

# Personal Account Opening Form

**NB: Before you sign this application form, please read our Client Terms, Current and Savings Account Terms and Personal Loan Terms, and other terms indicated in the declaration section of this form and which are available on our website at [www.sc.com/gh](http://www.sc.com/gh). You can request for a physical copy of these terms and conditions by calling us on 0302 740 100.**

In this application, we would like to know you even better. We appreciate your time in sharing your information to help us have a comprehensive understanding of your financial needs and assist in planning your future. We look forward to serving you better.

Please complete in BLOCK LETTERS with BLACK INK and tick "✓" in the appropriate box

## 1 Please tell us about yourself

1 Salutation/Title  Mr  Mrs  Ms  Dr  Other (please specify) \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_  
 Last Name / Surname \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_

2 Type of Identity Document  
 Passport  National ID  Driver's License  Voter's ID  
 Other (please specify) \_\_\_\_\_

3 ID Document Number \_\_\_\_\_

4 Issue Date 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

5 Expiry Date of ID 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

6 Date of Birth 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

7 Gender  Male  Female

8 Marital Status  Single  Married  Others (please specify) \_\_\_\_\_

9 Nationality \_\_\_\_\_

10 Country of Origin \_\_\_\_\_

11 Country of Residence \_\_\_\_\_

12 Resident Permit No. \_\_\_\_\_

13 Permit Issue Date 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

14 Permit Expiry Date 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

15 Place of Issue \_\_\_\_\_

16 Current Residential Address  
 House No \_\_\_\_\_  
 Street \_\_\_\_\_ Area \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Nearest Landmark \_\_\_\_\_  
 Metropolitan Municipal District Area \_\_\_\_\_

17 Present Mailing Address (Including Country & City) \_\_\_\_\_  
 \_\_\_\_\_

18 Telephone Number: (Please provide a minimum of two numbers)  
 Home/Residence \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 Office (Direct line if applicable) \_\_\_\_\_

19 Email Address: \_\_\_\_\_

20 Name of your current Employer/Business \_\_\_\_\_

21 Address of Employer/Business (Building / Street / Floor No) P. O. Box \_\_\_\_\_  
 Town / City \_\_\_\_\_ Country \_\_\_\_\_  
 Nearest Landmark \_\_\_\_\_  
 Metropolitan Municipal District Area \_\_\_\_\_

22 Telephone Number (of Employer/Business) \_\_\_\_\_

23 Date Employed with Current Employer (please specify) \_\_\_\_\_

24 Occupation/Designation \_\_\_\_\_

25 SSNIT Number \_\_\_\_\_

26 Nature of Employment:  
 Salaried  Self-employed  Other (please specify) \_\_\_\_\_

19 Employer Type (for salaried employees)  
 Government  Local Company  Multinational Company  
 Other (please specify) \_\_\_\_\_

20 Nature of Business (for self employed)  
 Import  Export  Wholesaler  
 Other (please specify) \_\_\_\_\_

21 Monthly Income (in Local Currency) Please select range

GHS (or equivalent)	Please Tick
1-300	
301-500	
501-1000	
1001-2000	
2001-3000	
3001-4000	
4001-5000	
5001-	

## 2 Account held with other Banks

Name & Address of Bank/Branch	Account Name	Account Number
1.		
2.		
3.		
4.		
5.		

