

Controlling branch _____

Date (DD-MM-YYYY) _____

Section 1 - Entity Type

- Sole Proprietor
 Body Corporate
 Partnership
 Informal Body e.g. Club, society
 Trust/Attorney Trust
 Company (including incorporated companies)
 Charities
 Deceased Estate
 MMDAs
 Other (Specify) _____

Section 2 - Accounts required

(Please tick as appropriate)

a Category of account

- Joint account
 Fixed investment account
 Other types of account

Account type

- Current account
 Fixed Deposit Account
 Savings account

Account Currency

£	\$	Y	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b Mandate authorisation/Combination Rule (Please tick as appropriate)

- Sole Signatory
 Two or more
 If two or more are to sign, please specify _____

Section 3 - Applicant Information

Residency
 Resident
 Non-resident
 Jurisdiction of incorporation _____

Registered name _____ Parent company's country of Inc. _____

Physical business address _____

Postal address _____ Sector/Industry _____

Corporate Business Address/Registered Office (if Different from Above) _____

Identity/Trust/Registration number _____ Registration date (DD-MM-YYYY) _____

Citizenship _____ Tax Residence _____

TIN Number _____ Other ref. number _____

Establishment Date _____

Financial year end (DD-MM-YYYY) _____ Anticipated annual turnover (in local currency) _____

Reason for opening account _____ Source of funds/income (eg. Sales/Revenue/profit, investments) _____

Type of activity expected on the account (e.g. cash deposits, debit orders) _____

Amount of Deposits
 GHS 0-GHS 20,000
 GHS 20,001- GHS 50,000
 GHS 50,001- GHS 100,000
 GHS 100,001 and above

Amount of Withdrawals
 GHS 0-GHS 20,000
 GHS 20,001- GHS 50,000
 GHS 50,001- GHS 100,000
 GHS 100,001 and above

Number of Withdrawals
 Weekly
 Monthly
 Yearly
 Number of Deposits
 Weekly
 Monthly
 Yearly

Type of business conducted _____ Certificate to commence business _____ Number of employees/members _____

Business telephone number _____

Business website (if any) _____ Business email address _____

Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

Individual Self-Certification

CIF No _____ Account number _____

Section 4

A - Cheque books

Please note that subsequent applications will be made via pre-printed order form in the cheque book and signed as per mandate. See terms and conditions for issue and use of cheque books

Chequebook size: _____ Specify size _____ Specially printed/Personalised

B - Annual Turnover

a
 GHS 0-GHS 20,000
 GHS 20,001- GHS 50,000
 GHS 50,001- GHS 100,000
 GHS 100,001 and above

b is your company quoted on any stock exchange?
 Yes
 No
 Ref No. _____

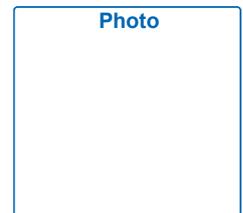
c Name of Stock Exchange _____

Section 5 - Key contact persons/Principal officers details

Surname		First name	
Other name			
Date of birth (DD-MM-YYYY)	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Mother's maiden name			
Nationality (for Non-Ghanaians)		Permit Type	
Tax Residence			
Means of identification	<input type="checkbox"/> Ghana card	<input type="checkbox"/> Non-Citizen Ghana card	<input type="checkbox"/> Passport <input type="checkbox"/> ID number
ID issue date (DD-MM-YYYY)		ID Expiring date (DD-MM-YYYY)	
Country of issue	Permit issue date	Permit expiry date	
Occupation			
Job Title/Position/Office			
Residential address			
Nearest landmark		City/Town	
Metropolitan, Municipal District Assembly Area (MMDA)			
Region	Phone number (1)	Other number	
Email address			

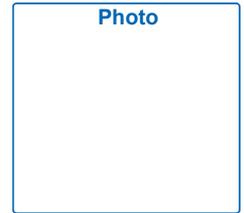
Section - 6 Specimen Signature Form - Mandate file

Name of applicant	
Signing instructions	
Signature	
1 Name	
Surname	_____
First name	_____
Other name	_____
Date of Birth	_____
Gender	_____
Mother's maiden name	_____
Class of signatory	_____
Identification type	_____
Means of identification	<input type="checkbox"/> Ghana card <input type="checkbox"/> Non-Citizen Ghana card <input type="checkbox"/> Passport
Permit Type	Country of issue
ID number	
Date of Issue	Date of expiry
Permit issue date	Permit expiry date
Country of issue	Nationality
Tax Residence	
Email address	Telephone number
Occupation	Job Title/Position/Office
Residential address	Nearest Landmark
City/Town	Region
Metropolitan, Municipal District Assembly Area (MMDA)	
Signature	Date (DD-MM-YYYY)



