

CORPORATE ACCOUNT OPENING FORM

ACCOUNT SPECIFICATIONS

Please complete form and tick where necessary. (CAUTION - Kindly note that the use of correction fluid renders this form invalid)

Category of Business:

Limited Liability Company Partnership Sole Proprietorship Public Organizations Clubs/Societies

Account Type

Susu Savings Transactional

Account Number (for official use only)

For foreign currencies, kindly provide explicit source of funds _____

1. COMPANY DETAILS

Company/Business Name

Incorporation/Registration Number

Date of Incorporation/Registration Jurisdiction of Incorporation/Registration

Parent Company's Country of Incorporation Type/Nature of Business

Sector/Industry

Operating Business Address

Registered Office (if different from above)

E-mail address

Website (if any)

Mobile Number Telephone Number

Tax Identification Number (TIN) GRA No.

Name of Affiliated Company/Body

2. ANNUAL TURNOVER

a) GH¢ 0 - 9,999 GH¢ 10,000 - 49,999 GH¢ 50,000 - 99,000 GH¢ 100,000 above

b) Is your Company quoted on the Ghana Stock Exchange? Yes No GSE Ref No.

3. ACCOUNT SIGNATORY'S DETAILS (1)

Title Surname

First Name Middle Name

Date of Birth Gender M F Mother's Maiden Name

Nationality Residence Permit No. (for Non-Ghanaians)

Permit Issue Date: Permit Expiry Date: Occupation

Means of Identification ID Number

ID Issue Date: ID Expiry Date: Position/Office of the Officer

Residential Address

City/Town Nearest Landmark

Metropolitan, Municipal District Assembly Area (MMDA) Region

Mobile Number Telephone Number

E-mail address

4 ACCOUNT SIGNATORY'S DETAILS (2)

Title Surname

First Name Middle Name

Date of Birth Gender M F Mother's Maiden Name

Nationality Residence Permit No. (for Non-Ghanaians)

Permit Issue Date: Permit Expiry Date: Occupation

Means of Identification ID Number

ID Issue Date: ID Expiry Date: Position/Office of the Officer

Residential Address

City/Town Nearest Landmark

Metropolitan, Municipal District Assembly Area (MMDA) Region

Mobile Number Telephone Number

E-mail address

5 DETAILS OF DIRECTORS / EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS ETC (1)

Title Surname

First Name Middle Name

Date of Birth Gender M F Mother's Maiden Name

Nationality Residence Permit No. (for Non-Ghanaians)

Means of Identification ID Number

ID Issue Date: ID Expiry Date: Occupation

Job Title Position/Office of the Officer

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

Non-Executive Director Chief Financial Officer Others (Specify)

Residential Address

City/Town Region

Mobile Number Telephone Number

E-mail address

6. DETAILS OF DIRECTORS / EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS ETC (2)

Title Surname

First Name Middle Name

Date of Birth Gender M F Mother's Maiden Name

Nationality Residence Permit No. (for Non-Ghanaians)

Means of Identification ID Number

ID Issue Date: ID Expiry Date: Occupation

Job Title Position/Office of the Officer

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

Non-Executive Director Chief Financial Officer Others (Specify)

Residential Address

City/Town Region

Mobile Number Telephone Number

E-mail address

7. EXPECTED MONTHLY ACCOUNT ACTIVITY

Transaction Types	Anticipated No. of Transactions	Anticipated Amount of Transactions GH¢
Deposits	0 - 10 <input type="checkbox"/> 11 - 50 <input type="checkbox"/> above 50 <input type="checkbox"/>	0 - 5,000 <input type="checkbox"/> 5,001 - 50,000 <input type="checkbox"/> above 50,000 <input type="checkbox"/>
Withdrawals	0 - 10 <input type="checkbox"/> 11 - 50 <input type="checkbox"/> above 50 <input type="checkbox"/>	0 - 5,000 <input type="checkbox"/> 5,001 - 50,000 <input type="checkbox"/> above 50,000 <input type="checkbox"/>

13. DATA PROTECTION CONSENT

To enable Shield Microfinance Co. Ltd. ("SMF"), its affiliates and its contracted agents in managing and administering my/our account with SMF, I/We hereby fully authorize SMF and its affiliates and contracted agents, to share all information relating to me/us and my/our accounts, including, without limitation, any personal information, reference provided and other credit information maintained with or obtained by the Bank and its affiliates (including those obtained from credit reference agencies).

