

LA COMMUNITY BANK LIMITED

BUSINESS ACCOUNT
Application Form

REQUIREMENTS FOR OPENING ACCOUNTS

LIMITED LIABILITY COMPANY

- Certificate to Commence Business
- Certificate of Incorporation (Including Churches)
- Company's Regulation
- Identification Details of Signatories on Account
- Confirmation Details of Address of Signatories on Account
- Identification Document such as Driving Licence, Voters ID card or Valid Passport, etc.
- Evidence of physical/residential address (can be found on the latest utility bill - electricity/telephone/water)

SOLE PROPRIETOR/ENTERPRISE

- Certificate of Registration
- Registration of Business Names 'Form A'
- Introduction by a Current Account Customer of the Bank or from a Lawyer
- 2 Passport Pictures of Proprietor
- Evidence of Physical/Residential Address (can be found on the latest utility bill electricity/telephone/water)

PARTNERSHIP

Directors/Founders & Signatories to provide the following;

- Identification Document such as Driving Licence, Voters ID card or Valid Passport, etc.
- Evidence of physical/residential address (can be found on the latest utility bill electricity/telephone/ water)
- Introduction by La Community Bank Customer (who should have operated the account satisfactorily for at least one year)
- Partnerships must submit a Partnership Deed.

NON GOVERNMENTAL ORGANIZATION (NGO) /CLUB & ASSOCIATION /CHURCH

Directors/Founders & Signatories to provide the following;

Certificate from Social Welfare (NGO).

Constitution for Church/Club & Association/NGO

Metropolitan, Municipal District Assembly Area (MMDA)

Region

[Empty box for Metropolitan, Municipal District Assembly Area (MMDA)]

[Empty box for Region]

Phone Number1

[Empty box for Phone Number1]

Mobile Number

[Empty box for Mobile Number]

Phone Number2

[Empty box for Phone Number2]

Other Number

[Empty box for Other Number]

Email Address

[Empty box for Email Address]

Class of Signatory (please indicate class in the box provided)

[Empty box for Class of Signatory]

Signature _____ Date

[Date selection box: D D M M Y Y Y Y]

6. ACCOUNT SIGNATORY'S DETAILS (3)

Surname

[Empty box for Surname]

First Name

[Empty box for First Name]

Middle Name(s)

[Empty box for Middle Name(s)]

Date of Birth

[Date selection box: D D M M Y Y Y Y]

Gender M F

Mother's Maiden Name

[Empty box for Mother's Maiden Name]

Nationality

[Empty box for Nationality]

RESIDENT PERMIT NO.

[Empty box for Resident Permit No.]

Type of Identification

[Empty box for Type of Identification]

ID number

[Empty box for ID number]

ID Issue Date

[Date selection box: D D M M Y Y Y Y]

ID Expiry Date

[Date selection box: D D M M Y Y Y Y]

Occupation

[Empty box for Occupation]

Job Title

[Empty box for Job Title]

Position

[Empty box for Position]

Residential Address

[Empty box for Residential Address]

Nearest Landmark

[Empty box for Nearest Landmark]

City/Town

[Empty box for City/Town]

Metropolitan, Municipal District Assembly Area (MMDA)

[Empty box for Metropolitan, Municipal District Assembly Area (MMDA)]

Region

[Empty box for Region]

Phone Number1

[Empty box for Phone Number1]

Mobile Number

[Empty box for Mobile Number]

Phone Number2

[Empty box for Phone Number2]

Other Number

[Empty box for Other Number]

Email Address

[Empty box for Email Address]

Class of Signatory (please indicate class in the box provided)

[Empty box for Class of Signatory]

Signature _____ Date

[Date selection box: D D M M Y Y Y Y]

7. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS (1)

Surname

First Name

Middle Name(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"/>

 Gender M F Mother's Maiden Name

Nationality

RESIDENT PERMIT NO.							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Identification ID number

ID 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"/>

 ID Expiring 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"/>

Occupation

Job Title Position

Status as a Director (Pls tick as appropriate)
 Chairman Managing Director/Chief Executive Officer Executive Director Non-Executive Director
 Chief Financial Officer Other (Pls Specify)

Position/Office of the Officer

Residential Address

Nearest Landmark

City/Town

Metropolitan, Municipal District Assembly Area (MMDA) Region

Phone Number1 Mobile Number

Phone Number2 Other Number

Email Address

8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS ETC (2)

Surname

First Name

Middle Name(s)

Grid for Middle Name(s)

Date of Birth

DDMMYYYY grid

Gender M F

Mother's Maiden Name

Grid for Mother's Maiden Name

Nationality

Grid for Nationality

RESIDENT PERMIT NO.

Grid for Resident Permit No.

