

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

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| 3. KEY CONTACT PERSON /PRINCIPAL OFFICER DETAILS |
|---|
| Surname |
| First Name |
| |
| Middle Nmae(s) |
| |
| Date of Birth D D M M Y Y Y Y Gender M F Mother's Maiden Name |
| Gender Wi |
| Nationality PESIDENT PERMIT NO |
| RESIDENT PERMIT NO. |
| |
| Type of Identification ID number |
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| ID Issue Date D D M M Y Y Y Y ID Expiry Date D D M M Y Y Y Y |
| |
| Occupation |
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| Job Title Position |
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| Residential Address |
| Nearest Landmark |
| THOUSE EASTERNISH |
| City/Town |
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| Metropolitan, Municipal District Assembly Area (MMDA) Region |
| Phone Number1 Mobile Number |
| THORE NUMBER |
| Phone Number2 Other Number |
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| Email Address |
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| 4. ACCOUNT SIGNATORY'S DETAILS (1) |
| Surname |
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| |
| Middle Name(s) |
| |
| Date of Birth D D M M Y Y Y Y Gender M F Mother's Maiden Name |
| |
| Nationality RESIDENT PERMIT NO. |
| RESIDENT PERIOR NO. |
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| Type of Identification ID number |
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| ID Issue Date D M M Y Y Y Y | ID Expiry Date D M M Y Y Y Y |
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| Occupation | |
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| Job Title | Position |
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| Residential Address | |
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| Nearest Landmark | |
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| City/Town | |
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| Metropolitan, Municipal District Assembly Area (MMDA) | Region |
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| Phone Number1 | Mobile Number |
| Phone Number2 | Other Number |
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| Email Address | |
| Linai Address | |
| Class of Signatory (please indicate class in the box provided | |
| Class of eignatery (prodes marcate class in the sex provided | D D M M Y Y Y |
| Signature | Date |
| 5. ACCOUNT SIGNATORY'S DETAILS (1) | |
| Surname | |
| | |
| First Name | |
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| Middle Name(s) | |
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| Date of Birth D D M M Y Y Y Gender M | Mathavia Maidan Nana |
| Date of Birth D D M M Y Y Y Y Gender M | F Mother's Maiden Name |
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| Nationality | RESIDENT PERMIT NO. |
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| ID Issue Date D D M M Y Y Y Y | ID Expiry Date D D M M Y Y Y Y |
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| Occupation | |
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| Job Title | Position |
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| Residential Address | |
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| Nearest Landmark | |
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| Metropolitan, Municipal District Assembly Area (MMDA) Region | |
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| Phone Number2 Other Number | |
| Phone Number2 Other Number | |
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| Class of Signatory (please indicate class in the box provided) | |
| D D M M Y Y | Y Y |
| Signature Date | |
| 6. ACCOUNT SIGNATORY'S DETAILS (3) | |
| Surname | |
| | |
| First Name | |
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| | |
| Date of Birth D D M M Y Y Y Y Gender M F Mother's Maiden Name | |
| | |
| Nationality RESIDENT PERMIT NO. | |
| REGISENT FERMIN NO. | |
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| Metropolitan, Municipal District Assembly Area (MMDA) Region | |
| Region | |
| Phone Number1 Mobile Number | |
| Mobile Number Mobile Number | |
| Phone Number2 Other Number | |
| | |
| Email Address | |
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| Class of Signatory (please indicate class in the box provided) | |
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| 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 Gender M F Mother's Maiden Name |
| |
| Nationality PESIDENT REPAIR NO. |
| RESIDENT PERMIT NO. |
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| Type of Identification ID number |
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| ID Issue Date D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y |
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| Occupation |
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| 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) |
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| Position/Office of the Officer |
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| Position/Office of the Officer |
| Position/Office of the Officer Residential Address Nearest Landmark |
| Position/Office of the Officer Residential Address |
| Position/Office of the Officer Residential Address Nearest Landmark City/Town |
| Position/Office of the Officer Residential Address Nearest Landmark |
| Position/Office of the Officer Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Region |
| Position/Office of the Officer Residential Address Nearest Landmark City/Town |
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| Position/Office of the Officer Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Region |
| Position/Office of the Officer Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 Other Number |
| Position/Office of the Officer Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Mobile Number |
| Position/Office of the Officer Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 City/Town Other Number Email Address |
| Position/Office of the Officer Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 Other Number Email Address 8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS ETC (2) |
| Position/Office of the Officer Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 City/Town Other Number Email Address |
| Position/Office of the Officer Residential Address Nearest Landmark City/Town Metropolitan, Municipal District Assembly Area (MMDA) Phone Number1 Phone Number2 Other Number Email Address 8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS ETC (2) |

| Middle Name(s) | |
|---|-------------------------------------|
| | |
| Date of Birth D D M M Y Y Y Y Gender M F | Mother's Maiden Name |
| Nationality | |
| | RESIDENT PERMIT NO. |
| | |
| ID number | ID number |
| | |
| ID Issue Date D D M M Y Y Y Y ID Expiry D | ate D D M M Y Y Y |
| Occupation | |
| | |
| Job Title | Position |
| | |
| Status as a Director (Pls tick as appropriate) Chairman Managing Director/Chief Executive Officer Executive Chief Financial Officer Other (Pls Specify) | Director Non-Executive Director |
| Position/Office of the Officer | |
| Residential Address | |
| Neside Itial Address | |
| Nearest Landmark | |
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| City/Town | |
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| Metropolitan, Municipal District Assembly Area (MMDA) | Region |
| Phone Number1 | Mahila Numbar |
| | Mobile Number |
| Phone Number2 | Other Number |
| | |
| Email Address | |
| | |
| 9. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTI | ER/EXECUTORS/ADMINISTRATORS ETC (3) |
| Surname | |
| | |
| First Name | |
| | |
| Middle Name(s) | |
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| Date of Birth D D M M Y Y Y Y Gender M F | Mother's Maiden Name |
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| Nationality | DESIDENT DEDMIT NO |
| | RESIDENT PERMIT NO. |

