

INDIVIDUAL CUSTOMER UPDATE FORM



Dear Customer,

Kindly complete this form in CAPS to update your information. All Sections Marked " * " are only MANDATORY where the information requested was not previously provided to the Bank. Our staff will help you identify any such missing information from your records with us.

CUSTOMER'S PARTICULARS

Date:

EXISTING ACCOUNT DETAILS

Processing Branch:

(1) Account Name:	<input type="text"/>	
(2) Account Number & Branch:	<input type="text" value="ACCOUNT NUMBER"/>	<input type="text" value="ACCOUNT BRANCH"/>
(3) Other Accounts:	<input type="text" value="ACCOUNT NUMBER"/>	<input type="text" value="ACCOUNT BRANCH"/>
(Please provide details of other accounts if the update includes "Name" and/or "Postal Address")	<input type="text" value="ACCOUNT NUMBER"/>	<input type="text" value="ACCOUNT BRANCH"/>
	<input type="text" value="ACCOUNT NUMBER"/>	<input type="text" value="ACCOUNT BRANCH"/>

ACCOUNT DETAILS TO BE UPDATED

Prefix:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev. <input type="text"/> Other
*Name:	<input type="text" value="SURNAME/LAST NAME"/> <input type="text" value="FIRST NAME"/> <input type="text" value="MIDDLE NAME"/>
*Date of birth:	<input type="text" value="D D M M Y Y Y Y"/> Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female No. of Dependents: <input type="text"/> SSNIT No.: <input type="text"/>
*Nationality:	<input type="checkbox"/> Ghanaian <input type="checkbox"/> Others (Please Specify) <input type="text"/>
Hometown:	<input type="text"/>
*Identification Type:	<input type="checkbox"/> NIA ID <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's ID <input type="checkbox"/> NHIS Card <input type="checkbox"/> Student ID
*ID No.:	<input type="text"/> *Issue Date: <input type="text" value="D D M M Y Y Y Y"/>
Issuing Country:	<input type="text"/> *Expiry Date: <input type="text" value="D D M M Y Y Y Y"/>
TIN:	<input type="text"/>
Residence Type:	<input type="checkbox"/> Self Owned <input type="checkbox"/> Rented <input type="checkbox"/> Family Owned <input type="checkbox"/> Employer Provided <input type="checkbox"/> Mortgaged
*Residential Address:	<input type="text"/>
Nearest Landmark:	<input type="text"/> *City: <input type="text"/>
MMDA:	<input type="text"/> Region: <input type="text"/>
*Country:	<input type="checkbox"/> Ghana <input type="checkbox"/> Others Please Specify <input type="text"/>
*Postal Address:	<input type="text"/>
City:	<input type="text"/> Region: <input type="text"/>
*Country:	<input type="checkbox"/> Ghana <input type="checkbox"/> Others Please Specify <input type="text"/>
*Contact Details:	*Mobile 1: <input type="text"/> Mobile 2: <input type="text"/>
Email:	<input type="text"/>
Mother's Maiden Name:	<input type="text"/>
Next of Kin:	*Name: <input type="text"/>
Contact Details:	Mobile 1: <input type="text"/> Mobile 2: <input type="text"/>
Date of Birth:	<input type="text" value="D D M M Y Y Y Y"/> Relationship: <input type="text"/>
Residential Address:	<input type="text"/>
MMDA:	<input type="text"/> Region: <input type="text"/>
*Spouse Name: (Tick box if same as Next of Kin)	<input type="text"/> *Date of Birth: <input type="text" value="D D M M Y Y Y Y"/>
Wedding Anniversary:	<input type="text" value="D D M M Y Y Y Y"/>

EMPLOYMENT DETAILS

Occupation:

*Gross Annual Income in GHS: ☐ 0 to 25k ☐ 25k to 50k ☐ 50k to 75k ☐ 75k to 100k ☐ 100k and Above

*Industry Sector: ☐ Manufacturing ☐ Trading ☐ Financial Services ☐ Agriculture/Allied ☐ IT
☐ Real Estate and Construction Others:

*Mode of Employment: ☐ Salaried ☐ Self-Employed ☐ Retired ☐ Student Others

*If Self-Employed please specify:

*Employer/Bus. Name:

*Position Held:

*Employer/Bus. Address:

City/Town: Region:

MMDA: Phone Number:

*Country: ☐ Ghana ☐ Others Please Specify

Employer/Bus. Email Address:

Grade of Employment: ☐ Lower ☐ Middle ☐ Executive Car Ownership: ☐ Owned ☐ Leased ☐ None

DETAILS OF MINOR

(Please fill this section if you opted for Bright Kids Account)

*Child's Full Name:

*Date of Birth: *Relationship:

Educational Institution:

*ID No.: *ID Type:

*TRANSACTIONS YOU EXPECT TO PERFORM

*Operation Purpose: ☐ Personal Savings ☐ Investments ☐ Loan Servicing
☐ Salary ☐ Remittances ☐ Personal Transactions

*Expected monthly Withdrawals in GHS and corresponding number of transactions								
Transaction Type	Monthly Value & Number		Monthly Value & Number		Monthly Value & Number		Monthly Value & Number	
	Amt. 0-5k	No.	Amt. 5-20k	No.	Amt. 20-50k	No.	Amt. Above 50k	No.
Cash								
Cheques/Drafts								
Funds Transfer								
Forex								

