

# **CORPORATE & COMMERCIAL ACCOUNT UPDATE FORM**

CORPORATE & COMMERCIAL ACCOUNT UPDATE FORM

Dear Customer,

Kindly fill in this form to update your information and enable us serve you better.

CUSTOMER RELATIONSHIP INFORMATION

Please mention your Savings/Current/Call/Investment/Loan Account no.:

ACCOUNT DETAILS

\*Entity Name:

\*Entity Type (Please Select One) ☐ NGO's/Foundations ☐ Private Entity/Partnership ☐ Sole Proprietorship

☐ Listed Entity ☐ Diplomatic Missions ☐ Societies And Clubs ☐ Government Ministries/Parastatals

☐ Trust/Estate ☐ Religious Organizations ☐ Microfinance Company ☐ Public Partnership

☐ Limitedv Liability Company ☐ Partnership ☐ Others Specify:

\*Business Commencement Date:

\*Date Of Incorporation:

\*Country Of Incorporation: ☐ Ghana ☐ Others ☐ Please Specificy:

Does Business have a Parent Company? If Yes, state INCORPORATION COUNTRY

\*TIN: \*Registration No.:

\*Business Address/Registered Address: (P. O. Box Address Not Acceptable):

City: Region:

Country:

Nearest Landmark:

\*Mailing/Correspondence Address:

City:

Country:

\*Telephone No:

\*E-Mail:

Website (if any):

\*Annual Turnover (in GHS) ☐ 0-100K ☐ 100K - 500K ☐ 500K - 1Mil ☐ 1Mil- 6Mil ☐ 6Mil & Above

\*Organization/Company Management Body Location ☐ Registered Office Other Location (Please specify)

Is your company quoted on any Stock Exchange? ☐ Yes ☐ No ☐ Ref. No.

### KEY OFFICIAL PERSONAL DATA (DIRECTOR/UBO)

\* Name:

TITLER SURNAME FIRST

Maiden

Date of Birth:

DDMMYYYY

\*Gender:

MF

\*Nationality:

Mother's Maiden Name:

TIN:

Country of Origin:

Occupation:

Position:

Residential Address:

STREET NAME

HOUSE NUMBER

City:

MMDA:

Region:

Country:

Nearest Landmark:

Phone Numbers:

Mobile:

Office:

MMDA: Metropolitan Municipal District Assembly



Email:

Correspondence Address:

City:  MMDA:

Region:  \*Country:

Means of Identification: ☐ Passport ☐ Voter's ID ☐ Driver's License ☐ NHS ☐ NIA ID

Issuing Authority (DVLA etc)  \*ID Number:

Issue date:  Expiry date:

FOR FOREIGNERS ONLY:

Arrival date: [D][D][M][M][Y][Y][Y][Y]

Visa No.: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Visa Issue date: [D][D][M][M][Y][Y][Y][Y]

Visa Expiry date: [D][D][M][M][Y][Y][Y][Y]

Resident / Work Permit Number:

### KEY OFFICIAL PERSONAL DATA (DIRECTOR/UBO)

\* Name:

TITLE SURNAME FIRST MIDDLE

Date of Birth:

DDMMYY

\*Gender:

M F

\*Nationality:

Mother's Maiden Name:

TIN:

Country of Origin:

Occupation:

Position:

Residential Address:

STREET NAME HOUSE NUMBER

City:

MMDA:

Region:

Country:

Nearest Landmark:

Phone Numbers:

Mobile:

Office:

\* MMDA: Metropolitan Municipal District Assembly

[illegible]

FOR FOREIGNERS ONLY:

[illegible]

### KEY OFFICIAL PERSONAL DATA (DIRECTOR/UBO)

*	Name:	T	I	T	L	E	S	U	R	N	A	M	E	F	I	R	S	T	
		O	T	H	E	R								M	A	I	D	E	N
*	Date of Birth:	D	D	M	M	Y	Y	Y	Y	*Gender:	M	F	*Nationality:						
	Mother's Maiden Name:																		
*	TIN:																		
*	Country of Origin:																		
*	Occupation:																		
*	Position:																		
*	Residential Address:	S	T	R	E	E	T	N	A	M	E								
		H	O	U	S	E	N	U	M	B	E	R							
*	City:												MMDA:						
	Region:																		
*	Country:																		
*	Nearest Landmark:																		
*	Phone Numbers:	Mobile:											Office:						