## 3 Next of Kin Details (in case of emergency)

Title \_\_\_\_\_ Gender  Male  Female

F	I	R	S	T	
M	I	D	D	L	E
L	A	S	T		

Relationship \_\_\_\_\_

Tel. (Mobile 1) \_\_\_\_\_

Tel. (Mobile 2) \_\_\_\_\_

Residential Address \_\_\_\_\_

Metropolitan Municipal District Area \_\_\_\_\_

Region \_\_\_\_\_

## 4 Additional Details

Full Name of Beneficiary \_\_\_\_\_

Owner(s) of the Account (if applicable) \_\_\_\_\_

## 5 Personal details for second or joint applicant

- 1 Salutation/Title  Mr  Mrs  Ms  Dr  Other (please specify) \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_  
 Last Name / Surname \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_
- 2 Type of Identity Document  
 Passport  National ID  Driver's License  Voter's ID  
 Other (please specify) \_\_\_\_\_
- 3 ID Document Number \_\_\_\_\_
- 4 Issue Date   /   /
- 5 Expiry Date of ID   /   /
- 6 Date of Birth   /   /
- 7 Gender  Male  Female
- 8 Marital Status  Single  Married  Others (please specify) \_\_\_\_\_
- 9 Nationality \_\_\_\_\_
- 10 Country of Origin \_\_\_\_\_
- 11 Country of Residence \_\_\_\_\_
- 12 Resident Permit No. \_\_\_\_\_
- 13 Permit Issue Date   /   /
- 14 Permit Expiry Date   /   /
- 15 Place of Issue \_\_\_\_\_
- 16 Current Residential Address  
 House No \_\_\_\_\_  
 Street \_\_\_\_\_ Area \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Nearest Landmark \_\_\_\_\_  
 Metropolitan Municipal District Area \_\_\_\_\_
- 17 Present Mailing Address (Including Country & City)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 18 Telephone Number:  
 (Please provide a minimum of two numbers)  
 Home/Residence \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 Office (Direct line if applicable) \_\_\_\_\_
- 19 Email Address: \_\_\_\_\_
- 20 Name of your current Employer/Business \_\_\_\_\_
- 21 Address of Employer/Business  
 (Building / Street / Floor No.) P. O. Box \_\_\_\_\_  
 \_\_\_\_\_  
 Town / City \_\_\_\_\_ Country \_\_\_\_\_  
 Nearest Landmark \_\_\_\_\_  
 Metropolitan Municipal District Area \_\_\_\_\_

- 22 Telephone Number (of Employer/Business) \_\_\_\_\_
- 23 Date Employed with Current Employer (please specify) \_\_\_\_\_
- 24 Occupation/Designation \_\_\_\_\_
- 25 SSNIT Number \_\_\_\_\_
- 26 Nature of Employment:  
 Salaried  Self-employed  Other (please specify) \_\_\_\_\_
- 27 Employer Type (for salaried employees)  
 Government  Local Company  Multinational Company  
 Other (please specify) \_\_\_\_\_
- 28 Nature of Business (for self employed)  
 Import  Export  Wholesaler  
 Other (please specify) \_\_\_\_\_
- 29 Monthly Income (in Local Currency) Please select range

GHS (or equivalent)	Please Tick
<b>1-300</b>	
<b>301-500</b>	
<b>501-1000</b>	
<b>1001-2000</b>	
<b>2001-3000</b>	
<b>3001-4000</b>	
<b>4001-5000</b>	
<b>5001-</b>	

## 6 Which solutions / products would you like to apply for?

Local Currency: Please Select Account Type

Standard Current  Premium Savings  
 Premium Current  My Dream Account  
 Diva Current  Access 24/7  
 Diva Savings  Call  
 Savings Plus  Other (please specify) \_\_\_\_\_

Foreign Currency:

USD	GBP	EUR
<input type="checkbox"/> FEA Current	<input type="checkbox"/> FEA Current	<input type="checkbox"/> FEA Current
<input type="checkbox"/> FCA Current	<input type="checkbox"/> FCA Current	<input type="checkbox"/> FCA Current
<input type="checkbox"/> FEA Savings	<input type="checkbox"/> FEA Savings	<input type="checkbox"/> FEA Savings
<input type="checkbox"/> FCA Savings	<input type="checkbox"/> FCA Savings	<input type="checkbox"/> FCA Savings

Debit Card  Yes  No

Type of Debit Card

Visa Gold  Visa Platinum

Other (please specify) \_\_\_\_\_

Cheque Book  Yes  No

### Digital Banking

You will automatically be subscribed to our Digital Banking Services, including e-Statements, Online Banking, SMS & E-mail Alerts and Mobile Banking.

You however have the option to unsubscribe to any of our Digital Banking Services except e-Statements. If you wish to unsubscribe to any of the following Digital Banking Services, please tick the relevant boxes below:

Online Banking  Mobile Banking  SMS & E-mail Alerts

e-Statements will be made available to you via e-mail on the e-mail address you have given to us. If you would also like to receive paper statements, it is on a request at a fee.

e-Statements Frequency:  Weekly  Monthly  Quarterly

**NB:** You may use these Digital Banking Services after activation.

## 7 Referee Details (for current accounts only)

Referee Name

Account No.

Telephone No.

