



BESSFA
RURAL BANK LIMITED
Trusted Partner. Everyday.

ACCOUNT OPENING FORM INDIVIDUAL/JOINT

ACCOUNT OPENING FORM – INDIVIDUAL/JOINT ACCOUNT

ACCOUNT TYPE Savings ☐ Current ☐ Joint ☐ Other Specify

AGENCY/
BRANCH
STAMP

Customer Number

--	--	--	--	--

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

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

☐

Other, Specify

1B PERSONAL INFORMATION

Title

Surname

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Former Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Marital Status (Please tick as appropriate) Single

☐

Married

☐

Other (Pls Specify)

Gender M

☐

F

☐

[illegible][illegible][illegible][illegible]

Nature of Business/Occupation	
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[illegible][illegible]

Email Address	

5 DETAILS OF NEXT OF KIN

Title Gender F ☐ M ☐

[illegible][illegible]

D	D	M	M	Y	Y	Y	Y

[illegible][illegible][illegible][illegible][illegible]

Region	
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6 ADDITIONAL DETAILS

[illegible][illegible]

	D	D	M	M	Y	Y	Y	Y
Spouse's Date of Birth								

[illegible][illegible]

Level of Deposits						

8

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) 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) 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)			

Signature:

D	D	M	M	Y	Y	Y	Y

[illegible]

Name

[illegible]

AUTHORIZED

D	D	M	M	Y	Y	Y	Y

[illegible]

MANAGER'S CONFIRMATION

D	D	M	M ^o	Y	Y	Y	Y
☆							

KYC RISK PROFILE

The following persons and activities are considered to be high risk customers and activities:

(A) HIGH RISK PERSONS

1. Heads of State, government and cabinet ministers.
2. Heads of government ministers, departments and agencies.
3. Senior Judges/ Judicial officers.
4. Senior political party functionaries.
5. Members of parliament.
6. Senior military officers.
7. Family members and close associates of PEPs.
8. Middlemen, consultants, and advisers of PEPs.
9. Private companies linked to PEPs.
10. Chief executives of state owned Companies/ Corporations.
11. MMDCE (Metropolitan, Municipal and District Chief Executives).
12. Real Estate agents.
13. Motor Vehicle dealers.
14. Foreign currency traders, etc.

(B) HIGH RISK ACTIVITIES

1. Business relations with person in high risk jurisdictions.
2. Wire transfer.
3. Businesses that provide national lottery on-line betting games.
4. Private banking.
5. Real estate business.
6. Motor Vehicle business.
7. Drug trafficking.

Note, any person or activity that does not fall on the above can be considered as low or medium risk customer considering the risk level of the business.

PLEASE TICK APPROPRIATE RISK PROFILE:

(i) Low Risk ☐ (ii) Medium Risk ☐ (iii) High Risk ☐

Name: _____ Position: _____

Telephone number: _____