

Private Banking Account Opening Form

REQUIREMENTS FOR ACCOUNT OPENING

- Fully Completed And Endorsed Application Form
- Two Passport Photographs
- Form of Identification of sigantory to Account (Any Valid National I.D)
- Confirmation of Residential Address
- Initial Deposit

PRIVATE BANKING ACCOUNT OPENING FORM



S.NO. Please complete in capital letters. All Sections Marked "*" are MANDATORY * TYPE OF ACCOUNT YOU WOULD LIKE TO OPEN: * ROYAL CURRENT ACCOUNT PLEASE INDICATE ACCOUNT CURRENCY ADDITIONAL ACCOUNT: **BRIGHT KIDS** GHS USD EURO * EXISTING FIDELITY BANK A/C NO.: ONSHORE / OFFSHORE (Select Any ONE) PRIMARY CUSTOMER PARTICULARS * Name: * Date of birth: *Marital Status: Single Married Divorced Widowed SSNIT No.: * Gender: Male Female No. of Dependents: Ghanaian Others Please specify * Nationality: * Hometown: Passport Driver's License NHIS Card * Identification Type: NIA ID Voter's ID Student ID * ID No.: Expiry Date: * Issuing Country TIN: Residence Type: Self Owned Rented Family Owned **Employer Provided** Residential Address: City: Nearest Landmark: MMDA: Region: Others Country: Ghana Please specify *Please enter postal address if different from Residential Address * Postal Address: City: Region: Ghana Others Please specify: Country:

| Contact Details: Mobile 1: Mobile 2: | | |
|--|-----------------|------------------|
| Email: | | |
| Next of Kin: TI TL E L A S T F | I R S T | |
| Date of Birth: D D M M Y Y Y Y Relationship: | | |
| Residential Address: | | |
| | | |
| MMDA: Region: | | |
| Relationship: Date of Birth: | : DDMM | YYYY |
| Spouse Name: Date of Birth: | DDMM | Y Y Y Y |
| Wedding Anniversary: DDMMMYYYYY Mother's Maiden Name: | | |
| CHILDREN'S DETAILS Name | Gender | Date of Birth |
| 1 | | |
| 2 | -] | |
| 3 | | |
| | | |
| FOR NON GHANAIANS ONLY: (Please fill where applicable) | | |
| Arrival Date: DDMMYYYYYY Visa No Visa No | | |
| Visa Issue Date: D D M M Y Y Y Y Y V Visa Expiry Date: D D M | MYYY | <u> Y </u> |
| Resident/Work Permit Number: | | |
| CUSTOMER PROFILE | | |
| Occupation: | | |
| Salaried Self - Employed Retired Student Others | | |
| If Self- Employed provide details: | | |
| Industry Sector: Manufacturing Trading Financial Services Agricu | ulture / Allied | |
| Real Estate & Construction Information Technology | Other: | |
| Company Name / Employer Name: | | |
| Position Held: | | |
| Grade Of Employment: Lower Middle Executive Vehicle Ownership | Owned | Leased None |
| Gross Annual Income in USD: Up to 25k 25k to 50k 50k 50k to 75k | 100k & Above | |
| Other Assets Owned: | | |
| 1. | | |
| 2. | | |
| 3. | | |
| | | |

| JOINT HOLDER 1 | |
|--|--|
| * Name: TI TL E L A S T L L L L L L L L L L L L L L L L L L | |
| | |
| * Date of birth: DDMMYYYY *Marital Status: | Single Married Divorced Widowed |
| * Gender: Dependents: SSNIT No.: | |
| * Nationality: Ghanaian Others Please specify | |
| * Hometown: | |
| * Identification Type: NIA ID Passport Driver's License | Voter's ID NHIS Card Student ID |
| * ID No.: | Expiry Date: D M M Y Y Y |
| * Issuing Country | |
| TIN: | |
| Residence Type: Self Owned Rented Family Owned | Employer Provided |
| * Residential Address: HOUSENO., BUILL | D N G N A M E, S T R E E T. |
| | |
| Nearest Landmark: | |
| MMDA: Regio | on: |
| Country: Ghana Others Please specify | |
| * Postal Address: *Please enter postal address if different from Residential Address | |
| P O B O X N O. | |
| City: | Region: |
| Country: Ghana Others Please specify: | |
| Contact Details: Mobile 1: | Mobile 2: |
| Email: | |
| Next of Kin: TI TL E L A S T | |
| Residential Address: | |
| MMDA: | Region: |
| Relationship: | Date of Birth: D D M M Y Y Y Y |
| Spouse Name: | Date of Birth: D D M M Y Y Y |

