ENTITIES

COMPANIES AND NON-PERSONAL

Accounts Opening Form





BESSFA RURAL BANK LIMITED

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

Account Type Current Account Savings	ACCOUNT NO.	For office use daly	
GENCY/ RANCH FAMP		,	•
. COMPANY DETAILS (Please complete Company/Business/Group Name	BLOCK LETTERS and tic	k where neces	sary)
January, Submitted Frank			
Certificate of Incorporation/Registration Nu	er/ Resolution Letter		
Set tilicate of incorporation/Negistration/Nai	en resolution Letter		-
Date of D D M M ncorporation/Registration		iction of n/Registration	
Parent Company's Country of Incorporation			
Type or Nature of Business			
Sector/Industry	7. 7. mad		
Operating Business Address 1			
Operating Business Address 2			
Corporate Business Address/Registered Of	e (If different from above)		
Email Address			
Vebsite (if any)			
Phone Number 1	Phone	e Number2	
Tione Number 1		5 Number 2	
Tax Identification Number	Certifi	icate to Commer	nce Business Number
Other Reference Number	Pleas	e Specify	
			u
2. ANŇUAL TURNOVER			

Surname	S
First Name	
Middle Andrews	
Middle Name(s)	
Date of Birth D D M M Y Y Y Gender M	Mother's Maiden Name
Gerider MI	Mother's Maiden Name
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Nationality	RESIDENT PERMIT N
Type of Identification	
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	xpiry Date D D M M Y Y Y
Occupation	
Job Title	D-15
	Position
Residential Address	
Nearest Landmark	
City/Town	
Metropolitan, Municipal District Assembly Area (MMDA)	Region
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Phone Number1	Mobile Number
Phone Number2	Other Number
Email Address	
Littali Address	
4. ACCOUNT SIGNATORY'S DETAILS (1)	
4. ACCOUNT SIGNATORY'S DETAILS (1) Surname	
Surname	
4. ACCOUNT SIGNATORY'S DETAILS (1) Surname First Name	
Surname First Name	
Surname	
Surname First Name	
First Name Middle Name(s)	
Surname First Name	Mother's Maiden Name
First Name Middle Name(s)	Mother's Maiden Name

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	9
ID Issue Date	
ID Issue Date D M M Y Y Y Y ID Expir	ry Date D D M M Y Y Y
Occupation	
Job Title	Position
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Residential Address	
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Nearest Landmark	
City/Town	
Metropolitan, Municipal District Assembly Area (MMDA)	Region
	Region
Phone Number1	Mobile Number
	Wobile (Adulbe)
Phone Number2	Other Number
Email Address	
Class of Signatory (please indicate class in the box provided)	
	D D M M Y Y Y
Signature	
	Date
	Date
5. ACCOUNT SIGNATORY'S DETAILS (2) Surname	Date
5. ACCOUNT SIGNATORY'S DETAILS (2) Surname	Date
5. ACCOUNT SIGNATORY'S DETAILS (2)	Date
5. ACCOUNT SIGNATORY'S DETAILS (2) Surname First Name	Date
5. ACCOUNT SIGNATORY'S DETAILS (2) Surname	Date
5. ACCOUNT SIGNATORY'S DETAILS (2) Surname First Name	Date
5. ACCOUNT SIGNATORY'S DETAILS (2) Surname First Name Middle Name(s)	Date
5. ACCOUNT SIGNATORY'S DETAILS (2) Surname First Name	
5. ACCOUNT SIGNATORY'S DETAILS (2) Surname First Name Middle Name(s)	Mother's Maiden Name
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5. ACCOUNT SIGNATORY'S DETAILS (2) Surname First Name Middle Name(s) Date of Birth D D M M Y Y Y Y Gender M F Nationality	Mother's Maiden Name RESIDENT PERMIT NO. ID number
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Surname First Name Middle Name(s) Date of Birth D D M M Y Y Y Gender M F Nationality Type of Identification ID Issue Date D M M Y Y Y Y ID Expiry I Occupation	Mother's Maiden Name RESIDENT PERMIT NO. ID number Date D PD M M Y Y Y Y
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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)	
	D D M M Y Y Y
Signature	Date
6. ACCOUNT SIGNATORY'S DETAILS (3)	
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	0
	RESIDENT PERMIT NO.
Type of Identification	ID number
0	
ID Issue Date D D M M Y Y Y Y ID Expiry	Date D D M M Y Y Y
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Occupation	
Occupation	Position
	Position
Occupation Job Title	Position
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Occupation Job Title Residential Address Nearest Landmark	Position
Occupation Job Title Residential Address	Position
Occupation Job Title Residential Address Nearest Landmark City/Town	
Occupation Job Title Residential Address Nearest Landmark	Position
Occupation Job Title Residential Address Nearest Landmark City/Town	
Occupation Job Title Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA)	Region
Occupation Job Title Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA)	Region

