OF	INTERPRETER	
5 P a g e		

1 REQUIREMENT CHECKLIST Savings Account NO. DOCUMENTS REQUIRED CHECKED DEFERRED WAIVED Duly completed Account opening form. Specimen signature card duly completed 2. 3. Recent passport photograph 4. Proof of identity: International passport, Driver's license or National Health card, Valid Ghanaian Voters ID (original must be signed) Resident Permit (for non-Ghanaian) 5. Proof of Address: Utility bills etc. (Certified true copy is 6. acceptable if the original is not held) Letter from Employer / School (for salary account and or 7. student only) Fixed/Current/Fixed Investment/Other Types of Account NO. **DOCUMENTS REQUIRED** CHECKED DEFERRED WAIVED 1. 2. 3. 4. 5. 6. 7. 8. 9. **2 AUTHENTICATION FOR FINANCIAL INCLUSION** i. Is the customer socially or financially disadvantaged? Yes No ii. if answer to the question (i) above is YES, state other documents obtained in line with the Bank's policy on social/financially disadvantaged customer in compliance with paragraph......of AML/CFT Regulation, iii. Does the Customer enjoy tiered KYC requirement? Yes No iv. If answer to question (iii) above is YES, identify the customer risk category Low Risk Medium Risk High Risk **3 AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS** Is the Applicant a Politically Exposed Person? Yes 🔲 No L A. ACCOUNT OPENED BY:

Name

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