Mother's Maiden Name:

Wedding Anniversary: \square \square \square \square \square \square \square

| | JOINT HOLDER 2 | |
|---|--|--|
| * | Name: TI TL E L A S T | |
| | | |
| | | Single Married Divorced Widowed |
| * | Gender: Dependents: SSNIT No.: | |
| * | Nationality: Ghanaian Others Please specify | |
| * | Hometown: | |
| * | Identification Type: NIA ID Passport Driver's License | Voter's ID NHIS Card Student ID |
| * | ID No.: | Expiry Date: D D M M Y Y Y Y |
| * | Issuing Country | |
| | TIN: | |
| | Residence Type: Self Owned Rented Family Owned E | imployer Provided |
| | Residential Address: | D N G N A M E, S T R E E T. |
| | | |
| | Nearest Landmark: | City: |
| | MMDA: Region | n: |
| | Country: Ghana Others Please specify | |
| | Postal Address: *Please enter postal address if different from Residential Address | |
| | P O B O X N O. | |
| | City: | Region: |
| | Country: Ghana Others Please specify: | |
| | Contact Details: Mobile 1: | Mobile 2: |
| | Email: | |
| | Next of Kin: T TL E L A S T | |
| | Residential Address: | |
| | MMDA: | Region: |
| | Relationship: | Date of Birth: D D M M Y Y Y Y |
| | Spouse Name: | Date of Birth: \square \square \square \square \square \square \square \square |

Mother's Maiden Name:

| INITIAL DEPOSIT DETAILS |
|--|
| Amount GHS: Cash (To open an account with cash, the customer must deposit the cash in person at designated branches) |
| Cheque No: |
| Drawn on Bank: Branch: |
| CHEQUE BOOK REQUEST (Applicable for CURRENT ACCOUNTS ONLY) |
| Please issue a cheque book containing 25 LEAVES 50 LEAVES |
| I/We authorize you to debit my/our account with the cheque book cost |
| Authorized Signatory & Date Authorized Signatory & Date |
| |
| CHEQUE CONFIRMATION POLICY (Applicable for CURRENT ACCOUNTS ONLY) |
| To ensure the safety of your funds at Fidelity Bank Ghana Limited, we recommend you confirm cheques of GHS 2000.00 and above before such |
| cheques are presented for payment over the counter or via clearing. Kindly indicate your acceptance of this policy by signing below. |
| Authorized Signatory & Date DDDMMYYY |
| PREFERRED MODE OF ACCOUNT STATEMENT RENDITION |
| MAIL EMAIL FREQUENCY: DAILY WEEKLY MONTHLY QUARTERLY ANNUALLY |
| Daily, Weekly & Monthly Statements available via EMAIL ONLY |
| |
| e-BANKING SERVICE |
| INTERNET BANKING MOBILE BANKING SMS ALERTS EMAIL ALERTS e-STATEMENTS |
| DEBIT CARD: VISA GOLD VISA CLASSIC VISA ELECTRON FIDELITY ORANGE (ATM CARD ONLY) |
| NAME AS ON DEBIT CARD |
| e-ALERTS CONTACT DETAILS |
| SMS ALERTS; Mobile 1: Mobile 2: |
| EMAIL ALERTS |
| Email 1: |
| Email 2: |

