

1. General Information

Picture	Products:					
	<input type="checkbox"/>	Direct Save Account	<input type="checkbox"/>	Direct Fixed Deposit Account		
	<input type="checkbox"/>	Direct Susu Account	<input type="checkbox"/>	Direct Personal Current Account		
	<input type="checkbox"/>	Direct Invest Account	<input type="checkbox"/>	Direct Business Current Account		
Purpose of Account	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Loan Servicing	<input type="checkbox"/>	Transactional
	<input type="checkbox"/>	Salary	<input type="checkbox"/>	Investment	<input type="checkbox"/>	Other _____
Business Type	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Enterprise
	<input type="checkbox"/>	Club/Society	<input type="checkbox"/>	NGO	<input type="checkbox"/>	Other _____
Account No.(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2(a). Personal Details

Business Name	<input type="text"/>						
Business Registration No.	<input type="text"/>						
Country of Registration	<input type="text"/>	Date of Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent Company's Country of Incorporation	<input type="text"/>	Source of Funds	<input type="text"/>				
Type/Nature of Business	<input type="text"/>						
Sector/Industry	<input type="text"/>						
Operating Business Address (Physical)	<input type="text"/>						
Corporate Business Address/Registered Office (if different from above)	<input type="text"/>						
Postal Address	<input type="text"/>						
Email Address	<input type="text"/>						
Website (if any)	<input type="text"/>						
Phone No.(s)	<input type="text"/>						
Tax Identification No.	<input type="text"/>	Date of Commencement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Reference No.	<input type="text"/>	Reference No. Type	<input type="text"/>				

3. Expected Volume of Transactions

(a) Expected Volume 0 - 9,999 10,000 - 49,999 50,000 - 99,999 100,000 and above

(b) Is your company quoted on any Stock Exchange(s)? Yes No Ref. No.

(c) Frequency of Deposits Frequency of Withdrawals

(d) Type of Associated Business

(2) Associated Business Address

4. Account Service(s) Required

Please tick applicable option below.

(a) Electronic Banking Mobile Banking Other Products _____

(b) Transaction Alert Preference Email Alert SMS Alert

(c) Statement Preference Email Collection at Branch

(d) Statement Frequency Weekly Monthly Quarterly Annually

(e) Cheque Book Requisition 25 Leaves 50 Leaves

5. Cheque Confirmation Threshold

Cheque Confirmation
 Would you like to pre-confirm your cheques? Yes No

Kindly confirm any payment above _____ on my account.

 Authorised Signature

 Authorised Signature

Date

Date

6(a). Account Signatory's Details

Surname	<input type="text"/>		
First Name	<input type="text"/>		
Other Name(s)	<input type="text"/>		
Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	Resident Permit No.	<input type="text"/>
Means of Identification	<input type="text"/>	ID No.	<input type="text"/>
ID Issue Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	ID Expiry Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Occupation	<input type="text"/>	Job Title/Position	<input type="text"/>
Residential Address	<input type="text"/>		
Nearest Landmark	<input type="text"/>		
City/Town	<input type="text"/>	Region	<input type="text"/>
Email Address	<input type="text"/>	Phone No.(s)	<input type="text"/>
Mandate	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
		_____ Signature	

6(b). Account Signatory's Details

Surname	<input type="text"/>		
First Name	<input type="text"/>		
Other Name(s)	<input type="text"/>		
Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	Resident Permit No.	<input type="text"/>
Means of Identification	<input type="text"/>	ID No.	<input type="text"/>
ID Issue Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	ID Expiry Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Occupation	<input type="text"/>	Job Title/Position	<input type="text"/>
Residential Address	<input type="text"/>		
Nearest Landmark	<input type="text"/>		
City/Town	<input type="text"/>	Region	<input type="text"/>
Email Address	<input type="text"/>	Phone No.(s)	<input type="text"/>
Mandate	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
		_____ Signature	

7(a). Details of the Directors/Executives/Trustees/Promoter/Executors/Administrators

Title: Dr. Mrs. Dr. Prof. Rev.

Surname

First Name

Other Name(s)

Date of Birth
 Gender Male Female

Mother's Name

Nationality
 Resident Permit No.