Section - 6 Specimen Signature Form - Mandate file**2 Name**

Surname _____
First name _____
Other name _____
Date of Birth _____
Gender _____
Mother's maiden name _____
Class of signatory _____
Identification type _____



Means of identification Ghana card Non-Citizen Ghana card Passport

Permit Type _____ Country of issue _____

ID number _____

Date of Issue _____ Date of expiry _____

Permit issue date _____ Permit expiry date _____

Country of issue _____ Nationality _____

Tax Residence _____

Email address _____ Telephone number _____

Occupation _____ Job Title/Position/Office _____

Residential address _____ Nearest Landmark _____

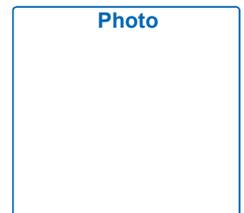
City/Town _____ Region _____

Metropolitan, Municipal District Assembly Area (MMDA) _____

Signature _____ Date (DD-MM-YYYY) _____

3 Name

Surname _____
First name _____
Other name _____
Date of Birth _____
Gender _____
Mother's maiden name _____
Class of signatory _____
Identification type _____



Means of identification Ghana card Non-Citizen Ghana card Passport

Permit Type _____ Country of issue _____

ID number _____

Date of Issue _____ Date of expiry _____

Permit issue date _____ Permit expiry date _____

Country of issue _____ Nationality _____

Tax Residence _____

Email address _____ Telephone number _____

Occupation _____ Job Title/Position/Office _____

Residential address _____ Nearest Landmark _____

City/Town _____ Region _____

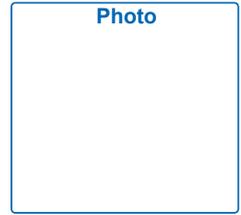
Metropolitan, Municipal District Assembly Area (MMDA) _____

Signature _____ Date (DD-MM-YYYY) _____

Section - 6 Specimen Signature Form - Mandate file

4 Name

Surname _____
 First name _____
 Other name _____
 Date of Birth _____
 Gender _____
 Mother's maiden name _____
 Class of signatory _____
 Identification type _____



Means of identification Ghana card Non-Citizen Ghana card Passport

Permit Type _____ Country of issue _____

ID number _____

Date of Issue _____ Date of expiry _____

Permit issue date _____ Permit expiry date _____

Country of issue _____ Nationality _____

Tax Residence _____

Email address _____ Telephone number _____

Occupation _____ Job Title/Position/Office _____

Residential address _____ Nearest Landmark _____

City/Town _____ Region _____

Metropolitan, Municipal District Assembly Area (MMDA) _____

Signature _____ Date (DD-MM-YYYY) _____

Section 7 - Details Of The Directors/Executives/Trustees/Promoter/Executors/Administrators Etc

Surname _____ First name _____

Other name _____

Date of birth (DD-MM-YYYY) _____ Gender M F Mother's maiden name _____

Nationality (for Non-Ghanaians) _____ Permit Type _____

Tax Residence _____

Means of identification Ghana card Non-Citizen Ghana card Passport ID number _____

ID issue date (DD-MM-YYYY) _____ ID Expiring date (DD-MM-YYYY) _____ Occupation _____

Country of issue _____ Permit issue date _____ Permit expiry date _____

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

Non Executive Director Chief Financial Officer Others(Specify) _____

Job Title/Position/Office _____

Residential address _____

Nearest landmark _____ City/Town _____

Metropolitan, Municipal District Assembly Area (MMDA) _____

Region _____ Phone number (1) _____ Other number _____

Email address _____

Section 7 - Details Of The Directors/Executives/Trustees/Promoter/Executors/Administrators Etc (3)

Surname		First name	
Other name			
Status as a Director (Please tick as appropriate)		<input type="checkbox"/> Chairman	<input type="checkbox"/> Managing Director/Chief Executive Officer
<input type="checkbox"/> Non Executive Director	<input type="checkbox"/> Chief Financial Officer	Others (Specify) _____	
Date of birth (DD-MM-YYYY)	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Nationality (for Non-Ghanaians)		Mother's maiden name	
Tax Residence		Permit Type	
Means of identification		<input type="checkbox"/> Ghana card	<input type="checkbox"/> Non-Citizen Ghana card
		<input type="checkbox"/> Passport	ID number
ID issue date (DD-MM-YYYY)	ID Expiring date (DD-MM-YYYY)		
Country of issue	Permit issue date	Permit expiry date	
Occupation			
Job Title/Position/Office			
Residential address			
Nearest landmark		City/Town	
Metropolitan, Municipal District Assembly Area (MMDA)			
Region	Phone number (1)	Other number	
Email address			