I/We further authorize SMF, its affiliates and its contracted agents to use, store, process, share, disclose and transfer (whether within or outside the jurisdiction concerned) all information (including, without limitation, information relating to the debts), relating to me/us, as they shall consider necessary in connection with administering my account.

I/We acknowledge and agree that any such sharing or transfer of information will be on a confidential basis and that SMF, its affiliates or other third party service providers, may disclose information if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud.

This consent does not limit any consent I/We have given (or may give) to the Bank to process or disclose my/our personal details.

I/We agree that the consent above is to be read in conjunction with the terms and conditions contained in the Bank's account opening form.

Name: _____ Signature: _____ Date:

D	D	M	M	Y	Y
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14. JURAT (For non-literate and blind customers only)

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 of Customer /Thumbprint

 Mark of Interpreter /Thumbprint

 Date:

D	D	M	M	Y	Y
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Name & Address of Interpreter

 Language of Interpretation

15. SIGNATURE CARD

No.	NAME IN FULL	SIGNATURE
1.		
2.		
3.		
4		

MANDATE AUTHORIZATION: Sole Signatory Either to Sign Both to Sign
(Please tick as appropriate)

TERMS AND CONDITIONS

1. Definitions

- (a) "You" means the account holder named above, where two individuals are named, either or both of those individuals,
(b) "Accounts" means a Susu, savings or transactional account maintained with us at any of our branches in Ghana, (c) "Mailing Address" means your mailing address in our records.
(d) "SMF" refers to Shield Microfinance, a non-bank financial institution incorporated in Ghana and having its registered office at Kangaroo House; Adjacent flyover; Manet Court, off Spintex Road – Accra and P.O. Box GP 13197, Accra.

2. Account Mandate

I/we (Customer) hereby request and authorize you to open account in my/our name and at any time subsequently to open further accounts as I/We may direct.
I/we (Customer) hereby undertake: I. To guard against access to my/our account (s) by unauthorized person(s) II. To act as sole/co-signatory to the account (s)
III. To notify SMF immediately there is any change in my/our address and other relevant information for the smooth running of my/our account (s)

3. The Account

All mandatory KYC documentation must be completed by the customer before the opening of the account. If you do not provide the required document during account opening, the account will be automatically restricted.

The customer shall assume full responsibility for the genuineness, correctness, and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments, receipts or other instructions deposited into account.

SMF will not be responsible for any loss of funds deposited with it arising from any future government order, law, levy, tax, embargo, moratorium, exchange restriction or any other cause beyond its control.

Foreign Currency/Foreign Exchange Account(s) cash withdrawal from my/our account shall be subject to availability.

4. Cheque Confirmation Policy

SMF will subject to review from time to time confirm all cheques of Three Thousand Ghana Cedis (GHS 3,000.00) and above presented for payment. You may however confirm in advance through your Account Officers or Branch Managers when issuing cheques of Three Thousand Ghana and above as unconfirmed cheques may not be honored or paid. This is to protect against the use of fake/forged cheques to withdraw money from your account(s).