Email:

Correspondence Address:

\* City:  MMDA:

Region:  \*Country:

\* Means of Identification: ☐ Passport ☐ Voter's ID ☐ Driver's License ☐ NHIS ☐ NIA ID

\* Issuing Authority (DVLA etc)  \*ID Number:

Issue date:         Expiry date:

#### FOR FOREIGNERS ONLY:

Arrival date:         Visa No.:

Visa Issue date:         Visa Expiry date:

Resident / Work Permit Number:

#### \*TRANSACTIONS YOU EXPECT TO PERFORM

Transaction Type | Total Expected Amount of Withdrawals in a month (In GHS)

	0-5k	5-20k	20-50k	Above
Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheques/Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transaction Type | Total Expected Amount of Deposit in a month (In GHS)

	0-5k	5-20k	20-50k	Above
Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheques/Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### TRANSACTIONS YOU EXPECT TO PERFORM

Transaction Type | Total Number of Expected Withdrawals in a month

	0-10	11-25	25-50	50 & Above
Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheques/Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transaction Type | Total Number of Expected Deposits in a month

	0-10	11-25	25-50	50 & Above
Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheques/Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Funds transfer, kindly indicate the countries involved:





## DECLARATION ON U.S PERSON STATUS

This section must be completed by any individual (generally known as a Sole Proprietor or Partner and Shareholders with 10% or more interest) who wishes to open a banking account to conduct business activities.

Name:

Country of Birth: [D][D][M][M][Y][Y][Y][Y]

Nationality:

Please tick "✓" Yes or No for each of the following questions:

1. Are you a U.S Resident? ☐ Yes ☐ No
2. Are you a U.S Citizen? ☐ Yes ☐ No
3. Do you hold a U.S Permanent Resident Card (Green Card)? ☐ Yes ☐ No
4. Is the business incorporated in the U.S? ☐ Yes ☐ No

*If you answered yes to any of the questions above please provide the following.*

5. U.S Social Security/Tax Identification number

6. U.S Identification Document: ☐ Passport ☐ Driver's License

[illegible]

FATCA Form Completed:  W9  W8 Date Form Completed:  D  D  M  M  Y  Y  Y  Y

I hereby confirm that information provided above is true, accurate and complete.

Subject to the applicable local laws, I hereby consent to Fidelity Bank Ghana Limited or any of its affiliates sharing my information with local or foreign tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by local/domestic or foreign/overseas regulators or tax authorities, I consent and agree to the Bank to withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I further consent to notify the Bank within a period of 30 days of any changes to my personal circumstances which include but not limited to citizenship, marital status, residential and mailing addresses and contact telephone numbers.

Signature: \_\_\_\_\_

Date: | D | D | M | M | Y | Y | Y | Y |

\*MANDATE CARD

[illegible]

NAME:

PHOTO

SIGNATURE:

---

DATE:

NAME:

\_\_\_\_\_

SIGNATURE:

---

DATE:

3

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

4

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

5

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

6

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

7

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

8

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

Email:

Correspondence Address:

\* City:  MMDA:

Region:  \*Country:

\* Means of Identification: ☐ Passport ☐ Voter's ID ☐ Driver's License ☐ NHIS ☐ NIA ID

\* Issuing Authority (DVLA etc)  \*ID Number:

Issue date:         Expiry date:

**FOR FOREIGNERS ONLY:**

Arrival date:         Visa No.:

Visa Issue date:         Visa Expiry date:

Resident / Work Permit Number:

**PRINCIPAL SHAREHOLDERS (Shareholding of 10% and above)**

1 \*Full Name Of Shareholder:

\*Residential Address:

\*Status: ☐ Ordinary ☐ Preference Others (Please Specify):

