



GCB Account Opening Form

Sole Proprietors

Account Name	<input type="text"/>
Account No.	<input type="text"/>
Personal Banker	<input type="text"/>
Customer ID	<input type="text"/>
Date	<input type="text"/>

Requirements

Note: Introductory letter should accompany current account application and IDs should not have expired.

1. Certificate of Registration
2. Registrar General's Department Registration of Business Name Act 1962 (Form A)
3. Current renewal receipt
4. Valid photo I.D. (Passport / Driver's License / Voter's I.D. / National ID)
5. One recent passport-sized photograph
6. Reference / Introductory letter / Bank Statement (References could be obtained from GCB current account customers of good standing or your bankers)
7. Tax Registration Number / Tax Certificate
8. Form D where the objects of business / address have changed
9. Proof of address (utility bill / Bank statement / Tenancy agreement)

Terms and Conditions for GCB Bank Ltd.

Current, Savings and other Accounts for Entities-Incorporated, Unincorporated /Registered Organisations, Partnerships, NGOs, Clubs, Societies, etc.

Please read this page carefully. It provides you (The Customer(s)) with important information about GCB Bank Limited (GCB) Current, Savings and other Accounts.

1. The Bank

The information on this page (and any further instructions and conditions that may be prescribed by the Bank from time to time) are the terms of the agreement between you and GCB. When you sign the Account Opening Form you accept these terms as binding on you.

2. The Account

- 2.1 The hours of business will be advertised from time to time.
- 2.2 You assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and receipts or others deposited in the account.
- 2.3 The account may be debited for any service charge that is set by the Bank from time to time.
- 2.4 All notices or letters will be delivered to the address / email supplied by you and will be considered duly delivered and received at the time it is posted. Notices in the press will be deemed sufficient for this purpose.
- 2.5 The Bank will not be liable for funds handed over to any person other than the Bank's Cashier / Teller for the credit of your account. Any anomaly in the entries on your Bank statement must be brought to the attention of the Bank within 15 days of the date thereof and you agree that failure to give such notice absolves the Bank from all liabilities arising there from. The Bank may exercise its general lien or any similar right it is entitled to by or consolidate all or any of my / our accounts with any liabilities to the Bank and set off or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credit.

3. E-Alert / SMS Alert

Where requested, the Bank may provide e-alert / SMS Alerts or other similar service to provide information on transactions. The service is provided 'As Available' and without any warranty of fitness for a specific purpose. The Bank does not warrant that this service will always be uninterrupted, or that any information provided is accurate and current as at the time it is received. The Bank disclaims responsibility for any defect, corruption, virus or related problems attributed to your telecom equipment or the service provided by any network provider.

4. Savings Account

- 4.1 Request to open a Savings Account will be granted on proper completion of the Bank's Account Opening form.
- 4.2 Deposits will be received up to any amount.
- 4.3 One account only may be opened for any one person either in his own name or jointly with another or others to receive deposits. Depositors should note that the form of Application includes a certificate that the applicant has no Savings Account at any other branch of GCB Bank Limited.
- 4.4 Money may be deposited in joint names of two or more persons to be payable to both, or all of them, or to any one or more of them, or to the survivors.
- 4.5 Collection and clearance of cheques, drafts, dividend warrants and other instruments on Savings Accounts can only be allowed at the discretion of the Branch Manager.
- 4.6 Interest will be calculated on the balance on account set by the Bank from time to time and applied on monthly basis.
- 4.7 In the event of the Savings Withdrawal booklet being lost or spoiled the Bank may on receiving a satisfactory explanation, and sufficient indemnity, issue a new Savings Withdrawal booklet
- 4.8 The Bank reserves to itself the right to alter or add to these rules at any time and to alter the rate of interest allowed from time to time.

5. Cheques

- 5.1 All cheques or orders signed by you (or either or both or all of you if a joint account) will be honoured by the Bank and your account will be debited for such cheques or orders whether such account be for

the time being in credit or overdrawn or may become over-drawn in consequence of such debit.