Section 7 - Details Of The Directors/Executives/Trustees/Promoter/Executors/Administrators Etc (4)

Surname		First name	
Other name			
Date of birth (DD-MM-YYYY)	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Nationality (for Non-Ghanaians)		Mother's maiden name	
Tax Residence		Resident permit no.	
Means of identification		<input type="checkbox"/> Ghana card	<input type="checkbox"/> Non-Citizen Ghana card
		<input type="checkbox"/> Passport	ID number
ID issue date (YYYY-MM-DD)	ID Expiring date (DD-MM-YYYY)		
Country of issue	Permit issue date	Permit expiry date	
Occupation			
Job Title/Position/Office			
Residential address			
Nearest landmark		City/Town	
Metropolitan, Municipal District Assembly Area (MMDA)			
Region	Phone number (1)	Other number	
Email address			

Section 8 - Additional details

I. Name of affiliated Company/Body	1	_____
	2	_____
	3	_____
II. Principal shareholders (Shareholding of 5% and above)		
A Full name of shareholder		
Address		

Section 8 - Additional details (continued)

Status as a Director (Please tick as appropriate) Chairman Executive Director Chief Executive Officer
 Non Executive Director Chief Financial Officer Others(Specify) _____

Percentage holding

Mobile number Nationality Email address

Registration certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of beneficial owner(s) (if any)

B Full name of shareholder

Address

Status as a Director (Please tick as appropriate) Chairman Managing Director/Chief Executive Officer
 Non Executive Director Chief Financial Officer Others(Specify) _____

Percentage holding

Mobile number Nationality Email address

Registration certificate (if a corporate shareholder)

Country of incorporation (if a corporate shareholder)

Names of beneficial owner(s) (if any)

C Full name of shareholder

Address

Status as a Director (Please tick as appropriate) Chairman Managing Director/Chief Executive Officer
 Non Executive Director Chief Financial Officer Others(Specify) _____

Percentage holding

Mobile number Nationality Email address

Registration certificate (if a corporate shareholder)

Country of incorporation (if a corporate shareholder)

Names of beneficial owner(s) (if any)

D Full name of shareholder

Address

Status as a Director (Please tick as appropriate) Chairman Managing Director/Chief Executive Officer
 Non Executive Director Chief Financial Officer Others(Specify) _____

Percentage holding

Mobile number Nationality Email address

Registration certificate (if a corporate shareholder)

Country of incorporation (if a corporate shareholder)

Names of beneficial owner(s) (if any)

E Full name of shareholder

Address

Status as a Director (Please tick as appropriate) Chairman Managing Director/Chief Executive Officer
 Non Executive Director Chief Financial Officer Others(Specify) _____

Percentage holding

Mobile number Nationality Email address

Registration certificate (if a corporate shareholder)

Country of incorporation (if a corporate shareholder)

Names of beneficial owner(s) (if any)