Means of Identification
 ID No.

ID Issue Date
 ID Expiry Date

Occupation
 Job Title/Position

Status as Director (tick as appropriate) Chairman Managing Director/Chief Executive Officer
 Position

Postal Address

City/Town
 Region

Email Address
 Phone No.(s)

7(b). Details of the Directors/Executives/Trustees/Promoter/Executors/Administrators

Title: Dr. Mrs. Dr. Prof. Rev.

Surname

First Name

Other Name(s)

Date of Birth
 Gender Male Female

Mother's Name

Nationality
 Resident Permit No.

Means of Identification
 ID No.

ID Issue Date
 ID Expiry Date

Occupation
 Job Title/Position

Status as Director (tick as appropriate) Chairman Managing Director/Chief Executive Officer
 Position

Postal Address

City/Town
 Region

Email Address
 Phone No.(s)

8. Details of Key Contact Persons/Principal Officers

If not a signatory or director, introductory letter signed by director is required.

Title:	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.	<input type="checkbox"/> Rev.												
Surname	<input type="text"/>																
First Name	<input type="text"/>																
Other Name(s)	<input type="text"/>																
Date of Birth	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
Mother's Name	<input type="text"/>																
Nationality	<input type="text"/>					Resident Permit No.	<input type="text"/>										
Means of Identification	<input type="text"/>					ID No.	<input type="text"/>										
ID Issue Date	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	ID Expiry Date	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
Occupation	<input type="text"/>					Job Title/Position	<input type="text"/>										
Residential Address	<input type="text"/>																
Email Address	<input type="text"/>					Phone No.(s)	<input type="text"/>										
Mandate	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<hr/>					Date	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
	Signature																

9. Additional Details

Names of Affiliated Companies/Bodies

Principal Shareholders (Shareholding of 10% and Above)

(a) Full Name of Shareholder

Address

Status

Percentage Holding

Mobile No.

Nationality

Registration Certificate
(If a corporate shareholder)

Country of Incorporation
(If a corporate shareholder)

Name(s) of Beneficial Owner(s) (If any)

(b) Full Name of Shareholder

Address

Status

Percentage Holding

Mobile No.

Nationality

Registration Certificate
(If a corporate shareholder)

Country of Incorporation
(If a corporate shareholder)

Name(s) of Beneficial Owner(s) (If any)

(c) Full Name of Shareholder

Address

Status

Percentage Holding

Mobile No.

Nationality

Registration Certificate
(If a corporate shareholder)

Country of Incorporation
(If a corporate shareholder)

Name(s) of Beneficial Owner(s) (If any)

10. Details of Accounts Held with Other Banks

S/N	Name & Address of Bank/Branch	Account Name	Account Number	Status (Active/Dormant)

11. Authority to Debit

The Branch Manager
Direct Savings & Loans Limited

Dear Sir/Madam,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorise 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

Authorised Signature

Authorised Signature

Date

Date

The Branch Manager
Direct Savings & Loans Limited

Dear Sir/Madam,

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 the credit of any such accounts, be it cash, cheques, valuable, 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 in any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

Thank you.

Yours faithfully

Authorised Signature

Authorised Signature

Date

Date

12. Terms & Conditions for Account Holders

Please read this page carefully.

It provides you (the customer(s)) with important information about your Direct Savings & Loans Ltd (Direct) accounts.

1. The Company

- 1.1 The information on this page (and any further instructions and conditions that may be prescribed by the company from time to time) are the terms of the agreement between you and Direct Savings & Loans Ltd; when you signed the account application form you accepted these terms as binding on you.

2. The Account

- 2.1 We will assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and receipts or others deposited in the account.
- 2.2 The company will not be responsible for any loss or damages for funds deposited with the company due to any future Government order, law, levy, moratorium, exchange restriction or any other cause beyond the company's control.
- 2.3 The account may be debited for any service charge that is set by the company from time to time. The company will give notice on tariff changes.
- 2.4 All notices or letters will be sent to the address supplied by you and will be considered duly delivered and received at the time they are posted. Notices in the press will be deemed sufficient for this purpose.
- 2.5 The company will not be liable for funds handed over to members of its staff outside banking hours or outside the premises.