- 5.2 The Bank is under no obligation to honour any cheque drawn on your account unless there are sufficient funds in the account to cover the value of the said cheques and such cheques may be returned to you unpaid.
- 5.3 The Bank may exercise discretion in allowing withdrawals against uncleared cheque(s). Where the cheques are returned unpaid thereafter the Bank shall have the right to hold on to the returned cheque and take further action it deems appropriate to recover the value of the cheque from you. The Bank shall have the right whenever it deems appropriate to confirm the issuance of a cheque drawn on the current account failing which the cheque may be returned with "Drawer's Confirmation Required" endorsed thereon.
- 5.4 Customers must ensure that their cheque books are kept under lock and key and at a secured place to prevent unauthorised persons from gaining access to same and neglect of this precaution may be a ground for any consequential loss being charged to your account.
- 5.5 If your cheque book gets lost, missing or stolen you must notify the Bank immediately. The Bank shall not be held liable for any unauthorised use of your cheque book where the loss or otherwise of same has not been notified immediately.

6. Overdrawn Account

Overdrafts may be available to customers upon arrangement with the Bank. If you do not have such arrangement and your account becomes overdrawn, we may charge you an extra fee and interest at our current rate for unauthorised borrowing. If your account does not have enough cleared funds to cover an amount you want to withdraw we may return your cheque unpaid. The Bank reserves the right to use credit balance on your current account to set off any outstanding exposures on any of your accounts.

7. Paying Interest

Customer will be liable for the payment of interest charges at the rate fixed by the Bank from time to time for any sum(s) standing to the debit of the current account. The current account may also be debited for the Bank's usual banking charges, interest, commissions, etc.

8. Termination of Agreement

- 8.1 Either party may terminate this agreement at any time by notifying the other in writing.
- 8.2 Where customer is terminating the agreement, the termination becomes effective where any cheques and amounts carried on the account have been paid and all cheque books and cards issued to customer are returned to the Bank. Where the Bank is terminating agreement and the account is overdrawn, customer must pay all sums outstanding on the account otherwise the Bank may take appropriate legal action for recovery.
- 8.3 All mandatory documentation should be completed within (2) months of opening the account. If you do not provide the required documents within two (2) months, written notice would be given to you after which your account will be automatically closed.

9. Changes to Mandate

In the event of death, incapacitation or resignation of a signatory to a multiple signature mandate, it is required of the customer to **immediately** inform the bank in writing of the event, to be followed by any changes to the mandate accompanied by appropriate Resolution from those in charge of governance.

10. Disclaimer Clause

The Bank shall not be liable for any funds / assets deposited by customer which are subsequently found to have been derived from illegal sources or activities. Customer confirms that the funds / assets deposited are not derived from any illegal sources or activities.

11. Sharing of Personal Information

You consent to the Bank making available information concerning your account including personal information to the Central Data Bank of Ghana Association of Bankers and Credit Reference Bureaux and Agencies where necessary.

Sole Proprietorship Account Opening Form

General Account Information *(Complete in block letters and tick where applicable)*

		Currency			
		₺	\$	£	€
Account type	<input type="checkbox"/>	Current Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Account (1):	<input type="checkbox"/>	Loan Servicing	<input type="checkbox"/>	Investment	<input type="checkbox"/>
	<input type="checkbox"/>	Transactional	<input type="checkbox"/>	Savings	<input type="checkbox"/>
	<input type="checkbox"/>	Salaries	<input type="checkbox"/> Others (specify) <input type="text"/>		
Purpose of Account (2):	<input type="checkbox"/>	Loan Servicing	<input type="checkbox"/>	Investment	<input type="checkbox"/>
	<input type="checkbox"/>	Transactional	<input type="checkbox"/>	Savings	<input type="checkbox"/>
	<input type="checkbox"/>	Salaries	<input type="checkbox"/> Others (specify) <input type="text"/>		
Source of Funds (1):	<input type="text"/>				
Source of Funds (2):	<input type="text"/>				

Business Details

Business Name:

Certificate of Registration No.: Date of Registration

Regulator's Certificate/Licence No. Date of Issue

Type/Nature of Business:

Product/Services Traded: Sector/Industry

Operating Business Address

Street Name: Suburb: City/Town:

Metropolitan, Municipal and District Assembly (MMDA):

Region:

Digital Address:

Location of Registered office:

Nearest Landmark: TIN:

Email:

Mobile No.: Telephone No.:

Name of Introducer:

Introducer's address:

Telephone No.:

List of Key Customers and Suppliers

List of Key Customers:

List of Key Suppliers:

Proprietor Details

Title	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>				
First Name	<input type="text"/>				
Other Name(s)	<input type="text"/>				
Maiden Name <i>(if applicable)</i>	<input type="text"/>				
Mother's Maiden Name	<input type="text"/>				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
No. of Dependants	<input type="text"/> Children	<input type="text"/> Others			
Place of Birth	<input type="text"/>	Date of Birth	<input type="text"/> D D M M Y Y Y Y		
Nationality	<input type="text"/>	Country of Origin	<input type="text"/>		
Profession/Occupation	<input type="text"/>	Hometown	<input type="text"/>		
Educational Level	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Not literate	
SSNIT Number	<input type="text"/>	TIN	<input type="text"/>		
Mobile No.	<input type="text"/>	Telephone No.	<input type="text"/>		
Email	<input type="text"/>	Country of Residence	<input type="text"/>		
Name of Spouse	<input type="text"/>				
Spouse Employment	<input type="text"/>	Mobile No.:	<input type="text"/>		
For Foreign Nationals Only					
Resident/Work Permit No.	<input type="text"/>	Permit Issue Date	<input type="text"/> D D M M Y Y Y Y		
Place of Issue	<input type="text"/>	Permit Expiry Date	<input type="text"/> D D M M Y Y Y Y		
Residential/Permanent Address					
Res. Address	<input type="text"/>	Street Name	<input type="text"/>		
Nearest Landmark	<input type="text"/>				
City/Town	<input type="text"/>	Digital Address/Pincode	<input type="text"/>		
Metropolitan, Municipal and District Assembly	<input type="text"/>				
Title to Residence	<input type="checkbox"/> Outright Ownership	<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Rented		
	<input type="checkbox"/> Lease	<input type="checkbox"/> Others <i>(specify)</i>	<input type="text"/>		
Proof of Address	<input type="checkbox"/> Electricity Bill	<input type="checkbox"/> Telephone Bill	<input type="checkbox"/> Water Bill		
	<input type="checkbox"/> Others <i>(specify)</i>	<input type="text"/>			
Proof of Address Serial Number	<input type="text"/>	Issue Date	<input type="text"/>		
Postal Address	<input type="text"/>				
Residential Address Abroad (If Applicable)					
House No.	<input type="text"/>	Street Name	<input type="text"/>		
City/Town	<input type="text"/>	Suburb	<input type="text"/>		
Post Code	<input type="text"/>	Country	<input type="text"/>		

Details of Contact Person *(In case of emergency)*

Name:	<input type="text"/>				
Relationship to contact person:	<input type="text"/>	Occupation:	<input type="text"/>		
Residential Address:	<input type="text"/>				
Mobile No.	<input type="text"/>				

Account Service(s) required (Please tick applicable option below)

Card Preference ReadyCash Card mastercard Standard VISA Card Classic
 mastercard Gold Other (specify)

Online Purchases mastercard Securecode Verified by VISA

Electronic Banking Preference Internet Banking Mobile Banking

Transaction Alert Preferences E-Alert Email Address
 SMS Alert Mobile No.