Email Address
Class of Signatory (please indicate class in the box provided)
Signature Date
7. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS (1)
First Name
Middles Name(s)
Date of Birth D D M M Y Y Y Y Gender M E Method's Mill All
Date of Birth
Nationality
RESIDENT PERMIT NO.
Type of Identification
ID number
ID Issue Date D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y
Occupation
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Job Title 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
Nearest Landmark
- Teamest Euromatik
City/Town
Metropolitan, Municipal District Assembly Area (MMDA) Region
Region
Phone Number1 Mobile Number
Phone Number?
Other Number
Email Address

	R/EXECUTORS/ADMINISTRATORS ETC (2)
Surname	
First Name	
First Name	
Middle Name(s)	
Date of Birth D D M M Y Y Y Y Gender M F	Mother's Maiden Name
Date of Birth D D M M Y Y Y Y Gender M F	
Nationality	88
	RESIDENT PERMIT NO.
	ID Number
ID number	ID Number
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ID Issue Date D D M M Y Y Y Y ID Expiry D	ate D D M M Y Y Y
ID Issue Date D D M M Y Y Y Y	
Occupation	
Job Title	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)	
Pasition/Office of the Officer	
Position/Office of the Officer	
Position/Office of the Officer Residential Address	
Residential Address	
Residential Address Nearest Landmark	
Residential Address	
Residential Address Nearest Landmark	Region
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Residential Address Nearest Landmark City/Town	Region Mobile Number
Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1	Mobile Number
Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA)	
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Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1	Mobile Number
Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 Email Address	Mobile Number Other Number
Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 Email Address 9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/	Mobile Number Other Number
Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 Email Address	Mobile Number Other Number
Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 Email Address 9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/	Mobile Number Other Number
Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 Email Address 9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/Surname	Mobile Number Other Number EXECUTORS/ADMINISTRATORS ETC (3)
Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 Email Address 9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/Surname	Mobile Number Other Number
Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 Email Address 9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/Surname First Name	Mobile Number Other Number EXECUTORS/ADMINISTRATORS ETC (3)

Nationality	RESIDENT PERMIT NO.
Type of Identification	ID number
ID Issue Date D M M Y Y Y Y	ID Expiring Date
Occupation	
Job Title	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	
Name of Landards	
Nearest Landmark	
City/Town	
Metropolitan, Municipal District Assembly Area (MMDA)	Region
Phone Number1	Mobile Number
Phone Number1 Phone Number2	Mobile Number Other Number
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Phone Number2 Email Address	Other Number
Phone Number2	Other Number
Phone Number2 Email Address 10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTE Surname	Other Number
Phone Number2 Email Address 10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTE Surname First Name	Other Number
Phone Number2 Email Address 10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTE Surname	Other Number
Phone Number2 Email Address 10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTE Surname First Name Other Name	Other Number EE/PROMOTER/EXECUTORS/ADMINISTRATORS (4)
Phone Number2 Email Address 10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTE Surname First Name Other Name	Other Number EE/PROMOTER/EXECUTORS/ADMINISTRATORS (4)
Phone Number2 Email Address 10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTE Surname First Name Other Name	Other Number EE/PROMOTER/EXECUTORS/ADMINISTRATORS (4)
Phone Number2 Email Address 10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTE Surname First Name Other Name Date of Birth D D M M Y Y Y Gender M	Other Number EE/PROMOTER/EXECUTORS/ADMINISTRATORS (4) F Mother's Maiden Name
Phone Number2 Email Address 10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTE Surname First Name Other Name Date of Birth D D M M Y Y Y Y Gender M	Other Number EE/PROMOTER/EXECUTORS/ADMINISTRATORS (4) F Mother's Maiden Name