ID number

Grid for ID number

ID number

Grid for ID number

ID Issue Date

DDMMYYYY grid

ID Expiry Date

DDMMYYYY grid

Occupation

Grid for Occupation

Job Title

Grid for Job Title

Position

Grid for Position

Status as a Director (Pls tick as appropriate)

Chairman Managing Director/Chief Executive Officer Executive Director Non-Executive Director
Chief Financial Officer Other (Pls Specify)

Position/Office of the Officer

Grid for Position/Office of the Officer

Residential Address

Grid for Residential Address

Nearest Landmark

Grid for Nearest Landmark

City/Town

Grid for City/Town

Metropolitan, Municipal District Assembly Area (MMDA)

Grid for MMDA

Region

Grid for Region

Phone Number1

Grid for Phone Number1

Mobile Number

Grid for Mobile Number

Phone Number2

Grid for Phone Number2

Other Number

Grid for Other Number

Email Address

Grid for Email Address

9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS ETC (3)

Surname

Grid for Surname

First Name

Grid for First Name

Middle Name(s)

Grid for Middle Name(s)

Date of Birth

DDMMYYYY grid

Gender M F

Mother's Maiden Name

Grid for Mother's Maiden Name

Nationality

Grid for Nationality

RESIDENT PERMIT NO.

Grid for Resident Permit No.

Occupation

Grid for Occupation

Job Title

Grid for Job Title

Position

Grid for Position

Status as a Director (Pls tick as appropriate)

Chairman Managing Director/Chief Executive Officer Executive Director Non-Executive Director

Chief Financial Officer Other (Pls Specify)

Position/Office of the Officer

Residential Address

Grid for Residential Address

Nearest Landmark

Grid for Nearest Landmark

City/Town

Grid for City/Town

Metropolitan, Municipal District Assembly Area (MMDA)

Grid for MMDA

Region

Grid for Region

Phone Number1

Grid for Phone Number1

Mobile Number

Grid for Mobile Number

Phone Number2

Grid for Phone Number2

Other Number

Grid for Other Number

Email Address

Grid for Email Address

11. DETAILS OF PRINCIPAL SHAREHOLDERS

I. Name of affiliated Company/Body

Grid 1 for Name of affiliated Company/Body

Grid 2 for Name of affiliated Company/Body

Grid 3 for Name of affiliated Company/Body

II. PRINCIPAL SHAREHOLDERS (Shareholding of 10% and above)

a). Full Name of Shareholder

Grid for Full Name of Shareholder

Address

Grid for Address

Status

Grid for Status

Percentage Holding

Grid for Percentage Holding

Mobile Number

Grid for Mobile Number

Nationality

Grid for Nationality

Email Address

Grid for Email Address

Registration Certificate (If a shareholder)

Grid for Registration Certificate

Country of Incorporation (if a corporate shareholder)

Grid for Country of Incorporation

Name(s) of Beneficial owner(s) (if any)

Grid for Name(s) of Beneficial owner(s)

b). Full Name of Shareholder

Grid for Full Name of Shareholder

Address

Grid for Address

Status

Percentage Holding

Type of Identification

ID Number

[Grid for Type of Identification]

[Grid for ID Number]

ID Issue Date

[Grid for ID Issue Date: D D M M Y Y Y Y]

ID Expiring Date

[Grid for ID Expiring Date: D D M M Y Y Y Y]

Occupation

[Grid for Occupation]

Job Title

[Grid for Job Title]

Position

[Grid for Position]

Status as a Director (Pls tick as appropriate)

Chairman Managing Director/Chief Executive Officer Executive Director Non-Executive Director

Chief Financial Officer Other (Pls Specify) [Grid]

Position/Office of the Officer [Grid]

Residential Address

[Grid for Residential Address]

Nearest Landmark

[Grid for Nearest Landmark]

City/Town

[Grid for City/Town]

Metropolitan, Municipal District Assembly Area (MMDA)

[Grid for MMDA]

Region

[Grid for Region]

Phone Number1

[Grid for Phone Number1]

Mobile Number

[Grid for Mobile Number]

Phone Number2

[Grid for Phone Number2]

Other Number

[Grid for Other Number]

Email Address

[Grid for Email Address]

10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS ETC (4)

Surname

[Grid for Surname]

First Name

[Grid for First Name]

Other Name

[Grid for Other Name]

Date of Birth

[Grid for Date of Birth: D D M M Y Y Y Y]

Gender M F

Mother's Maiden Name

[Grid for Mother's Maiden Name]

Nationality

[Grid for Nationality]

RESIDENT PERMIT NO.

[Grid for Resident Permit No.]

Type of Identification

[Grid for Type of Identification]

ID number

[Grid for ID number]

ID Issue Date

[Grid for ID Issue Date: D D M M Y Y Y Y]

ID Expiry Date

[Grid for ID Expiry Date: D D M M Y Y Y Y]

Mobile Number										Nationality									
Email Address																			
Registration Certificate (If a shareholder)																			
Country of Incorporation (if a corporate shareholder)																			
Names of Beneficial owner(s) (if any)																			

f). Full Name of Shareholder

Address																			
Status										Percentage Holding									
Mobile Number										Nationality									
Email Address																			
Registration Certificate (If a shareholder)																			
Country of Incorporation (if a corporate shareholder)																			
Names of Beneficial owner(s) (if any)																			

12. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

NO.	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
1.				
2.				
3.				
4.				
5.				