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| Type of Identification ID Numb | per |
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| ID Issue Date D D M M Y Y Y Y ID Expiring Date D D | M M Y Y Y Y |
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| Occupation | |
| Job Title Position | |
| Job File Position | |
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| Status as a Director (Pls tick as appropriate) | |
| Chairman Managing Director/Chief Executive Officer Executive Director I | Non-Executive Director |
| Chief Financial Officer Other (Pls Specify) | |
| Position/Office of the Officer | |
| Residential Address | |
| | |
| Nearest Landmark | |
| Cit /Taura | |
| City/Town | |
| Metropolitan, Municipal District Assembly Area (MMDA) | Region |
| | togion |
| Phone Number1 Mobile Numb | per |
| Phone Number2 | |
| Phone Number2 Other Number | er |
| Email Address | |
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| 10. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTIVES | ORS/ADMINISTRATORS ETC (4 |
| Surname | ` |
| | |
| First Name | |
| Other Name | |
| | |
| | |
| Date of Birth D D M M Y Y Y Y Gender M F Mother's Maid | den Name |
| Nationality | |
| Nationality | RESIDENT PERMIT NO. |
| | |
| Type of Identification ID number | er |
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| ID Issue Date | |
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| 14. LETTER OF SET-OFF | | | |
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| | | (Title) | |
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| | Bank | | |
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| LETTER OF SET-OFF | | | |
| I/We agree that you (in add at any time and without not liabilities to you and set off cheques, valuable, deposit or towards satisfaction of a | tice to me / us) combine or or or transfer any sum standin s, securities, negotiable inst | similar right to which you as my /consolidate all or any of the com g to the credit of any such accouruments or other assets belonging or any other account or in any several or joint. | pany's accounts with unts, be it cash, ng to me / us with you in |
| Authorized Signature of the Custo | mer/Representative & Date | Authorized Signature of the Cus | stomer/Representative & Date |
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| 15. LETTER OF INDEMNIT | Υ | | |
| | | fered as a result of any false in | formation or error in the |
| information provided to the | | • | |
| 16. ACCOUNT OPENING | MANDATE | | |
| TO. ACCOUNT OF ENING | MANDAIL | | |
| (Please tick as appropriate) |) | | |
| 2) | | | |
| a) Account Type | | | |
| | Savings Account Other 7 | Types of Account | |
| b) Account Name | | | |
| | | | |
| c) Account Number (For Ba | | | |
| TO THE COURT WATER OF THE | | \Box | |
| d) Mandate authorization / | Combination Rule (Please t | ⊥Ll ick as appropriate) | |
| Sole Signatory Two or | | ion de appropriate) | |
| If two or more are to sign, plea | ann annaifu | | |
| d) Signatories | ase specify | | |
| , - | | | |
| l) Name: | | | - |
| Surname | | | - |
| Other Name Class of Signatory | | | - |
| Identification Type | | | - |
| Identification No. | | | - |
| Telephone Number | | | - |
| Signature and Date | | | - |
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| R BANK USE ONLY | | FOR BANK USE ONLY |
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| Name | Signature | Name Signature AUTHORIZER |
| II) Name: Surname Other Name Class of Signatory Identification Type Identification No. Telephone Number Signature and Date | | |
| | PHOTO(S) | PHOTO(S) |
| FOR BANK USE ONLY Name | Signature | FOR BANK USE ONLY Name AUTHORIZER Signature |
| III) Name: Surname Other Name Class of Signatory Identification Type Identification No. Telephone Number Signature and Date | | |
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| information given he warrant that such info | | | по оаррп | eu ale ii | ie basis i | or operiir | ig such | accourt | i(o) and | u 1/ VVC | | |
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| I/We further undertal information provided | | | ank for a | ny loss s | uffered a | s a result | of any f | alse inf | ormatio | on or e | error in | the |
| DISCLOSURE TO CREI The Bank shall obtain The bureaux shall rec you. | any informa | tion about | you from | the credit seen by c | reference other instit | e bureaux utions tha | to check t make t | (your ci heir owr | edit sta ocredit | itus an enquir | id identi ies abo | ty. ut |
| The Bank shall also di 2007 (Act 726). | sclose your | credit trans | sactions t | o credit re | eference b | oureaux in | accorda | ance wit | h Credi | t Repo | orting Ad | t, |
| Name | | | | | | | | | | | | |
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| 18. WITNESS: | | | COMP | ANY SE | AL/STAN | IP HERE | | | | | | |
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17. DECLARATION / DISCLOSURE

DECLARATION

I/We agree that the Bank shall obtain any information about us from the Credit Reference Bureaux to check our status and identify.

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 | | | | igsquare |
| 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 | 1 | | | |
| 28. | Proof of Identity of all Signatories and Directors/Officers whose names | <u> </u> | | | \vdash |
| 20. | 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 | " | | | | |

^{*}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 (PEP) | , Promoter, | Executor or Admir | nistrator i | s a Politically | Exposed Person |
| Name | | | Position | | |
| | | | | | |