\*Percentage holding:

\*Mobile Number:  \*Nationality:

Email Address:

Registration Certificate No. (If a Corporate Shareholder):

Country of Incorporation (If a Corporate Shareholder):

Names of Beneficial Owner(s) (if any):

2 \*Full Name Of Shareholder:

\*Residential Address:

\*Status: ☐ Ordinary ☐ Preference Others (Please Specify):

\*Percentage holding:

\*Mobile Number:

\*Nationality:

Email Address:

Registration Certificate No. (If a Corporate Shareholder):

Country of Incorporation (If a Corporate Shareholder):

Names of Beneficial Owner(s) (if any):

3 \*Full Name Of Shareholder:

\*Residential Address:

\*Status: ☐ Ordinary ☐ Preference Others (Please Specify):

\*Percentage holding:

\*Mobile Number:

\*Nationality:

Email Address:

Registration Certificate No. (If a Corporate Shareholder):

Country of Incorporation (If a Corporate Shareholder):

Names of Beneficial Owner(s) (if any):

### \*TRANSACTIONS YOU EXPECT TO PERFORM

Transaction Type	Total Expected Amount of Withdrawals in a month (In GHS)			
	0-5k	5-20k	20-50k	Above
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheques/Drafts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transaction Type	Total Expected Amount of Deposit in a month (In GHS)			
	0-5k	5-20k	20-50k	Above
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheques/Drafts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## TRANSACTIONS YOU EXPECT TO PERFORM

Transaction Type	Total Number of Expected Withdrawals in a month			
	0-10	11-25	25-50	50 & Above
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheques/Drafts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transaction Type	Total Number of Expected Deposits in a month			
	0-10	11-25	25-50	50 & Above
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheques/Drafts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SOURCE OF FUNDS

☐ Savings    ☐ Business Income    ☐ Inheritance    ☐ Investments    ☐ Sale of Property    ☐ Others

Please specify details for Inheritance, Sale of Property and Others

## COUNTRIES WHERE FUNDS ARE LIKELY TO BE TRANSFERRED

## INWARD

[illegible]

## OUTWARD

[illegible]

## REASONS FOR SUCH TRANSFERS

## ACCOUNTS WITH OTHER BANKS

1. Bank Name:	
---------------	--

2. Bank Name:

3. Bank Name:

4. Bank Name:

Account No.: | | | | | | | | | | | | | | | |

Account No.: | | | | | | | | | | | | | | | |

Account No.: | | | | | | | | | | | | | | |

Account No.: | | | | | | | | | | | | | | | |



AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

Bank

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Registrar General's Department or relevant agency/ authority.

Thank You.

Yours Faithfully,

Authorized Signature of the Customer / Representative & Date

D

D

M

M

Y

Y

Y

Y

Authorized Signature of the Customer / Representative & Date

D

D

M

M

Y

Y

Y

Y

LETTER OF SET OFF

(Title)

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 credit of any such amounts, be it cash, cheques, valuables, 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 any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

Authorized Signature of the Customer / Representative & Date

D

D

M

M

Y

Y

Y

Y

Authorized Signature of the Customer / Representative & Date

D

D

M

M

Y

Y

Y

Y

## DECLARATION ON U.S PERSON STATUS

This section must be completed by any individual (generally known as a Sole Proprietor or Partner and Shareholders with 10% or more interest) who wishes to open a banking account to conduct business activities.

Name:

Country of Birth: [D][D][M][M][Y][Y][Y][Y]

Nationality:

Please tick "✓" Yes or No for each of the following questions:

1. Are you a U.S Resident? ☐ Yes ☐ No
2. Are you a U.S Citizen? ☐ Yes ☐ No
3. Do you hold a U.S Permanent Resident Card (Green Card)? ☐ Yes ☐ No
4. Is the business incorporated in the U.S? ☐ Yes ☐ No

*If you answered yes to any of the questions above please provide the following.*

5. U.S Social Security/Tax Identification number

6. U.S Identification Document: ☐ Passport ☐ Driver's License

[illegible]

FATCA Form Completed:  W9  W8 Date Form Completed:  D  D  M  M  Y  Y  Y  Y

I hereby confirm that information provided above is true, accurate and complete.