Any anomaly in the entries on bank statements must be brought to the attention of the company within one month of the date thereof.

It is agreed that failure to give such notice absolves the company from all liabilities arising therefrom. The company may exercise its general lien or any similar rights it is entitled to by law and without any notice whenever necessary, combine, consolidate all or any of my/our accounts with the liabilities to the company and set of or transfer any sum or sums standing to the credit of anyone or more of such accounts or any other credit.

- 2.6 It is understood that any funds received from or on behalf of myself/any of us, are to be placed to the credit of any account unless the company receives written instruction to the contrary.
- 2.7 I/We understand and agree that you may at your discretion and without giving any reason thereto decline to accept my/our account application. I/We also understand that until such time you shall inform me/us in writing of the relevant account number, no account relationship is established with you.
- 2.8 I/We understand and agree that the account relationship is established solely with you and that all monies deposited shall be payable exclusively at the company.
- 2.9 I/We authorize the company to accept for safe keeping or for collection or for any other purpose any securities or other property deposited with the company or received from or on behalf of myself/any of us/all of us to release, deliver or give up any such securities or property so accepted against written instruction signed in the manner described above.
- 2.10 I/We agree that in the event that the company receives from myself/us ambiguous or conflicting instructions in connection with an account the company may in its absolute discretion and without any liability act or decline to act as the company thinks fit.
- 2.11 I/We agree that these authorities shall be governed by and construed in accordance with the laws of Ghana and I/We hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Ghana.

3. Cheques (Current Account Customers)

- 3.1 All cheques or orders signed by you (or either or both or all of you on a joint account according to mandate) will be honoured by the Bank and your account will be debited for such cheques or orders whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit.
- 3.2 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 me/us unpaid.
- 3.3 I/We ensure that my/our cheque book will be kept in a safe place to prevent unauthorized persons from gaining access to same and neglect of this precaution may be a ground for any consequential loss being charged to my/our account.
- 3.4 I/We will notify the company immediately if my/our cheque book is lost, gets missing or stolen. The company shall not be held liable for any unauthorized use of my/our cheque book where the loss or otherwise of same has not been duly notified to the company.
- 3.5 My/Our account will only be credited with the value of a cheque lodged with any of the company's branches after the requisite clearing period in accordance with the rule of clearing in force at the time of lodging the cheque.

- 3.6 The company may exercise its discretion in allowing withdrawals against uncleared cheques. Where the cheques are returned unpaid thereafter the company shall have the rights to hold on to the returned cheque and take further action it deems appropriate to recover the value of the cheque.
- 3.7 The company 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.
- 3.8 I/We will notify the company of our intention to stop any cheque(s) issued on my/our account. The company shall not be liable for paying a cheque in the event that the company has not received my/our written notification.
- 3.9 Overdrafts may be available to customers upon arrangement with the company. If no arrangements have been made with the company and the account becomes overdrawn, the company may charge an extra fee and interest at the current rate for unauthorized borrowing. If the account does not have enough cleared funds to cover an amount the company may return the cheque unpaid.

4. Paying Interest

- 4.1 I/We will be liable for the payment of interest charges at the rate fixed by the company from time to time for any sum(s) standing to the debit of the current account. The current account may also be debited for the company's usual charges, interest, commissions, etc.

5. Termination Of Agreement

- 5.1 Either party may terminate this agreement at any time by notifying the other in writing. When terminating the agreement, the termination becomes effective only when any cheques and amounts carried on the account have been paid and all cheque books issued are sent back to the company. Where the company is terminating the agreement and the account is overdrawn, I/We must pay all sums outstanding on the account, otherwise the company may take appropriate legal action for recovery.

6. Joint Holders

- 6.1 In addition to the foregoing, in the case of joint accounts, the following shall apply if one of the holders dies.
- Any money for the time being standing to the credit of the joint account(s) may be held to the order of the survivor.
 - Anything held by the company whether by way of security or for safe custody or any purpose whatsoever otherwise than for collection for the joint account(s) shall be held to the order of the survivor and the personal representatives of the deceased, acting jointly. Any liability incurred by joint account holders to the company in respect of instructions given (whether in the form of borrowing or otherwise) shall be joint and several.

