

Bank of Baroda (Ghana) Limited

Account opening form for individuals

GENERAL ACCOUNT INFORMATION

(Please indicate the category and type of account to open by ticking the applicable box below)

BRANCH

ACCOUNT TYPE (1) ACCOUNT TYPE (2)

Purpose of Account (1)

Purpose of Account (2)

ACCOUNT NO (1) (For official use only)

Currency Type				
€	£	\$	Y	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT NO (2) (For official use only)

Currency Type				
€	£	\$	Y	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Affix
Passport
Photograph
Here

Affix
Passport
Photograph
Here

2. PERSONAL INFORMATION

Title Surname

First Name

Maiden Name (if applicable)

Other Names

Marital Status (Please tick as appropriate) Single Married Others(Pls specify) Gender M F

Place of Birth Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's Maiden Name

Nationality

Resident Permit No.

Country of Origin

Country of Residence

Permit Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permit Expiry Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Place of Issue

Hometown

Profession / Occupation

SSNIT No

3. CONTACT DETAILS

Residential Address in Ghana

City / Town Nearest Landmark

Proof of Address (Indicate type and Serial Number.) Mobile Number

Fixed Tel. No

Metropolitan, Municipal District Assembly Area (MMDA)

Email Address

Mailing Address

4. VALID MEANS OF IDENTIFICATION

National ID Card National Driver's License Passport Voter's ID National Health Insurance Card

Other ID Country of Issue

ID No. Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Exp. Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences ATM Card Master Card Visa Card Others (Please specify)

Electronic Banking Preferences Internet Banking Mobile Banking Other Internet Banking Products

Transaction Alert Preferences Email Alert SMS Alert

Statement Preference Email Post Collection at Branch

Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition Opened Cheque Crossed Cheque 25 leaves 50 Leaves 100 Leaves

6. EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Others (Pls specify)

Length of period with current Employer

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Salary/Expected Income

Monthly Salary Less than GH¢ 1,000 GH¢1,001 – 5,000 GH¢5001 – 10,000 More than GH¢10,000

Employer's Name

Employer's Address

Nearest Landmark

City/ Town Region

MMDA

Nature of Business/

Office Phone Number Mobile Number

Employer's Email Address

7. DETAILS OF NEXT OF KIN (in case of emergency)

Title Gender F M

Surname

Middle Name

First Name

Relationship

Phone Number (1) Phone Number (2)

Residential Address

MMDA

Region

8. ADDITIONAL DETAILS

Full Name of Beneficiary

Owner(s) of the Account

(if applicable)

9. EXPECTED ACCOUNT ACTIVITY

Sources of Funds to the Account 1.

2.

Level of Deposits (Amount) Frequency of Deposits

Expected Monthly Income from other Sources Frequency of Withdrawals

13. DECLARATION

I/We hereby apply for the opening of account(s) with Bank of Baroda Ghana Limited. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

DISCLOSURE TO CREDIT REFERENCE BUREAUS

The Bank will obtain information about you from the credit reference bureaus to check your credit status and identity. The bureaus will record our enquiries which may be seen by other institutions that make their own credit enquiries about you.

The Bank shall also disclose your credit transactions to credit reference bureaus in accordance with the Credit Reporting Act, 2007 (Act 726).

Name Signature..... Date.....

Name Signature..... Date.....

Name Signature..... Date.....

14. (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

MARK OF CUSTOMER/
THUMBPRINT/SIGNATURE

MARK OF INTERPRETER
THUMBPRINT/SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

NAME & ADDRESS OF INTERPRETER

LANGUAGE OF INTERPRETATION

15. INTRODUCTION: (If already a customer of the Bank)

Name/Title of Applicant: _____

Account No.

Customer ID:

I/We certify that, Mr./Mrs./Ms. _____ is/are known to me/us personally since last _____ month/years and confirm the occupation and address stated in his/her/their application to open the account.

Signature of the Introducer verify

.....
(Name & Signature of Verifying Officer)

.....
(Signature of Introducer)

REQUIREMENT CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Duly completed Account opening form				
2.	Specimen signature card duly completed				
3.	Recent passport photograph				
4.	Proof of identity: International passport, Driver's license or National Health Insurance card, Valid Ghanaian Voters ID Card (original must be sighted)				
5.	Resident 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)				

2. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person?

Yes

No

Low Risk

Medium Risk

High Risk

A. ACCOUNT OPENED BY:

NAME:

SIGNATURE.....

D	D	M	M	Y	Y	Y	Y

B. DEFERRAL / WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:

NAME:

SIGNATURE..... DATE

D	D	M	M	Y	Y	Y	Y

C. DOCUMENT VERIFICATION CARRIED OUT BY:

NAME:

SIGNATURE..... DATE

D	D	M	M	Y	Y	Y	Y

Comments:

D. ACCOUNT OPENING AUTHORISED / APPROVED BY:

NAME:

SIGNATURE..... DATE

D	D	M	M	Y	Y	Y	Y

For higher risk category, (Head Risk/Compliance; Head Operations; MD/CEO may sign:

Designation..... Signature DATE

D	D	M	M	Y	Y	Y	Y