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| BRIGHT KIDS ACCOUNT | (Please fill this section if you have opted for this product) |
|---------------------------------|---|
| * Child's Name: | Date of Birth: MMYYYY |
| * Educational Institute Name: | |
| | |
| * Residential Address: | |
| | |
| * Nearest Landmark: | |
| * City: | Region: |
| * Country: Ghana Others | Please Specify: |
| | |
| FLIP ACCOUNT | Minimum Period of Investment is (36) Months. Investment Permitted in GHS ONLY |
| Contribution: Monthly Quarterly | Contribution Amount in GHS: |
| Mode of Payment: Cash/Cheque St | tanding Instruction via Account: |

| TRANSACTIONS YOU | J EXPECT TO PERFORM | | | | | | | | |
|-----------------------|--|---------|-------------------|-----------|----------|------------------------|---------|------------|------|
| Operation Purpose | Personal Savings Inves | tments | Loan | Servicing | Sa | lary | Remitta | ances | |
| | Personal Transactions | | | | | | | | |
| Transaction Type | Total Amount of Withdrawals expected in a month (In GHS) | | Transacti Type | on | | mount of ed in a m | | | |
| | 0-5k 5-20k 20-50k Above | | | | 0-5k | 5-20k | 20-50k | Above | |
| Cash | | | Cash | | | | | | |
| Cheques/Drafts | | | Cheques | Drafts | | | | | |
| Funds Transfer | | | Funds Tra | ınsfer | | | | | |
| Forex | | | Forex | | | | | | |
| Transaction Type | Total number of expected Withdrawals in a month | | Transacti Type | on | | umber of ts in a mo | | d | |
| 31 | 0-10 11-25 25-50 50 & Abov | _ /e | 71 | | 0-10 | 11-25 | 25-50 | 50 & Above | |
| Cash | | | Cash | | | | | | |
| Cheques/Drafts | | | Cheques/ | Drafts | | | | | |
| Funds Transfer | | | Funds Tra | ınsfer | | | | | |
| Forex | | | Forex | | | | | | |
| SOURCE OF FUNDS | | | | | | | | | |
| Savings | Business Income *Inheritan | ce | Investme | nts | *Sale of | Property | | *Others | |
| · Addiotional Informa | tion about source of funds: | | | | | | | | |
| COUNTRIES WHERE F | FUNDS ARE LIKELY TO BE TRANSFERRED | | | | | | | | |
| INWARD | | | OUT | WARD | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| REASONS FOR SUCH | H TRANSFERS | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ASSOCIATED BUSINE | ESS(ES) | | | | | | | | |
| Details of Associated | d Business(es) 1 | | | | | | | | |
| (where applicable) | 1 Du3IIIC33(C3) | | | | | . L L | | | |
| | 2 | | | | | | | | |
| Type of Associated B | usiness: | | | | | | | | |
| Associated Business | Address: | | | | | | | | |
| ACCOUNTS WITH OT | THER BANKS | | | | | | | | |
| 1. Bank Name: | | Accoun | t No. | | | | | | |
| 2. Bank Name: | | Accoun | t No. | | | | | | |
| 3. Bank Name: | | Accoun | t No. | | | | | | |
| | | Accoun | | | | | | | |

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DECLARATION ON U.S. PERSON STATUS

| s section of the account opening form must be completed by any mulvidual who wishes to open a banking account. |
|---|
| ase complete in BLOCK LETTERS. |
| me: |
| intry of Residence: |
| untry of Birth: |
| ase tick "√" Yes or No for each of the following questions: |
| re you a U.S. Resident? Yes No 2. Are you a U.S Citizen? Yes No |
| o you hold a U.S. Permanent Resident Card (Green Card)? |
| ou answered yes to any of the questions above please provide the following. |
| I.S Social Security/Tax Identification number: |
| .S Identification Document: Passport Driver's License |
| Number: Expiry Date: DDMMYYYY |
| CA Form Completed: W9 W8 Date Form Completed: D D M M Y Y Y |
| ereby confirm that information provided above is true, accurate and complete. |
| oject to the applicable local laws, I hereby consent to Fidelity Bank Ghana Limited or any of its affiliates sharing my information h local or foreign tax authorities where necessary to establish my tax liability in any jurisdiction. |
| ere required by local/domestic or foreign/overseas regulators or tax authorities, I consent and agree to the Bank to withhold m my account(s) such amounts as may be required according to applicable laws, regulations and directives. |
| rther consent to notify the Bank within a period of 30days of any changes to my personal circumstances which include but not ited to citizenship, marital status, residential and mailing addresses and contact telephone numbers. |
| nature: Signature: |
| ne in Full: Name in Full: |
| e: D D M M Y Y Y Y Date: D D M M Y Y Y Y |