7. Disclaimer Clause

- 7.1 The company will disclose details of your account operation notwithstanding the banker customer legal relationship where the company's interest requires disclosure or where it is customary for companies to provide such information or where the company is under legal obligation to do so.

AML Compliance

Pursuant to the Anti-Money Laundering Act 208 (Act 749), the company may ascertain the source and usage of funds to protect both the company and the customer's interest. The company reserves the right to refuse a transaction where the source and/or the purpose could not be justified.

Authorization for Information Enquiry

Customer authorizes the company to make any enquiries considered necessary in connection with this application to open an account.

Notice of Changes in Personal Information

Customer will notify the company of any changes in personal information and information about the business.

Complaints

All complaints must be lodged by a customer in writing and addressed to his/her/its account holding branch. I/We the undersigned hereby request and authorize such one of (the "company") as you shall determine to open account(s) in my/our joint names and until written notice to the company to the contrary to debit such account whether in credit or overdrawn with cheques drawn thereon, to act on any written instructions in any relation to the payment of standing orders, direct debits, the issue of drafts, mail and telegraphic transfers, purchases and sales of securities and foreign currencies and to act upon instructions to close any Account provided those cheques or instructions are signed by myself/any one of us/all of us together.

Name

Authorised Signature

Date

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

Name

Authorised Signature

Date

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

13. Declaration

I/We hereby apply for the opening of account(s) with Direct Savings & Loans 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 company for any loss suffered as a result of any false information or error in the information provided to the company.

Name of Applicant/Director

Credit Status

Authorised Signature

Date

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

Name of Applicant/Director

Credit Status

Authorised Signature

Date

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

14. Witness

Name

Address

Occupation

Authorised Signature

Date

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

1. Requirement Checklist

S/N	Documents Required	Checked	Deferred/ Waived	Date for Completion	Date Completed
1	Duly completed Account Opening Form				
2	Copy Of Registrar General's Department Certificate				
3	Duly completed Specimen Signature Card				
4	Board Resolution				
5	Copy of Memorandum and Article of Association (Certified True Copy by the Registrar of Companies)				
6	Tax Clearance Certificate (where applicable)				
7	Tin Registration No.				
8	Partnership Deed (where applicable)				
9	Trust Deed (where applicable)				
10	Act/Gazette (for Government Agency) ((where applicable)				
11	Two (2) passport-sized photographs of each signatory to the account with name written on the reverse side				
12	Introductory Letter (where applicable)				
13	Status Report from Banker (where applicable)				
14	Residence Permit (for non-Ghanaians)				
15	Evidence of Registration with other Government Agency				
16	Search Report				
17	Power of Attorney (where applicable)				
18	Letter of Indemnity				
19	Proof of Company Address				
20	Business Premises Visitation Certificate				
21	Proof of identity of all signatories and directors/ officers whose names appear on the account opening forms/documents: Passpor(s), National Identity Card(s), National Driver's License(s) and Voter's ID Card(s)				
22	Proof of address of all signatories and directors/ officers whose names appear on the account opening forms/documents				
23	Other (please specify)				

1. KYC Profile

Please tick appropriate risk profile: Low Risk Medium Risk High Risk

Indicate which (if any) director(s), executive(s), trustee(s), promoter(s), executor(s), or administrator(s) is a Politically Exposed Person (PEP)

Name Position

A. Account Opened By

Form Filled By

Signature Date

Account Opened by (System) Designation

Signature Date

B. Deferral/Waiver of Documents (if any) Authorised By

Requesting Officer Position

Signature Date

Recommended by (BM/TL/BOM) Position

Signature Date

Approved by (Compliance Officer) Position

Signature Date

C. Account Opening Authorised/Approved By

Account Approved by BOM/BM

Signature Date

For high risk and DNFBP categories, Head, Compliance; Head, Operations; MD/CEO may sign.

DESIGNATED NON FINANCIAL BUSINESSES & PROFESSIONALS: DNFBP

Name Position Signature Date

Responsible Officer (to be determined by BOM/BM)