Bankers Branch

Relationship between  
1st and 2nd applicant

Referee's Signature

## 8 May we offer you the following products?

Simply tick to indicate the products you would like to sign up for ?

- Fixed Deposit Account (Please go to section 9)
- Bancassurance (Please go to section 10)
- Personal Loan (If yes please complete the required form or our sales representative will contact you.)
- None required now (Please go to section 11)

## 9 Fixed Deposit

Currency

- GH¢  Other (please specify)

Amount

Terms of Deposit

- 91 days  Other (please specify)

Account number to be debited

Date of Debit

Renewal Instructions

- Renew principal plus interest
- Renew principal only and credit interest to account
- Do not renew but credit to account

## 10 Bancassurance

### LiveSafe-Personal Accident Cover

Please fill out below:

If you have any current policies with EIC please provide details

If you are currently insured against any accident please state the name of insurer and benefits

If you have at present any physical defect, infirmity or medical condition please provide details

Please select your preferred Package

	<input type="checkbox"/> STANDARD GH¢	<input type="checkbox"/> STANDARD PLUS GH¢	<input type="checkbox"/> CLASSIC GH¢	<input type="checkbox"/> EXECUTIVE GH¢
Total Entitlement in case of Death or Permanent disability	10,000	20,000	30,000	40,000
Weekly Payout benefits during temporary disability	120	240	360	480
Limit per year for medical expenses	500	1,000	1,500	2,000
Annual Premium Payable	100	180	265	350

Name/s of beneficiary/ies

Contact Address of beneficiary/ies

Tel

Which account should we debit to pay the premiums?

### Fraud Warning

Fraud is a crime punishable under the laws of Ghana. Standard Chartered Bank Ghana Ltd cautions all policy holders and potential policy holders against the presentation of false information by applicants, false claims by policyholders or the use of policies to perpetuate any kind of fraud. Anyone found engaged or to have engaged in any fraud of this kind will be liable for prosecution.

### Declaration

I warrant that the above statements and particulars are true and I hereby agree that I shall be held liable for this information. It shall form the basis of, and be deemed to be incorporated in the contract between me and Enterprise Insurance Company Limited.

I accept that the policy is subject to terms prescribed by the insurance company and my payment of prescribed premium.

This literature constitutes a summary presentation of the LiveSafe Insurance and while all reasonable care has been taken in preparing this document, no responsibility or liability is accepted by Standard Chartered Bank for errors of fact or for any opinion expressed herein and it is issued for indicative and informative purposes only. Standard Chartered Bank assumes no fiduciary responsibility or liability for any consequences, financial or otherwise, arising from the subscription or acquisition of this policy. Standard Chartered in no mode or manner during the sale, coerced or forced the purchasing decision of this LiveSafe Insurance on the insured. Insured(s) should make their own appraisal of these risks and should consult their own legal, financial, tax, accounting and other professional advisors in this respect, prior to any subscription or acquisition.

Date:

Signature:

### For Branch Official Use Only:

Agent Name:

Agent Code:

Authorizer (TM):

Underwritten by:



## 11 Personal Checklist

I have attached the following documents:

- Driver's Licence/Passport/Voter ID/National ID
- Marriage Certificate/Birth Certificate (if applicable)
- Utility bills (Electricity/Water if applicable)
- Tenancy agreement (if applicable)
- Other (please specify) \_\_\_\_\_ (eg: gazette, affidavit, etc.)

**IMPORTANT:** Please note that Agents or Representatives of Standard Chartered are NOT authorized to collect cash or cheques on behalf of the Bank under ANY circumstances.

## 12 Authentication for Politically exposed persons

Is the Applicant a Politically Exposed Person?  Yes  No

- Low Risk
- Medium Risk
- High Risk

## 13 Specimen Signature

PLEASE ENSURE THAT YOU HAVE FULLY COMPLETED THIS FORM BEFORE SIGNING

**Photo**  
(FOR PERSONAL ACCOUNT)

Specimen Signature of First or Sole Applicant

Name: \_\_\_\_\_

Date:  /  /

Signature Witnessed by: \_\_\_\_\_

**Photo**  
(FOR PERSONAL ACCOUNT)

Specimen Signature of Second /Joint Applicant

Name: \_\_\_\_\_

Date:  /  /

Signature Witnessed by: \_\_\_\_\_

**Signature required for Operating Instructions.** Please tick either one?

Sign alone     Anyone to sign     Any two to sign     Other \_\_\_\_\_ (please specify)