Subject to the applicable local laws, I hereby consent to Fidelity Bank Ghana Limited or any of its affiliates sharing my information with local or foreign tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by local/domestic or foreign/overseas regulators or tax authorities, I consent and agree to the Bank to withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I further consent to notify the Bank within a period of 30 days of any changes to my personal circumstances which include but not limited to citizenship, marital status, residential and mailing addresses and contact telephone numbers.

Signature: \_\_\_\_\_

Date: | D | D | M | M | Y | Y | Y | Y |

## TERMS AND CONDITIONS

### INDEMNITY

The Bank is hereby authorized but not obliged, to accept and act upon telephone, facsimile, or email or other electronic instructions in connection with my account (s) from myself providing that such instructions are issued by modes registered with the bank (Telephone, Email etc.) It is understood that any loss issues by or in connection with the use of the password whether by myself or an authorized or unauthorized third party will be entirely my responsibility. Provided that any such instructions are supported by my identification password, I/We acknowledge and accept that the Bank needs no further steps to confirm the identity and authority of the source of any such instructions and agree that the Bank shall be entitled to debit my account(s) with the amount of any payment made pursuant to such instruction. Further, I/We hereby undertake to indemnify the Bank, its officers and staff from and against all actions, proceedings, costs, claims, demands, expenses or losses sustained as a result of or in connection with the Bank having acted on such instructions. This indemnity shall continue until the Bank has received, and has had a reasonable time to act upon instructions in writing from me cancelling it. Further, I/We hereby agree that this indemnity shall be governed by and in accordance with the laws of the republic of Ghana.

### TERMS / SCOPE

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 Fidelity Bank. When you sign the account application form you accept these terms as binding on you.

### YOUR ACCOUNT

“You will assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instrument and receipts or other, deposited in your account. The Bank will not be responsible for any loss or damage to funds deposited with the Bank due to any future Government order, law, levy, tax embargo, moratorium, exchange restriction or any other cause beyond our control. Your account may be debited for any service charge that is set by the Bank from time to time. All notices or letters will be sent to the address supplied by you and be considered duly delivered and received at the time it is delivered or seven days after posting. The Bank will not be liable for funds handed over to members of its staff outside banking hours or outside the Bank's premises. Any anomaly in the entries on your Bank Statement must be brought to the attention of the Bank within twenty one (21) days of the date 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 law and without any notice to you whenever necessary, combine or consolidate all or any of your 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 other credit.

### CHEQUES

All cheques or other orders signed by you (or either or both of you if a joint account) will be honoured by the Bank and your account will be debited for such cheques whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit. 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. You must ensure that your cheque book is kept in a safe place to prevent unauthorized person from gaining access to same, and neglect of this precaution may be a ground for any consequential loss being charged to your account. If your cheque book gets lost, missing or stolen you must notify the Bank immediately. The Bank shall not be held liable for any unauthorized use of your cheque book where the loss or otherwise of same has not been notified to the Bank. Your account will only be credited with the value of a cheque lodged with any of our branches after the requisite clearing period in accordance with the rule of clearing in force at the time of lodging the cheque. The Bank may exercise its discretion in allowing withdrawals against un-cleared cheque(s). where the cheques are returned unpaid thereafter the Bank shall have the right to hold on to the returned cheque and take any 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.