FOREIGN ACCOUNT AGREEMENT

I/We the undersigned hereby request you to establish in your books a Current account in (currency) herein after called (the Account) and to credit there to such currency as may from time to time be received by you for the Account. It is hereby agreed that:

Withdrawals from Accounts can be made only in the same currency as deposited or Cedi equivalent at the request of the undersigned in writing. Transmission or other charges related to withdrawals from the Account will be paid by the undersigned upon demand or charged to the said Account. All withdrawals are subject to the Bank of Ghana Foreign Exchange Regulations.

You will be indemnified and have no responsibility for or liability to the undersigned for any loss in value due to taxes or imports or depreciation in the value of funds credited to the Account (which funds may be deposited by you in your name and subject to your control with which depository (lies) as you may select) or for the unavailability of such funds due to restrictions on convertibility, requisition, involuntary transfers, or other similar causes beyond your control.

The operation of this Account is subject to the Laws and Regulations at any time existing in the Republic of Ghana. Signature: Signature: Name in Full Name in Ful Preferred mode of delivery of instructions to the Bank Written correspondence delivered to the bank b) Phone Instructions a) d) Written correspondence faxed to the bank E-mail to the bank c) Please complete the following section if you responded positively to b,c and/or d, if not please skip to next section. INDEMNITY The Bank is hereby authorized but not obliged, to accept and act upon telephone, facsimile, or email or other electronic instructions. In consideration of the Bank accepting or acting upon my/our telephone instructions and/or any letter received by email or facsimile transmission (fax) from me/us, addressed to or otherwise communicated to any of the Bank's employees for the time being, I/we hereby confirm to you that you have made clear to me/us and I/we am/are fully aware of the risks of omissions, errors, misstatements, non-receipts of fax, fraud and/or interventions by third parties in these forms of communication. It is understood that any losses incurred whether the same shall have been caused by omissions, errors, mis-statements, fraud and/or the unauthorised interventions of third parties with or without the use of the password whether by myself or an authorized or unauthorized third party will be entirely my responsibility, 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, it 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 notwithstanding any fault or negligence on the part of the Bank or any member of its staff. 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. Signature: Signature:

| MANDATE CARD | | |
|---|------------|--------|
| ACCOUNT NAME: | | |
| ACCOUNT NUMBER: | | |
| MANDATE AUTHORIZATION / COMBINATION RULE: | | |
| SOLE SIGNATORY JOINTLY EITHER TO SIGN | | |
| | | |
| 1 NAME | | |
| 1. NAME: | | |
| CLASS OF SIGNATORY: IDENTIFICATION TYPE: | | РНОТО |
| IDENTIFICATION NO.: | | FILOTO |
| TELEPHONE NUMBER: | | |
| TELETHONE NOMBER. | SIGNATURE: | |
| | SIGNATURE. | |
| | | |
| | DATE: | |
| | | |
| 2. NAME: | | |
| CLASS OF SIGNATORY: | | |
| IDENTIFICATION TYPE: | | РНОТО |
| IDENTIFICATION NO.: | | |
| TELEPHONE NUMBER: | CICNIATURE | |
| | SIGNATURE: | |
| | | |
| | DATE: | |
| | | |
| 3. NAME: | | |
| CLASS OF SIGNATORY: | | |
| IDENTIFICATION TYPE: | | РНОТО |
| IDENTIFICATION NO.: | | |
| TELEPHONE NUMBER: | | |
| | SIGNATURE: | |
| | | |
| | DATE: | |
| | | |

TERMS AND CONDITIONS

Please read this page carefully. It provides you with important information about your Fidelity Bank Ghana Limited Current/ Savings Accounts.