5. Customer Responsibilities

- a) To be responsible for the repayment of any overdraft with interest and to comply and be bound by SMF's rules for the conduct of a current account receipt of which/we hereby acknowledge.
b) That all funds standing to my/our credit are payable on demand only in such local currency as may be in circulation.
c) To be bound by any notification of change in conditions governing the account directed to my/our last known address or e-mail address and any notice or letter sent to my/our last known address or e-mail address(s) shall be considered as duly delivered and received by me/us at the time it would be delivered in the ordinary course of post.
d) That if a cheque credited to my/our individual current/easy savers/seniors, corporate account is returned dishonored, the same may be transmitted to me/us through my/our last known address either by bearer or by post.
e) That I/We note that SMF will accept no liability whatsoever for funds handed to members of its staff other than the cashiers/Tellers in SMF's premises with the appropriate deposit slip.
f) That my/our attention has been drawn to the necessity of safe guarding my passwords, access codes, PINS and cheque book so that unauthorized persons are unable to gain access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to my/our account.
g) That SMF is under no obligation to honor any cheques(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheques(s). Cheques may be returned to me/us unpaid but if paid, I am/we are obliged to repay the Bank on demand.
h) That any disagreements with entries on my/our bank statements will be made by me/us within 15 days of receiving the bank statement failing receipts by SMF of a notice of disagreement of the entries within 15 days from the date of receipt of my/our bank statement, it will be assumed by the bank that the statement as rendered is correct.
i) That I/we in respect of our easy savers accounts will make a maximum of four withdrawals per month. That if in any month I/we make more than four (4) withdrawals, commission on turnover charge shall be applied on transactions for the month.

6. Right to set off

I/We also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law you may at any time and without notice to me/us combine or consolidate all or any of my/our accounts without liabilities to you and set o or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credit, be it cash, cheques, valuables, 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 collateral and several or joint.

7. SMS, E-Statements, E-Alert

Mode of Sending Monthly Statements of accounts is via e-mails.

- i. You are responsible for any information given by means of your passcode. This means that the Bank would not be responsible for any fraudulent, duplicate or erroneous instruction given to us by means of your passcode.
ii. SMF will not be liable for any failure to provide the service or to comply with these terms and conditions for any reason that is beyond our control.
iii. SMF may, for any valid reason, alter, suspend or terminate the service without giving you notice and shall not be liable for doing this.

8. Internet Banking

You must understand that giving your Account Number/Passcode shall be sufficient confirmation of the authenticity of any instruction given or transaction initiated. Therefore, SMF will assume that any instruction given with your Account Number/Passcode is originating from you. This means that we will not be responsible for any fraudulent, duplicate or erroneous instruction given to us or any such transaction initiated by means of your Account Number/passcode. Also note that the Bank shall not be liable for complying with instructions given with your passcode if it is disclosed to a third party.

9. Termination

Either party may terminate this agreement by giving seven days' written notice to the other party. However, the Bank may terminate this agreement with or without notice if the circumstance so warrant.

10. Jurisdiction

The operation of this account/relationship is subject to the laws and regulations at any time existing in the Republic of Ghana.

11. Disclaimer Clause

SMF disclaims liability for any funds /assets deposited by you which are subsequently found to have been derived from illegal source or activities. You con rm that the funds/assets deposited or to be deposited are not derived from any illegal source or activities.

12. Amendments and Variations

SMF reserves the right to vary these terms and conditions at its discretion without notice to the applicant.

FOR OFFICIAL USE ONLY

Risk Level Assessment Score:	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	AML Manual Screening <input type="checkbox"/>
Completed Mandate Card <input type="checkbox"/>	Passport Photograph <input type="checkbox"/>	Identification <input type="checkbox"/>	Proof of Address <input type="checkbox"/>	Reference (if applicable) <input type="checkbox"/>
ID or Birth Certificate of Minor (if applicable) <input type="checkbox"/>	Residence Permit <input type="checkbox"/>	Others <input type="checkbox"/>		

Account Opened by	<input type="text" value="Name"/>	<input type="text" value="Signature & Date"/>
Approved by	<input type="text"/>	<input type="text" value="Signature & Date"/>