

LA COMMUNITY BANK LIMITED

**PERSONAL/JOINT ACCOUNT
APPLICATION FORM**

ACCOUNT OPENING FORM - INDIVIDUAL / JOINT ACCOUNT



Affix
Passport
Photograph
Here

ACCOUNT TYPE Savings Current Joint Other Specify

AGENCY/
BRANCH
STAMP

ACCOUNT NO. (for office use only)

1. A 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Place of Birth

Mother's Maiden Name

Nationality Resident Permit No.

Permit Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Permit Expiry Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax Identification Number (IIN) Region

Purpose of Account (Please Tick) Salary Savings Business Other, Specify

1B 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 (1 IN)

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

Region

Purpose of Account (Please Tick)

Salary

Savings

Business

Others (Specify)

2 CONTACT DETAILS

Residential Address

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

City / Town / Village

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

Nearest Landmark

Place of Address

(Indicate type and Serial Number)

Metropolitan, Municipal, District Assembly Area (MMDA)

Mailing Address

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

Phone Number 1

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

Phone Number 2

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

Email Address

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

3 VALID MEANS OF IDENTIFICATION

National ID Card

Driver's License

Passport

Voter's ID

ID No.

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

ID Issue Date

D	D	M	M	Y	Y	Y	Y

Expiry Date

D	D	M	M	Y	Y	Y	Y

4 EMPLOYMENT DETAILS

Employed

Self Employed

Unemployed

Retired

Student Others (Pls Specify)

Date of Employment (If Employed)

D	D	M	M	Y	Y	Y	Y

Annual Salary / Expected Annual Income

Annual Salary

Less than GH¢ 5,000

GH¢ 5,001 - 10,000

GH¢ 10,001 - 20,000

More than GH¢ 20,000

Employer's Name

Employer's Address

Nearest Landmark

City / Town / Village

Region

Nature of Business/Occupation

Office Phone Number

Mobile Number

Email Address

5. DETAILS OF NEXT OF KIN

Title

Gender F M

Surname

First Name:

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Middle Name:

Relationship

Phone Number (1)

Phone Number (1)

Residential Address

Region

6. ADDITIONAL DETAILS

Name of Beneficial Owner(s) of the Account

Spouse's Name

Spouse's Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's Occupation

Sources of Funds to the Account 1

Sources of Funds to the Account 2

Level of Deposits

Frequency of Deposits

Expected Annual Income From Other Sources

Empty rectangular box for income information.

Name of Associated Business (as) 1

Empty grid box for business name 1.

Name of Associated Business (as) 2

Empty grid box for business name 2.

Name of Associated Business (as) 3

Empty grid box for business name 3.

Type of Business

Empty grid box for business type.

Business Address

Empty grid box for business address.

7. ACCOUNTS WITH OTHER BANKS

S/N	NAME AND ADDRESS OF BANK / BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS ACTIVE / DORMANT
1.				
2.				
3.				
4.				
5.				

8. ACCOUNTS MANDATE

(Please tick as appropriate)

Mandate authorization (Please tick as appropriate)

Sole Signatory Either to Sign. Both to Sign.

Name: _____

Surname _____

Other Name _____

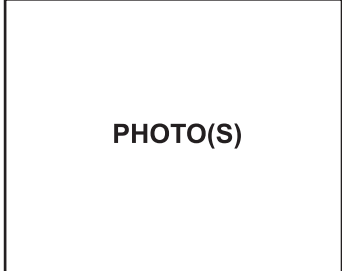
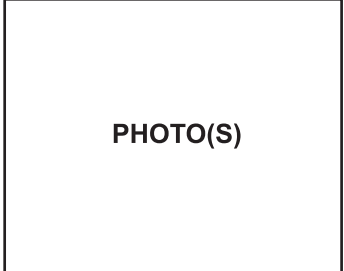
Class of Signatory _____

Identification Type _____

Identification No. _____

Telephone Number _____

Signature and Date _____



FOR BANK USE ONLY

_____ Name _____ Signature

FOR BANK USE ONLY

_____ Name _____ Signature

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 Statement Frequency:
 Statement to be collected at the Branch/Agency Semi-Annually Annually

10 DECLARATION / DISCLOSURE

DECLARATION

I/We hereby apply for the opening of account(s) with.....Bank. 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 Date WITNESSED BY OFFICER OPENING THE ACCOUNT

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, Valied Ghanainan Voters ID (original must be signed)			
5.	Resident Permit (for non-Ghanaian)			
6.	Proof of Address. Utility bills etc. (Certified true copy is acceptable if the original is not held)			
7.	Letter from Employer / School (for Salary account and or student only)			