A. 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 Ghana Ltd. When you sign the account application form you accept these terms as binding on you.

B. YOUR ACCOUNT

You will assume full responsibility for the correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and receipts, etc. 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 will 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 the Bank's premises. Any anomaly in the entries on your bank statements must be brought to the attention of the Bank as soon as reasonably practicable from discovery. The Bank may exercise its general lien or any similar right it is entitled to or consolidate all or any of your accounts with any liabilities you may have to the Bank and set off or transfer any sum or sums standing to the credit of any one of more of such accounts or any other credit.

The Bank reserves the right to suspend or discontinue e-banking / SMS or any part of our services without notice. The Bank shall in no circumstances be liable to you if access to e-banking /SMS is not available for any reason, including but not limited to force majeure, fault in network or hardware error.

The Bank will not be liable to you if it is unable to carry out its responsibilities as a result of anything it cannot control.

C. 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 over-drawn 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 cheque and such cheques may be returned to you unpaid.

The Bank may exercise its discretion in allowing withdrawals against an uncleared cheque. Where a cheque is returned unpaid thereafter the Bank shall have the right to hold on to the returned cheque and take any 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.

D. ATM CARD

You can use your card to access funds at any ATM worldwide that displays the VISA sign or any other payment company and to pay for charges incurred by the Merchant. The Merchant reserves the right at any time to refuse to permit the use of the card at the outlet for any reason whatsoever. You must sign your card as soon as you receive it and follow any relevant instructions that we give. You can use your card if you have adequate funds in your Account. Limits and restrictions may vary for each ATM' and Merchants, the Bank will not be liable for any losses this may cause you..

We will convert all overseas transactions into Ghana Cedis currency using the prevailing exchange rate and will factor in a percentage commission on the amount of the transaction. The exchange rate we use may not be the same as the rate when the transaction was completed.

If we have good reason, we may: (a) refuse to approve a transaction, (b) cancel or suspend your right to use the card for any or all purposes; or refuse to replace any card without prior notice to you (c) limit number or frequency of transactions within any period.

We will credit your account with a refund for a transaction if the retailer asks us to or if you notify us that a transaction with retailer has been incorrectly debited to your account. You cannot use a claim you may have against someone else to make a claim against us, or refuse to pay us, unless you have a legal right to do so. You cannot transfer any rights of action against us to anyone else.

E. OVERDRAWN ACCOUNT

Overdrafts may be available to customers upon arrangement with the Bank. If you do not have such arrangement and your account becomes overdrawn, the Bank may charge you an extra fee and interest at its current rate for unauthorized borrowing. If your account does not have enough cleared funds to cover an amount you want to withdraw the Bank may return your cheque unpaid.

The Bank reserves the right to use the credit balance on your account(s) to set off any outstanding exposures on any of your accounts.

F. PAYING INTEREST AND CHARGES

You will be liable for the payment of interest charges at the rate fixed by the Bank from time to time for any sum(s) outstanding to the debit of the current account. The current account may also be debited for the Bank's usual banking charges, interest, commissions, etc. The Bank's current charges and fees including those applicable to cheques and ATM cards can be found on www.fidelitybank.com.gh and at our branches.

G. JOINT HOLDERS

As joint Account holders you are individually and jointly liable for complying with the Bank's terms and conditions, running the Account and for repaying any money owed to us. We may demand from any of you, some of you or all of you repayment of all or part of any money owed.

You agree that if one of you dies, the survivor(s) will become the owner(s) of the Account and may (subject to our right of set-off) withdraw any Account balances (subject to the applicable legislation).