Telephone Number (s) 


**For all Customer Enquiries and Complaints**

Call:

**1 0302 740 100**

<sup>2</sup> Contact:

**Ghana.Call-Centre@sc.com**

**Feedback.Ghana@sc.com**

**www.sc.com/gh**

**By signing these General Terms and Conditions:**

- You represent and warrant that all information (including any documents) you have given to us in connection with the application is correct, complete and not misleading. (If this is not the case, you may be personally liable);
- You authorize us to verify any of the information you have given us or your credit standing from anyone we may consider appropriate (such as an authority or credit reference agency);
- You acknowledge that we may decline your application without giving you any reason for doing so. If this happens, no contractual relationship arises between us and you;
- You confirm and agree that we may give any information in connection with this application (including your personal information) to any service provider (whether located in or outside of Ghana) for the purposes of providing any service to you in connection with this application (including data processing);
- You understand that by entering into our banking agreement you give indemnities, authorizations, consents and waivers and agree to limitations on our liability;
- You consent to us contacting you at the address, email address and telephone numbers you have provided to us, to give information on other products and services that we, or our strategic partners may offer;
- You confirm and agree that you have read and understood the terms & conditions governing the opening, operation and closure of the Salary Account you have opened;
- You confirm and agree that a Welcome Pack and Instant Pack would be accepted by your office coordinator on your behalf in your absence;
- Unfunded accounts may be closed after two months from the day the Salary Account was opened;
- You understand that the various products offered under the bundle are available as Individual Products and the Individual terms and conditions will apply to the bundle;
- You understand that the Product bundle consists of a **Personal Loan, Salary Account, Visa Debit card and SMS/Online/Breeze banking**. You understand that each of the products are individually available if you so desire. You may also opt for other products such as Insurance or an Overdraft or any of our other products outside the product bundle, if you so wish to apply;
- At any point in time, you can chose to exit any of the individual constituent products in the Product bundle. If you chose to do so, we may at our discretion revoke the preferential pricing offered to you on the product bundle. In this scenario the pricing on the remaining product will revert to the prevailing market rate on the individual product;
- You confirm that you are in good health;
- You have read and understood our Client Terms, Current and Savings Account Terms and Personal Loan Terms forming our banking agreement. They are available on our website at [www.sc.com/gh](http://www.sc.com/gh) or call us at on **0302740100** for a physical copy. You agree to be bound by them when using any product we may provide you with. You acknowledge that you are bound by any variation we make to these documents, in accordance with our banking agreement.

I/We hereby apply for the opening of account(s) with ..... Bank. I 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.

**DISCLOSURE TO CREDIT REFERENCE BUREAUS**

The bank will obtain information about you from the credit reference bureaus to check your credit status and identity. The bureaus will record our enquiries which may be seen by other institutions that make their own credit enquiries about you.

1st Applicant's Signature \_\_\_\_\_ Date 

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

Name \_\_\_\_\_

2nd / Joint Applicant's Signature \_\_\_\_\_ Date 

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

Name \_\_\_\_\_

**16 This should be adopted where the applicant is not literate or is blind and the form is read to him or her by a third party**

I agree to abide by the content of this agreement and acknowledgement that it has been truly and audibly read over and explained to me by an interpreter.

MARK OF CUSTOMER/THUMBPRINT/SIGNATURE

MARK OF CUSTOMER/THUMBPRINT/SIGNATURE

Date:

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

Date:

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

Name of Interpreter \_\_\_\_\_

Address of Interpreter \_\_\_\_\_

Language of Interpretation \_\_\_\_\_



**17 For Bank Use Only**

Completed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date:   /   /

Date:   /   /

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Account Number:

Account Number 1

Account Number 4

Account Number 2

Account Number 5

Account Number 3

Account Number 6

**18 Deferral / Waiver of Document (if Any) Authorised By**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:   /   /

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:   /   /

**19 Remarks**

Service Indicator Code  
(Relationship No. 1)

Risk Code  
(Relationship No. 1)

Service Indicator Code  
(Relationship No. 2)

Branch Code

Branch Code

Consolidated Statement Flag

ARM Code

Segment Code

GL Department ID

Ultimate Country Code

Referral ID

ISIC Code

Sourcing ID

Residency Classification

Closing ID