ID Issue Date D M M Y Y Y	ID Expiry Date D M M Y Y Y
Occupation	
Job Title	Position
Status as a Director (Pls tick as appropriate)	Executive Director Non-Executive Director
Chairman Managing Director/Chief Executive Officer Chief Financial Officer Other (Pls Specify)	Executive Director Non-Executive Director
Position/Office of the Officer	
Residential Address	
Nearest Landmark	
Nearest Landman.	
City/Town	
The state of the s	Region
Metropolitan, Municipal District Assembly Area (MMDA	
Phone Number1	Mobile Number
	OI Notes
Phone Number2	Other Number
5 7 6 1 1 1 1 1	
Email Address	
11. DETAILS OF PRINCIPAL SHAREHOLDERS I. Name of affiliated Company/Body	
1. Name of allillated Company, body	
2	
3	
II. PRINCIPAL SHAREHOLDERS (Shareholding of 10	% and above)
a). Full Name of Shareholder	
A dalaman	
Address	
	Percentage Holding
Status	Percentage Holding
Status Mobile Number Nation	
Status	
Status Mobile Number Email Address	
Status Mobile Number Nation	
Status Mobile Number Email Address	
Status Mobile Number Email Address Registration Certificate (If a shareholder)	

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)
경영어 마리 이 사람들은 바다에는 그들이 사람이 있다면 하는 사람들이 되었다면 하는 것이 없는데 되었다.
c). Full Name of Shareholder
c). I dii Name di Grialeriolaei
Address
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Mobile Number Nationality
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Registration Certificate (If a shareholder)
Country of Incorporation (if a corporate shareholder)
Name(s) of Beneficial owner(s) (if any)
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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
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Address
Status Percentage Holding
Mobile Number Nationality
Email Address
Registration Certificate (If a shareholder)
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Country of Incorporation (if a corporate shareholder)
Names of Beneficial owner(s) (if any)
Names of Beneficial owner(s) (if arry)
f). Full Name of Shareholder
Address
Status Percentage Holding
Mobile Number Nationality
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Email Address
Registration Certificate (If a shareholder)
Registration Certificate (if a shareholder)
Country of Incorporation (if a corporate shareholder)
Name of Danaficial surror(s) (if any)
Names of Beneficial owner(s) (if any)
12. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER
NO. NAME AND ACCOUNT NAME ACCOUNT NUMBER STATUS:
ADDRESS OF BANK/BRANCH DORMANT
1. 2.
3.
<u>4.</u> 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 Statements to be collected at the Branch/Agency Semi-Annually Annually

14. LETTER OF SET-OFF
(Title)
Deels
Bank
LETTER OF SET-OFF I/We agree that you (in addition to any general lien or similar right to which you as my / our banker may have at any time and without notice to me / us) 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, valuable, deposits, securities, negotiable instruments or other assets belonging to me / us with you in or towards satisfaction of any of my / our liabilities to you or any other account or in any respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.
Authorized Signature of the Customer/Representative & Date Authorized Signature of the Customer/Representative & Date
15. LETTER OF INDEMNITY I/We 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. 16. ACCOUNT OPENING MANDATE
(Please tick as appropriate)
a) Account Type Current Account Savings Account Other Types of Account
b) Account Name
c) Account Number (For Bank Use Only)
d) Mandate authorization / Combination Rule (Please tick as appropriate) Sole Signatory Two or more
If two or more are to sign, please specify d) Signatories