### OVERDRAWN ACCOUNT

Overdrafts may be available to customers upon arrangement to confirm with the Bank. If you do not have such an arrangement and your account becomes overdrawn, we may charge you an extra fee and interest at our current rate for unauthorized borrowing. If your account does not have enough cleared funds to cover the amount you want to draw, we may return your cheque unpaid. I have read and understood the above Terms and Conditions and accept to abide by the above”

DISCLOSURE POLICY

I/We hereby consent to the disclosure by the Bank and/or any of its officers or employees for any purpose of any information concerning my/our account(s), including without limitation, information relating to my/our business, my/our account(s) held with the bank or another group member of its relationship with the bank or another group member to any of the following:

- 1. Any office or branch of the bank or another group member
- 2. Any agent, contractor or third party service provider, or any professional adviser of the bank or another group member:
- 3. Any guarantor, or third party security provided by the customer:
- 4. Any Credit Reference Bureau or Rating Agency:
- 5. Any regulatory, supervisory, governmental or quasi governmental authority with jurisdiction over the Bank or another Group Member:
- 6. Any actual or potential participant in, or assignee, novatee or transferee of, any of the bank's rights and/or obligations in relation to the customer:
- 7. Any person to whom the bank is required or authorized by law or court order to make such disclosure.
- 8. Any person who is under a duty of confidentiality to the bank:
- 9. Any bank or financial institution with which I/We have as or proposed to have dealings.
- 10. Any Overseas Regulator or Tax Authority for the purpose of establishing any tax liability in compliance with an order, agreement with the Overseas Regulators or Tax Authorities.

Authorized Signatory:

Name:

Date:

D

D

M

M

Y

Y

Y

Y

Authorized Signatory:

Name

Date:

D

D

M

M

Y

Y

Y

Y

"I ..... secretary to the Board of .....Company (hereinafter referred to as "the Company") organized and existing under the laws of ..... hereby certify to FIDELITY BANK GH LIMITED that a meeting of the Board of Directors of the said Company was duly called and held in the city of ..... on the .....day of .....20....., that at the said meeting, as quorum was present and voting throughout, and that the following resolutions on motion duly made and seconded were unanimously adopted and are now in full force and effect.

### DEPOSITS

1. RESOLVED, that an account to be opened with FIDELITY BANK GH LIMITED (hereinafter referred to as the "Bank")
2. RESOLVED, that the bank be and is hereby designated as a depository of the Company and that the officers and agents of the Company be and hereby are, and each of them hereby is authorized to deposit any of the funds of the Company in the Bank either at its head office or at any of its branches.
3. RESOLVED, that until the further order of this Board of Directors, any funds of the Company deposited in Bank be subject to withdrawal or charge at any time upon cheques, notes, drafts, bill of exchange, acceptances, undertakings, or other instruments or orders for the payment of money when signed, drawn, accepted or endorsed on behalf of the Company by the officers particulars of which are furnished herein under.

### PAYMENTS

4. RESOLVED, that the Bank is hereby authorized to pay any such instrument or make such charge and also to receive the same from payee or any other holder without inquiry as to the circumstances or issue or the disposition of the proceeds even if drawn to the individual order or any signing persons, or payable to the Bank or others for his account.
5. RESOLVED, that the said officers are hereby authorized on behalf of the Company.
  - i) To borrow money and to obtain credit for the Company from the Bank on any terms and conditions.
  - ii) To grant security interests in order/or assign and deliver, as security for money borrowed or credit obtained, any property nor or hereafter held by or belonging to the Company with full authority to assign or guarantee any to the same in the name of the Company.
  - iii) To exclude and deliver all security and other agreement, financial statements and other papers required by the Bank in connection with any of the foregoing matters and affix thereto the seal of the Company.
  - iv) To enter in contracts with the Bank on behalf of the Company for the purchase and/or sale of foreign exchange, either spot or forward, to execute and deliver guarantees, indemnities, pledges and other agreements relating thereto, and to give any and all instructions to charge accounts of the Company with the Bank in connection therewith.
  - v) To withdraw from the Bank and give receipt for, or to authorize the Bank to deliver to bearer or to one or more designated persons, all or any documents and securities or other property held by it, whether collateral security or for safe keeping or for any other purposes.