*Expected monthly Deposits in GHS and corresponding number of transactions								
Transaction Type	Monthly Value & Number		Monthly Value & Number		Monthly Value & Number		Monthly Value & Number	
	Amt. 0-5k	No.	Amt. 5-20k	No.	Amt. 20-50k	No.	Amt. Above 50k	No.
Cash								
Cheques/Drafts								
Funds Transfer								
Forex								

*SOURCE OF FUNDS

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

Please provide details if you selected Business Income, Inheritance, Sale of Property or Others

*COUNTRIES WHERE FUNDS ARE LIKELY TO BE TRANSFERRED

*INWARD

*OUTWARD

REASONS FOR SUCH TRANSFERS

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*DECLARATION ON U.S PERSON STATUS

Please complete in BLOCK LETTERS

*Name:

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*Country of Residence:

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*Country of Birth:

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Please tick "V" 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

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

*4. U.S Social Security/Tax Identification number

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

ID Number:

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 Expiry Date:

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

D	D	M	M	Y	Y	Y	Y
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I hereby confirm that the 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:

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Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature:

--

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature:

--

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature:

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Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

TERMS AND CONDITIONS

I acknowledge that I have read and I agree to be legally bound by the Terms and Conditions of Fidelity Bank's Individual and/or Corporate & Commercial accounts (whichever is applicable).

Additional copies of the Terms and Conditions can be found on the bank's website, www.fidelitybank.com.gh, or at any branch.

NAME:

NAME:

EXISTING
AUTHORISED
SIGNATURE:

EXISTING
AUTHORISED
SIGNATURE:

DATE:

DATE:

NOTE: PLEASE REFER TO LAST PAGE FOR THE MANDATE CARD

FOR OFFICE USE ONLY

CSO/PB:

CSO/PB ID:

ACCOUNT SEGMENT:

SEGMENT ID:

KYC DOCUMENTS - MANDATORY

VALID IDENTIFICATION (SELECT ANY ONE):

Passport; Driver's Licence; National Identity Authority ID; Voter's ID; NHIS ID Student ID supported by an Introduction Letter from the Head of institution/ Representative or Admission Letter not more than 1 year from the date of issue.

VALID RESIDENTIAL ADDRESS VERIFICATION (SELECT ANY ONE):

Utility Bill, Introduction Letter by a Doctor/Lawyer/Accountant, Government or Local Authority Bill (not more than 3 months old), Fully Completed Address Confirmation by an Existing Customer (at least one year relationship with the Bank and the prospective customer), Tenancy Agreement, Bank Statement or Passbook containing current Residential Address (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, Record of home visit (Visitation Report) Student accommodation contract for only students, Document verifying Home Address of Parent of a student.

KYC PROFILE (Please Tick Appropriate Risk Profile)

☐ Low

☐ Moderate

☐ Above Average

☐ High

Indicate if customer is a PEP

☐ Yes

☐ No

(If Yes, kindly complete a PEP form)

***I CONFIRM THAT ALL APPLICABLE DOCUMENTS REQUIRED TO UPDATE THE ACCOUNT HAVE BEEN RECEIVED FROM THE CUSTOMER. I ALSO CONFIRM THAT I HAVE CROSS-CHECKED THE CUSTOMER'S RECORDS IN FLEXCUBE AND THAT ALL THE MANDATORY INFORMATION REQUIRED ARE AVAILABLE AND/OR THAT CUSTOMER HAS PROVIDED ALL SUCH INFORMATION ON THIS FORM**

BRANCH NAME:

ACCOUNT NO:

NAME OF PB/CSO:

PB/CSO ID:

SIGNATURE:

DATE:

CSO/PB/RM ASSIGNED:

NAME:

SIGNATURE:

PRIM. RM ID:

DATE:

SECONDARY RM ASSIGNED:

NAME:

SIGNATURE:

SEC. RM ID:

DATE:

*MANDATE CARD

Please indicate New mandate Instruction(s) and signature(s) below if applicable

*MANDATE AUTHORISATION / COMBINATION RULE:

☐ SINGLE

☐ JOINTLY (Both to Sign)

☐ OTHERS (Specify)

UPDATE FOR THE INDIVIDUAL ACCOUNT HOLDER/JOINT ACCOUNT HOLDER

1 NAME:

TELEPHONE NUMBER:

CLASS OF SIGNATORY:

SIGNATURE MESSAGE:
(Mandate instruction
specific to signatory)

Signature:

Date:

PHOTO

2 NAME:

TELEPHONE NUMBER:

CLASS OF SIGNATORY:

SIGNATURE MESSAGE:
(Mandate instruction
specific to signatory)

Signature:

Date:

PHOTO

3 NAME:

TELEPHONE NUMBER:

CLASS OF SIGNATORY:

SIGNATURE MESSAGE:
(Mandate instruction
specific to signatory)

Signature:

Date:

PHOTO

4 NAME:

TELEPHONE NUMBER:

CLASS OF SIGNATORY:

SIGNATURE MESSAGE:
(Mandate instruction
specific to signatory)

Signature:

Date:

PHOTO