Statement Preferences Email Postal Collection at Branch

Cheque/Savings Withdrawal Book Requisition Yes No
(The Bank advises that all Corporate Institutions should pre-confirm their cheques)

Cheque Confirmation Yes No

Beneficial Owner(s) Details (If Applicable)

(Beneficial owner is a person who enjoys the benefit of ownership even though title is in another name)

Title Dr. Mr. Miss. Mrs. Others (specify)

Full Name

Relationship to customer

ID Type ID Number

Mobile No. Date of Birth

House No. Street Name

Landmark City/Town

Occupation Region

Spouse Name

Spouse Address

Expected Account Activity

Transaction Type	Expected No. of Transactions Per Month	Expected Amount Per Month
Deposits (Funds inflow)		
Account (1)	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-60 <input type="checkbox"/> 61 & Above	<input type="checkbox"/> 1-20,000 <input type="checkbox"/> 20,001-50,000 <input type="checkbox"/> 50,001 plus
Account (2)	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-60 <input type="checkbox"/> 61 & Above	<input type="checkbox"/> 1-20,000 <input type="checkbox"/> 20,001-50,000 <input type="checkbox"/> 50,001 plus
Withdrawals (Funds outflow)		
Account (1)	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-60 <input type="checkbox"/> 61 & Above	<input type="checkbox"/> 1-20,000 <input type="checkbox"/> 20,001-50,000 <input type="checkbox"/> 50,001 plus
Account (2)	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-60 <input type="checkbox"/> 61 & Above	<input type="checkbox"/> 1-20,000 <input type="checkbox"/> 20,001-50,000 <input type="checkbox"/> 50,001 plus

Account(s) Held with GCB and other banks

Name of Bank and Branch	Account Name	Account Number

Letter of Set-Off

I agree that you (in addition to any general lien or similar right to which you as my banker may have at any time and without notice to me) combine or consolidate all or any of the company's accounts with liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to me with you in or towards satisfaction of any of my liabilities to you or any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

_____ (Authorized Signatory)

Account Opening Mandate

Mandate authorization (Please tick as appropriate)

Sole Signatory

Other (specify)

Date

_____ Name

_____ Signature

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

Where Applicant is Not Literate OR is Visually Impaired and the Form is completed 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/or explained to me by a reader/interpreter. The language of interpretation is

_____ Customer's Name

_____ Signature

_____ Interpreter's Name

_____ Signature

Mobile No.

Date

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

Customer's Specimen Signature (Sign three times in the box below)

SIGNATURE	RECENT PASSPORT-SIZED PHOTOGRAPH

Declaration

I/We hereby apply for opening of account(s) with GCB Bank Ltd branch. I/We 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 have read, understood and agree to be bound by the terms and conditions governing the operation of the account(s). 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.

Disclosure to Credit Reference Bureaux

The Bank will obtain information about you from the Credit Reference Bureau to check your credit status and identity. The bureau 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 transaction to Credit Reference Bureaux in accordance with credit reporting ACT, 2007 (ACT 726).

Name: Signature Date

FOR BANK USE ONLY

1. Initial Deposit by Cash GCB Cheque GCB Draft Transfer Amount

2. Authentication For Politically Exposed Persons

Is the Applicant a Politically Exposed Person (PEP) or associated with a PEP ? YES NO

If Customer is closely associated with PEP, state relationship

Source of wealth (If a PEP or associated with a PEP)

3. KYC/Risk Profile Low Risk Medium Risk High Risk

4. Requirement Checklist

Documents Required (Original IDs/Documents must be seen)	CHECKED	DEFERRED	WAIVED	N/A
1. Certificate of Registration				
2. Registrar General's Department Registration of Business Name Act 1962 (Form A)				
3. Current Renewal Receipt				
4. Valid Photo ID				
5. One recent passport - sized photograph				
6. Reference /Introductory letter / Bank Statement (References could be obtained from GCB current account customers of good standing or your bankers)				
7. Form D where the objects of business / address have changed				
8. Proof of address				
9. Evidence of visit to customer's residence, office/ factory site (In case of high risk)				

5. Account Opened By :

Name Signature..... Date

6. Deferral/Waiver Of Document (If Any) Authorized By :

Name Signature..... Date

7. Documents Verification Carried Out By :

Name Signature..... Date

Comments

8. Account Opening Authorized/Approved By :

Name Signature..... Date

9. For PEP and Other High Risk Customers, Refer to the Managing Director /Head of Business Unit for Approval

a) Name Designation

Signature Date

b) Name Designation

Signature Date