	, **		
i) Name:			
Surname Other Name			
	1		
Class of Signatory Identification Type		-	
Identification No.			
Telephone Number		F	
Signature and Date			
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Name	Signature	Name Signature AUTHORIZER	_
6		AUTHORIZER	
ii) Name:			
Surname			
Other Name			
Class of Signatory			
Identification Type	*	4	
Identification No. Telephone Number	- 8		
Signature and Date	<u>v</u>		
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·	Signature	FOR BANK USE ONLY Name Signature	

17. DECLARATION / DISCLOSURE

DECLARATION

I/We hereby apply for the opening of account(s) with Bessfa Rural Bank Ltd. 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

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

DISCLOSURE TO CREDIT REFERENCE BUREAUX

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

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

Name	
Signature:	D D M M Y Y Y
Name	
Signature: _	D D M M Y Y Y
	COMPANY SEAL/STAMP HERE
18. WITNES	S: ce of
Name	
Occupation Telephone Nu	umber .
Signature:	at the Bank shall obtain any information about we from the

e agree that the Bank shall obtain any information about us from the Credit Reference Bureaux to check our status and identity.

FOR BANK USE ONLY

1. REQUIREMENTS CHECKLISTS

) .	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
٠. ا					
	Account opening form duly completed	anni distribution di salari di	-		
	Specimen signature card duly completed				
	Certificate of Incorporation				
\neg	o us at af Registration				
	Form A details of Ownership showing registration of Business Hame,				
	Copy of constitution rules of the prospective Club, Society of Charry				
	Certificate to Commence Business				
	Board Resolution to Open Account				
	Memorandum and Article of Association				
0.	Tax Clearance Certificate				
1.	Tax Identification Number (TIN)				
2.	Partnership Deed (where applicable)				
3.	Approval Letter (MMDAs)				
4.	Trust Dood				
5.	A + / Carette (for Government Agency) (where applicable)				
6.	Two (2) passport sized photographs of each signatory to the decession with name written on the reverse side				
17.	Introduction letter (where applicable)				- 1
18.	Banker's Opinion	-			
19.	D : L - + Desmit (for pon-Ghanajans)	1			
20.	Evidence of Registration with Ghana Investment Promotion Centre				
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.					
27.	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms/documents – Passport, National appear on the account opening forms/documents – Passport, National		14		
28.	Proof of Identity of all Signatories and Directors/Officers whose rappear on the account opening forms/documents – Utility bill (Certified the account acceptable if original is not held	d			
29.	Two completed satisfactory reference louis				
30.	The definition of the statements (Statements)				-
31.					

Originals and photocopies of documents mentioned above must be provided.

Originals and prio							
2. KYC RISK PR	OFILE			0			
Please tick appro	priate risk pro	file					
Low			Medium			High	
Please refer the A	AML/CFT Har	ndbook utive, Trustee,	Promoter,	Executor or	Administrator is	a Politically	Exposed Person
(PEP)					Position		
Name							
Sec					The second secon		

FOR BANK USE ONLY

A. ACCOUNT OPENED BY: Name	
Signature:	Date D M M Y Y Y
Name	
	Date D D M M Y Y Y
Signature:	Date -
B. DEFFERAL / WAIVER OF DOCUMENTS (IF ANY) AUT	HORIZED BY:
Name	
	Data D D M M Y Y Y
Signature:	Date Date
Name	
Signature:	Date D M M Y Y Y
	Date
C. ADDRESS VERIFICATION CARRIED OUT BY: Name	
varie	
Signature:	Date D M M Y Y Y
Name	
ignature:	Date D D M M Y Y Y
OMMENT(S): (Address description and Result Findings)	
. ACCOUNT OPENING AUTHORIZED/APPROVED BY:	
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	Data D D M M Y Y Y
gnature:	Date Date
ame	