F Full name of shareholder				
Status as a Director (Please tick as appropriate)		<input type="checkbox"/> Chairman	<input type="checkbox"/> Managing Director/Chief Executive Officer	
<input type="checkbox"/> Non Executive Director	<input type="checkbox"/> Chief Financial Officer	Others(Specify) _____		
Percentage holding _____				
Mobile number _____	Nationality _____	Email address _____		
Registration certificate (if a corporate shareholder) _____				
Country of incorporation (if a corporate shareholder) _____				
Names of beneficial owner(s) (if any) _____				
Section 9 - Beneficiary owners information				
Full Name of Beneficial Owner _____				
Means of identification	<input type="checkbox"/> Ghana card	<input type="checkbox"/> Non-Citizen Ghana card	<input type="checkbox"/> Passport	ID number _____
Address _____				
Status (CEO, Executive Director etc)		Percentage Holding _____		
Nationality _____	Mobile Number _____			
Email Address _____				
Registration Certificate (If a Corporate Shareholder)		Country of Incorporation (If a Corporate Shareholder)		
Section 10 - General				
A - References				
Record details of two business/trading associates the bank may contact to obtain trade references				
Name of firm/company	Name of contact person	Telephone number		
B - Accounts held at other financial institutions				
Name and address of bank and branch	Account name	Type of account	Status (Active/Dormant)	Account number
C - Resolution				
At a meeting of the Directors/Members/Trustees/Committee or Partners of (account holders) _____				
held at (place) _____ on (date) (DD-MM-YYYY) _____				
it was resolved that the Company/Trust/Body Corporate/Partnership/Informal Body opens a current account/Business transaction account and/or (specify) _____ with Stanbic Bank (Stanbic Bank is a member of the Standard Bank Group) the specific bank (branch/branches) _____ or that maybe indicated under a covering letter of application duly signed by the Directors/Members/Trustees/Committee or Partners (accountholders).				
The persons specified in section 6 are hereby authorised in terms of this resolution to act as signatories in respect of the aforesaid account in accordance with the signing arrangements on the signature form.				
D - Sanctions clause				
We can close your account should your name appear on the Sanction List. For the purposes of this agreement: "Sanction List" shall mean the specially designated nationals and blocked persons list of the Office of Foreign Assets Control (OFAC) of the Department of Treasury of the United States of America and/or the United Nations Security Council list of persons or entities suspected to be involved in terrorist related activities or the funding thereof and/or any other list of Her Majesty's Treasury of the United Kingdom and/or the European Union's Common Foreign and Security Policy and/ or the French Ministry of Economy, Finance and Industry (MINEFI) as may be amended from time to time.				
E - Authorisation				
The Bank is requested and authorised at its own discretion to allow the Company/ Trust/Body Corporate/Partnership/Informal Body banking credit facilities from time to time.				
F - Certification/Warranty				
I/We certify that the information contained in this form is true and correct and accept that the opening and operation of my/our accounts is subject to the Bank's terms and conditions, a copy of which has been given to me/us. I/We also warrant that I/we have the authority to sign on behalf of the applicant.				
For _____				
(insert name of business, company, body, etc.)				

Name	Signature	Capacity	Date (DD-MM-YYYY)

*Company seal (where available)

Section - 11 Letter of Set-Off

_____ Bank _____ (Title)

Dear Sir,
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.

Authorised signature of the customer/Representative and date _____ Authorised signature of the customer/Representative and Date _____

Section - 12 Account opening mandate

Current account/Business Transaction account _____ Other (specify) _____

Fixed deposit _____ Currency _____

Status _____ Full Name _____

Class of signatory _____

Signature _____ Date _____

Full name _____ Class of signatory _____

Signature _____ Date _____

Section - 13 Foreign Account Tax Compliance Act (FATCA) of the United States of America

a Are you a financial institution? Yes No

b If yes, please fill form W8 and W9.

As part of our obligations in regards to United States' (US) Foreign Account Tax Compliance Act (FATCA), financial institutions and banks, including Stanbic Bank Ghana LTD are required to obtain your tax related information to determine whether your account is a US Account, account held by a Recalcitrant Account holder, or Non-Participating Financial Institution or bank.

You provide us your consent to

- a obtain from you such tax related information as is necessary and in the format determined by us to determine whether you fall within any of the above categories, in which case your demographic and transactional data (as determined from time to time by the US Internal Revenue Service ("IRS")), will be reportable by us to the US Internal Revenue Service;
- b disclose your information (as referred to in paragraph (a) above) to Withholding Agents if and when required as per the FATCA regulations;
- c withhold on any payments of US Source Income received by you to the extent not already done by any other Withholding Agent (note that the maximum withholding that may apply to impacted US source income under FATCA is 30%); and
- d close, block or transfer (to one of our related entities) your account within 90 days of a request for your tax related information (in the format determined by us), being outstanding.

Definitions

US Account means, an account held by a US citizen, US tax resident, or an account having a substantial US owner that is a Specified US person as defined in FATCA,US treasury regulation §1.1471.

Recalcitrant Account means any account with US indicia that has not provided any requested documentation evidencing the account holder's FATCA status or classification.

Non-Participating Foreign Financial Institution means any financial institution or bank that has not registered with the IRS to enter into a Foreign Financial Institution Agreement and is not otherwise exempt as a certified-deemed compliant financial institution or bank or exempt beneficial owner.

US Source Income means fixed or determinable annual or periodic income from sources within the US as defined in FATCA, US treasury regulation §1.1473-1(a)(2).

Withholding Agent means a financial institution or bank empowered to withhold US Source Income in terms of an agreement with the US.