H. CLOSING YOUR ACCOUNT

You may ask for a service to be terminated or for your account to be closed at any time but we will not close your account till you have repaid all monies owed to us. We may terminate any service without notice. We may choose to end our banking relationship with you at any time, but will give you reasonable notice unless there are specific circumstances that prevent us from doing so such as suspicions that you have committed or attempted a fraud, impersonation, forgery, etc. On account closure the Bank may send a draft in the currency of the account or cedi equivalent to the address specified on this form, less any applicable charges or fees and made payable to the Account holder(s).

I. SECURITY

You must ensure that you use your best endeavours to safeguard your account, cheque books, e-banking passwords and ATM cards to prevent their unauthorised or fraudulent use. This includes but is not limited to keeping your cheque book, withdrawal books and ATM Card in a safe place, never disclosing to anyone your IDs, passwords, PINs, and internet banking details. You must never write down or otherwise record your password and other security details in a way that can be recognised by someone else. Any negligence on your part may be grounds for the Bank debiting your Account(s) with any losses direct, indirect and consequential suffered.

If your cheque book, withdrawal book and or ATM card gets lost, missing or stolen or someone else may have figured out your PIN or Internet Banking details you must notify the Bank immediately. The Bank shall not be held liable for any unauthorized withdrawals during the period that the Bank has not been notified, once the Bank has been notified and has had reasonable time to .

J. DISCLAIMER CLAUSE

The Bank disclaims any liability for any funds/assets deposited by you which are subsequently found to have been derived from illegal sources or activities. You confirm that the funds/assets deposited are not derived from any illegal sources or activities.

You agree to indemnify, defend and hold the Bank harmless from or against all claims, costs, liability, losses or expense incurred by the Bank in connection with your use or alleged use of your PIN, passwords or e-banking details without your consent or authorization.

You should not use any service, or your account, or permit your account to be used for any illegal and improper purposes.

K. DISCLOSURE POLICY

I/We hereby consent(s) 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, personal information, 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 or the bank, affiliate or another group member $% \left\{ 1,2,\ldots ,n\right\}$
- 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, Rating Agency and or Collection 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.

L. DECLARATION ON CUSTOMER INFORMATION

I/We have read and understood the Terms & Conditions governing the opening of an account with Fidelity Bank Ghana Ltd. I/We accept and agree to be bound by the said Terms & Conditions including those limiting the Bank's Liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I agree that the Bank may debit my account for service charges as applicable from time to time.

I / We hereby apply for the opening of account(s) with Fidelity Bank Ghana Limited. 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 such information is correct.

I / We further 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.

| Authorized Signator: | |
|----------------------|--|
| Name: | |
| Date: DDMMYYYYY | |
| Authorized Signator: | |
| Name: | |
| Date: DDMMYYYYY | |
| Authorized Signator: | |
| Name: | |
| Date: DDMMYYYYY | |

| FOR OFFICE USE ONLY: |
|--|
| PB ASSIGNED: PB ID: |
| ACCOUNT SEGMENT: AO ID: AO ID: |
| KYC DOCUMENTS - MANDATORY |
| VALID IDENTIFICATION (SELECT ANY ONE) Passport, Driver's Licence, National Identity Card, Voter's ID, NHIS ID, Student ID is accepted with an admission letter not more than one (1) year or an introductory letter from the head of institution. |
| VALID RESIDENTIAL 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 least 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, Student Accommodation Contract for only students, Document verifying Home Address of Parent of student" |
| KYC PROFILE |
| Please Tick Appropriate Risk Profile |
| Low Moderate Above Average High |
| Indicate if customer is a PEP |
| Name: |
| Position: |
| |
| I CONFIRM ALL APPLICABLE DOCUMENTS REQUIRED TO OPEN AN ACCOUNT AS LISTED ABOVE HAVE BEEN RECEIVED FROM THE CUSTOMER |
| BRANCH ID: ACCOUNT NO: |
| FSA ID: FSA SIGNATURE: |
| NAME: |
| RM/RO ID: RM/RO SIGNATURE: |

NAME:

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