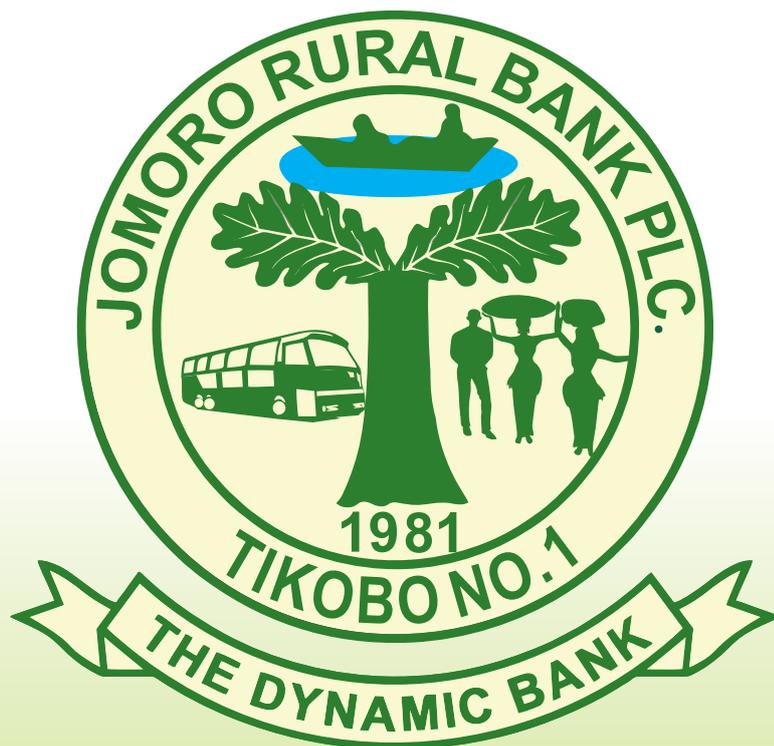


JOMORO

RURAL BANK PLC.

ACCOUNT OPENING FORM - INDIVIDUAL / JOINT ACCOUNT





JOMORO RURAL BANK PLC

ACCOUNT OPENING FORM – INDIVIDUAL/JOINT ACCOUNT

ACCOUNT TYPE Savings Current Joint Other Specify

AGENCY/
BRANCH
STAMP

Affix
Passport
Photograph
Here

ACCOUNT NO. (For office use only)

1A 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 Place of Birth

Mother's Maiden Name

Nationality Resident Permit No.

Permit Issue Date Permit Expiry Date

Tax Identification Number (TIN) 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	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 1

Phone Number 2

Email Address

3 VALID MEANS OF IDENTIFICATION

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

ID No.

ID Issue
Date

D	D	M	M	Y	Y	Y	Y

Expiry
Date

D	D	M	M	Y	Y	Y	Y

4 EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Others (Pls Specify)

Date of Employment (If Employed)

D	D	M	M	Y	Y	Y	Y

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

[Grid for Employer's Name]

Employer's Address

[Grid for Employer's Address]

Nearest Landmark

[Grid for Nearest Landmark]

City / Town / Village

[Grid for City / Town / Village]

Region

[Text box for Region]

Nature of Business/Occupation

[Text box for Nature of Business/Occupation]

Office Phone Number

[Grid for Office Phone Number]

Mobile Number

[Grid for Mobile Number]

Email Address

[Grid for Email Address]

5 DETAILS OF NEXT OF KIN

Title [Text box]

Gender F M

Surname

[Grid for Surname]

First Name:

[Grid for First Name]

Date of Birth

Middle Name:

[Grid for Middle Name]

[Date of Birth grid: D D M M Y Y Y Y]

Relationship

[Grid for Relationship]

Phone Number (1)

[Grid for Phone Number (1)]

Phone Number (2)

[Grid for Phone Number (2)]

Residential Address

[Grid for Residential Address]

Region

[Text box for Region]

6 ADDITIONAL DETAILS

Name of Beneficial Owner(s) of the Account

[Grid for Name of Beneficial Owner(s) of the Account]

[Grid for Name of Beneficial Owner(s) of the Account]

Spouse's Name

[Grid for Spouse's Name]

Spouse's Date of Birth

[Date of Birth grid: D D M M Y Y Y Y]

Spouse's Occupation

[Text box for Spouse's Occupation]

Sources of Funds to the Account 1

[Grid for Sources of Funds to the Account 1]

Sources of Funds to the Account 2

[Grid for Sources of Funds to the Account 2]

Level of Deposits

[Grid for Level of Deposits]

Frequency of Deposits

[Text box for Frequency of Deposits]

9 ACCOUNT SERVICES(S) REQUIRED (Please tick the applicable option below)

Card Preferences ATM Card GH Link Others (Please specify)

Electronic Banking Preferences Internet Banking Mobile Banking Others (Please specify)

Transaction Alert Preferences Email Alert SMS Alert

Statement Preference Statements to be collected at the Branch/Agency **Statement Frequency:** Semi-Annually Annually

10 DECLARATION / DISCLOSURE

DECLARATION

I/We hereby apply for the opening of account(s) withBank. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) I/We therefore confirm that such information is correct.

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

DISCLOSURE TO CREDIT REFERENCE BUREAUX

The Bank will obtain any information about you from the credit reference bureaux to check your credit status and identity. The bureaux 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 bureaux in accordance with the Credit Reporting Act, 2007 (Act 726).

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

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

11 (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE 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/ THUMBPRINT OF CUSTOMER WITNESSED BY OFFICER OPENING THE ACCOUNT

Date

D	D	M	M	Y	Y	Y	Y

NAME AND ADDRESS OF INTERPRETER

LANGUAGE OF INTERPRETATION

1 REQUIREMENT CHECKLIST

Savings Account

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
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 card, Valid Ghanaian Voters ID (original must be signed)			
5.	Resident Permit (for non-Ghanaian)			
6.	Proof of Address: Utility bills etc. (Certified true copy is acceptable if the original is not held)			
7.	Letter from Employer / School (for salary account and or student only)			

