



# JOMORO

## RURAL BANK PLC.

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**ACCOUNT OPENING FORM -  
Entities (Incorporated  
and Non-Incorporated)**

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Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

Class of Signatory (please indicate class in the box provided)

Signature \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y

**6. ACCOUNT SIGNATORY'S DETAILS (3)**

Surname

First Name

Middle Name(s)

Date of Birth

D	D	M	M	Y	Y	Y	Y

Gender M  F

Mother's Maiden Name

Nationality

**RESIDENT PERMIT NO.**

Type of Identification

ID number

ID Issue Date

D	D	M	M	Y	Y	Y	Y

ID Expiry Date

D	D	M	M	Y	Y	Y	Y

Occupation

Job Title

Position

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Phone Number1

Mobile Number

Phone Number2

Other Number

Email Address

Class of Signatory (please indicate class in the box provided)

Signature \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y







Occupation

Grid for Occupation

Job Title

Grid for Job Title

Position

Grid for Position

Status as a Director (Pls tick as appropriate)

Chairman  Managing Director/Chief Executive Officer  Executive Director  Non-Executive Director  Chief Financial Officer  Other (Pls Specify)

Position/Office of the Officer

Residential Address

Grid for Residential Address

Nearest Landmark

Grid for Nearest Landmark

City/Town

Grid for City/Town

Metropolitan, Municipal District Assembly Area (MMDA)

Grid for MMDA

Region

Grid for Region

Phone Number1

Grid for Phone Number1

Mobile Number

Grid for Mobile Number

Phone Number2

Grid for Phone Number2

Other Number

Grid for Other Number

Email Address

Grid for Email Address

11. DETAILS OF PRINCIPAL SHAREHOLDERS

I. Name of affiliated Company/Body

1

2

3

II. PRINCIPAL SHAREHOLDERS (Shareholding of 10% and above)

a). Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (If a shareholder)

Country of Incorporation (if a corporate shareholder)

Name(s) of Beneficial owner(s) (if any)

b). Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number										Nationality									
Email Address																			
Registration Certificate (If a shareholder)																			
Country of Incorporation (if a corporate shareholder)																			
Name(s) of Beneficial owner(s) (if any)																			

c). Full Name of Shareholder

Address																			
Status										Percentage Holding									
Mobile Number										Nationality									
Email Address																			
Registration Certificate (If a shareholder)																			
Country of Incorporation (if a corporate shareholder)																			
Name(s) of Beneficial owner(s) (if any)																			

d). Full Name of Shareholder

Address																			
Status										Percentage Holding									
Mobile Number										Nationality									
Email Address																			
Registration Certificate (If a shareholder)																			
Country of Incorporation (if a corporate shareholder)																			
Names of Beneficial owner(s) (if any)																			

e). Full Name of Shareholder

Address																			
Status										Percentage Holding									

Mobile Number												Nationality											
Email Address												Registration Certificate (if a shareholder)											
Country of Incorporation (if a corporate shareholder)												Names of Beneficial owner(s) (if any)											

f). Full Name of Shareholder

Address																							
Status												Percentage Holding											
Mobile Number												Nationality											
Email Address												Registration Certificate (if a shareholder)											
Country of Incorporation (if a corporate shareholder)												Names of Beneficial owner(s) (if any)											

**12. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER**

NO.	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
1.				
2.				
3.				
4.				
5.				

**13. ACCOUNTS SERVICE(S) REQUIRED (Please tick any 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







**FOR BANK USE ONLY**

**1. REQUIREMENTS CHECKLISTS**

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Certificate of Incorporation				
4.	Certificate of Registration				
5.	Form A details of Ownership showing registration of Business name, Registration receipt (Current year)				
6.	Copy of constitution rules of the prospective Club, Society or Charity				
7.	Certificate to Commence Business				
8.	Board Resolution to Open Account				
9.	Memorandum and Article of Association				
10.	Tax Clearance Certificate				
11.	Tax Identification Number (TIN)				
12.	Partnership Deed (where applicable)				
13.	Approval Letter (MMDAs)				
14.	Trust Deed				
15.	Act / Gazette (for Government Agency) (where applicable)				
16.	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
17.	Introduction letter (where applicable)				
18.	Banker's Opinion				
19.	Resident Permit (for non-Ghanaians)				
20.	Evidence of Registration with Ghana Investment Promotion Centre (where applicable)				
21.	Evidence of Registration with other Government Agency/Agencies				
22.	Search Report (Registrar General's Department)				
23.	Power of Attorney (where applicable)				
24.	Letter of indemnity				
25.	Proof of Company Address				
26.	Business Premises visitation certificate				
27.	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms/documents – Passport, National ID Card, National Driver's License and Voter's ID Card.				
28.	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms/documents – Utility bill (Certified true copy is acceptable if original is not held)				
29.	Two completed satisfactory reference forms				
30.	Copy of the audited Financial statements/statement of affairs				
31.	Others (please specify)				

**\*Note**

Originals and photocopies of documents mentioned above must be provided.

**2. KYC RISK PROFILE**

Please tick appropriate risk profile

Low

Medium

High

Please refer the AML/CFT Handbook

Indicate which Director, Executive, Trustee, Promoter, Executor or Administrator is a Politically Exposed Person (PEP)

Name

\_\_\_\_\_

\_\_\_\_\_

Position

\_\_\_\_\_

\_\_\_\_\_