### SIGNATURE

6. RESOLVED, that the Bank be promptly notified in writing by the Secretary or any other officer to the Company of any change in the present officers of the Company or of these resolutions such notice to be given to each office of the Bank in which any account of the Company may be maintained, and that until it has actually received such notice in writing, it is authorized in pursuance of these resolutions.
7. The Company understands and agrees:
  - i) that the Bank is under no obligation to honour any cheque(s) drawn on its account unless there are sufficient funds in the account to cover the value of the said cheque(s). The Company understands and agrees that such cheque(s) may be returned to the presenter unpaid.
  - ii) that any queries with regard to entries on the Company's bank statements will be made by us within twenty-one (21) days of the dispatch of the bank statement. Failing receipt by the Bank of a notice of queries with regard to the entries within twenty-one (21) days from the date of dispatch of the company's Bank Statement, it will be assumed by the Bank that the Statement as rendered is correct.
  - iii) the Company understands that any sum standing to the debit of the current account shall be liable to interest charges at a rate fixed by the bank from time to time. The Bank is authorized to debit from the account the usual banking charges, interest, commissions etc.

I CERTIFY that there is no provision in the Regulations of the Company limiting the power of the Board of Directors to pass the foregoing resolutions and that the same are in conformity with the provisions of the said Regulations.

I FURTHER CERTIFY that the present authorized signatories of the Company and the offices respectively held by them are as INDICATED ON THE MANDATE CARD."

NAME IN FULL

SIGNATURE

MANDATE FOR SOCIETIES, CLUBS AND ASSOCIATIONS

“TO: FIDELITY BANK GH LIMITED

IT IS HEREBY RESOLVED AS FOLLOWS:

“That an account be opened in the name of..... with Fidelity Bank Gh Limited, and that all Cheques, Acceptances, and other Orders for the payment or disposal of money or Securities, or Boxes, or other property whether the account be in credit or overdrawn, be signed on behalf of the said..... by ..... of (Address) ..... and countersigned by ..... Of (Address) ..... We agree that the Bank may at its discretion close our account(s) in the event it is dissatisfied in any way with the operation thereof.

We agree that in addition to any general lien or similar right which you as bankers may be entitled by law you may at any time and without notice to us combine or consolidate all or any of our accounts with, and liabilities to you and set-off or transfer any sum or sums standing to our credit be it cash, cheques, valuables, deposit, securities, negotiable instruments or other assets belonging to us with you, in or towards satisfaction of any of our liabilities to you, on any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral and several or joint.

We note that the Bank will accept no liabilities whatsoever for funds handed to the staff of the bank outside banking hours or outside the Bank’s premises.

Our attention has been drawn to the necessity of safe guarding our cheque book(s) so that unauthorized persons are unable to gain access to it and to the fact that the neglect of this precaution may be a ground for any consequential loss being charged to our account. We agree to abide by the bank rules governing the conduct of the requested account. That a copy of this resolution be forwarded to the bank by the chairman of the Board together with specimens of signatures of Officers empowered to sign”

NAME IN FULL

SIGNATURE

## \*MANDATE CARD

Please tick as appropriate

\*TYPE OF ACCOUNT YOU WOULD LIKE TO OPEN: ☐ CURRENT ☐ CURRENT PLUS ☐ SAVINGS ☐ CALL

☐ ESCROW / COLLECTION ☐ EXPORT BONUS ACCOUNT

ACCOUNT CURRENCY: ☐ GHS ☐ USD ☐ EURO ☐ GBP

If Foreign Currency Please Select ☐ ONSHORE ☐ OFFSHORE

ACCOUNT NAME:

ACCOUNT NUMBER:

MANDATE AUTHORIZATION / COMBINATION RULE

☐ SOLE SIGNATORY ☐ EITHER TO SIGN, PLEASE SPECIFY

1 NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

2 NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

3

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

4

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

5

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:



6

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

7

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

8

NAME:

CLASS OF SIGNATORY:

IDENTIFICATION TYPE:

IDENTIFICATION NO.:

TELEPHONE NUMBER:

PHOTO

SIGNATURE:

DATE:

MANDATE INSTRUCTIONS:

STAMP OR SEAL REQUIRED: ☐ Y ☐ N

FOR OFFICE USE ONLY

[illegible]

RM/RO ID:

ACCOUNT SEGMENT:

## KYC DOCUMENTS - MANDATORY

**VALID IDENTIFICATION** (SELECT ANY ONE) Passport, Driver's Licence, National Identity Card, Voter's ID, NHIS ID

**VALID ADDRESS VERIFICATION (SELECT ANY ONE) :**Utility Bill, Introduction Letter by a Doctor/Lawyer/Accountant, Government or Local Authority Bill, Fully Completed Address Confirmation by an Existing Customer (at least one year relationship), Tenancy Agreement, Bank Statement or Passbook (at most 3 months old), Solicitor's Letter confirming recent house purchase or Search Report from the Lands Commission, Letter from a Public Authority/Statutory Declaration, Search Report on prospective customer's place of employment and residence, Confirmation from the Electoral Register, Tax Assessment Statement

### ADDITIONAL DOCUMENTS REQUIRED-MANDATORY

## SOLE PROPRIETORSHIP/PARTNERSHIP - Certificate of Registration, Form 'A'(Registration of Business Name)

**PRIVATE ENTITIES** - Certificate of incorporation & Certificate to commence Business, Forms 3&4, Form 17 (If Change of Directors), Companies Regulation, Organogram/Ownership Structure, Board resolution Letter, an undertaken from a firm of lawyers/accountants and completed Introduction Form.

**LISTED ENTITIES** - Proof of listing, Certificate of Incorporation & Certificate to Commence Business, Forms 3&4 , Form 17 (If Change of Directors), Board resolution Letter

**EMBASSIES** - Introduction Letter from the Ministry of Foreign Affairs, Site Visit Report, Resolution Letter

**GOVERNMENT MINISTRIES/PARASTATAIS** - Authorization from the Controller & Accountant General's Department, Site Visit Report, Resolution Letter authorising the opening of the account.

**TRUST/ESTATE** - Trust Deed or Probate or Letters of Administration from the Court for an Estate/Trust, Forms 3&4 and the Companies Regulations, Site Visit Report, Resolution Letter.

**CHURCH & OTHER RELIGIOUS ORGANIZATIONS** - Registration Certificate, Site Visit Report, Full Constitution, Board Resolution Letter

**NON GOVERNMENTAL ORGANIZATIONS/ FOUNDATIONS** - Certificate of Registration and certificate of Recognition from the Department of Social Welfare, Site Visit Report, Full Constitution, Board resolution Letter, An Undertaking from a firm of Accountants/Lawyers.

**CLUBS/ASSOCIATIONS & SOCIETIES** - Registration Certificate or Full Constitution, Site Visit Report, Board Resolution Letter, An Undertaking from a firm of Accountants/Lawyers.

KYC PROFILE (Please Tick Appropriate Risk Profile)

☐ Low      ☐ Moderate      ☐ Above Average      ☐ High

Indicate if customer is a PEP

[illegible]

Position:

I CONFIRM ALL APPLICABLE DOCUMENTS REQUIRED TO OPEN AN ACCOUNT HAVE BEEN RECEIVED FROM THE CUSTOMER

BRANCH ID:

ACCOUNT NO:

BRANCH NAME:

FSA ID:

FSA SIGNATURE:

NAME:

Name of RM assigned:

Sign:

Date:

D

D

M

M

Y

Y

Y

Y

Name of Secondary RM assigned:

Sign:

Date:

D

D

M

M

Y

Y

Y

Y

Account Opening checked & authorised by:

Sign:

Date:

D

D

M

M

Y

Y

Y

Y

CPU PROCESSING

Documents received and verified by:

Sign:

Date:

D

D

M

M

Y

Y

Y

Y

Documents scanned by:

Sign:

Date:

D

D

M

M

Y

Y

Y

Y

CPU Processing Authorized by:

Sign:

Date:

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M

M

Y

Y

Y

Y

Cheque Book Ordered by:

Sign:

Date:

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Y

Y

Y

ATM Card

Internet Banking

Mobile Banking

Request sent by:

Sign:

Date:

D

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M

M

Y

Y

Y

Y





Contact Centre: 3355