13. ACCOUNTS SERVICE(S) REQUIRED (Please tick any 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:

Statements to be collected at the Branch/Agency Semi-Annually Annually

Mobile Number															Nationality														
Email Address																													
Registration Certificate (if a 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 Number															Nationality														
Email Address																													
Registration Certificate (if a shareholder)																													
Country of Incorporation (if a corporate shareholder)																													
Name(s) of Beneficial owner(s) (if any)																													

d). Full Name of Shareholder

Address																													
Status															Percentage Holding														
Mobile Number															Nationality														
Email Address																													
Registration Certificate (if a shareholder)																													
Country of Incorporation (if a corporate shareholder)																													
Names of Beneficial owner(s) (if any)																													

e). Full Name of Shareholder

Address																													
Status															Percentage Holding														

FOR BANK USE ONLY

Name

Signature

FOR BANK USE ONLY

Name

Signature

AUTHORIZER

II) Name:

Surname _____

Other Name _____

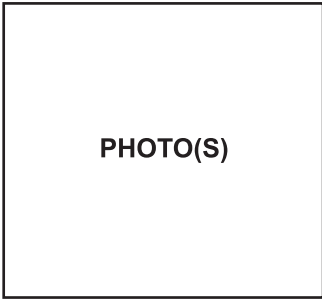
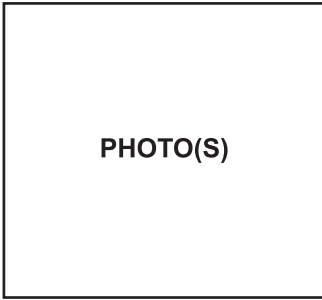
Class of Signatory _____

Identification Type _____

Identification No. _____

Telephone Number _____

Signature and Date _____



FOR BANK USE ONLY

Name

Signature

FOR BANK USE ONLY

Name

Signature

AUTHORIZER

III) Name:

Surname _____

Other Name _____

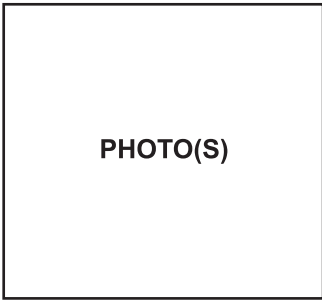
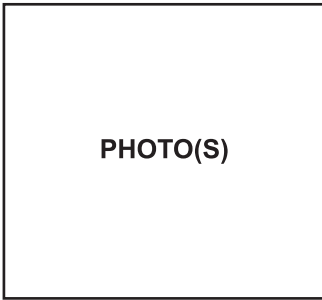
Class of Signatory _____

Identification Type _____

Identification No. _____

Telephone Number _____

Signature and Date _____



FOR BANK USE ONLY

Name

Signature

FOR BANK USE ONLY

Name

Signature

AUTHORIZER

FOR BANK USE ONLY

1. REQUIREMENTS CHECKLISTS

NO.	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Certificate of Incorporation				
4.	Certificate of Registration				
5.	Form A details of Ownership showing registration of Business name,				
6.	Registration receipt (Current year)				
7.	Copy of constitution rules of the prospective Club, Society or Charity				
8.	Certificate to Commence Business				
9.	Board Resolution to Open Account				
10.	Memorandum and Article of Association				
11.	Tax Clearance Certificate				
12.	Tax Identification Number (TIN)				
13.	Partnership Deed (where applicable)				
14.	Approval Letter (MMDAs)				
15.	Trust Deed				
16.	Act / Gazette (for Government Agency) (where applicable)				
17.	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
19.	Introduction letter (where applicable)				
19.	Banker's Opinion				
20.	Resident Permit (for non-Ghanaians)				
21.	Evidence of Registration with Ghana Investment Promotion Centre (where applicable)				
22.	Evidence of Registration with other Government Agency/Agencies				
23.	Search Report (Registrar General's Department)				
24.	Power of Attorney (where applicable)				
25.	Letter of indemnity				
26.	Proof of Company Address				
27.	Business Premises visitation certificate				
28.	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms/documents - Passport, National ID Card, National Driver's License and Voter's ID Card				
29.	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms/documents - Utility bill (Certified true copy is acceptable if original is not held)				
30.	Two completed satisfactory reference forms				
31.	Copy of the audited Financial statements/statement of affairs				
32.	Others (please specify)				

***Note**

Originals and photocopies of documents mentioned above must be provided.

2. KYC RISK PROFILE

Please tick appropriate risk profile

Low

Medium

High

Please refer the AML/CFT Handbook

Indicate which Director, Executive, Trustee, Promoter, Executor or Administrator is a Politically Exposed Person (PEP)

Name

Position