Section 14 - Letter of Indemnity

Release and indemnity, fax and email transmissions

(If this facility is not required, please indicate by inserting a diagonal line across this page and duly initial)

Whereas I/we, the undersigned, herein _____ presented by _____ and _____ their capacities as _____ and _____ respectively, they being duly authorised by a resolution passed by us on _____ certified copy of which is attached hereto, have requested Stanbic Bank/Standard Bank ("the Bank") to act on written instructions transmitted by me/us to it by facsimile transceiver or by means of an email message.

and whereas the Bank has informed me/us that it is prepared to act on such faxed/mailed instructions which purport to emanate from me/us if it receives a release and indemnity in the form hereof.

and whereas I/we am/are prepared to give such releases and indemnity.

Now therefore, I/we do hereby -

- 1 Acknowledge that it is not practical for the Bank to establish the authenticity of all messages telefaxed or emailed to the Bank which purport to emanate from me/us.
- 2 Agree that all faxed or email instructions, mandates, consents, commitments and the like which purport to emanate from me/us shall be deemed to have been given by me/us in the form actually received by the Bank (purported faxed or email instructions) - which may as a result of the malfunction of equipment, the distortion of communication links and the like, be different from that intended or sent - and I/we shall be bound thereby.
- 3 Waive any rights I/we may have or obtain against the Bank arising directly or indirectly from losses or damages including matters related to notice of lost and cancelled foreign drafts and cheques, which I/we may suffer because the Bank acts on purported faxed or emailed instructions, and I/we agree to indemnify the Bank in respect of any claims, demands or actions made against it or losses or damages by it because it so acted.
- 4 Agree that in respect of purported faxed or email instructions regarding payment by cheque, draft, mail or telegraphic transfer for the benefit of third parties, the purchase or sale of any foreign currencies, the purchase or sale of Stock Exchange Securities, the transfer of money, whether the transfer is from any account in the Company's name to any other account in the Company's name or to any account in the name of the third party at any branch of the Bank or at any branch of any other Bank, same day value may only be given if the message is received by the Bank a reasonable time before the close of its business to the public.
- 5 Agree that the Bank is not to be held liable for errors or delays in transmissions, or the misinterpretation on receipt, or for any loss or damage from whatever cause as a result of the Bank permitting this agreement, excluding losses arising from the proven unlawful or fraudulent acts of the Bank's employees.
- 6 Agree to implement and adhere to any procedures and/or restrictions imposed on me/us by the Bank from time to time regarding the sending of faxed or emailed instructions to the Bank.
- 7 Agree that this release and indemnity will not be affected by any failure by the Bank to impose any or sufficient procedures or restrictions or to ensure that any, or all of them are adhered to.
- 8 Agree that the Bank will not be obliged to act on any purported faxed or emailed instructions and that it may at any time on written notice sent to me/us at withdraw from the arrangements envisaged in _____ this document.
- 9 Agree to send the original copy of such written instruction or confirmation of fax or email, clearly marked "confirmation" of fax/email _____ dated within at least 21 working days following the transmission.

Signed at _____ on this _____ day of _____

For and on behalf of

Chairman's/Director signature _____

Director/Company Secretary's signature _____



Section 15

1 Introduction

- 1.1 These Terms become effective when you register for a business Transactional account.
- 1.2 You must know, understand and comply with these Terms and the General Terms and Conditions, as they are a binding agreement between you and us.
- 1.3 If there is a conflict between these Terms and the General Terms and Conditions, these Terms will apply.
- 1.4 Important clauses, which may limit our responsibility or involve some risk for you, will be in bold or highlighted. You must pay special attention to these clauses.

2 Deposits

- 2.1 To open your Account, you must make the minimum deposit required in your Account.
- 2.2 We will accept electronic fund transfers, cash and cheque deposits into your Account.

3 Deposits reversed

- 3.1 If a cheque or similar item deposited into your Account could not be cleared, we will debit your Account with the amount shown on the cheque.
- 3.2 If you are not the rightful recipient of a cheque deposited into your Account, we may debit your Account with the amount shown on the cheque and pay the money to the rightful recipient. We will, however, tell you if we have done so.

4 Payments

- 4.1 We will make payments from your account on your instructions if there are sufficient funds available.

5 Stop payments

- 5.1 You may stop payment of a cheque you have issued before it is presented for payment unless the bank has made a commitment to pay it, for example, certified it good for payment.
- 5.2 You may dispute and/or stop payment on your debit order in writing. It is your responsibility to notify the party who is debiting your Account.

6 Interest and charges

- 6.1 We will charge you interest on any overdrawn balances and we shall inform you of the applicable rate of interest charged, upon request.
- 6.2 We will charge you for various services provided, but details of such charges are available on request.
- 6.3 We may vary charges and interest rates from time to time, but will give you reasonable notice of such changes before they come into effect.

7 Statements

- 7.1 We will provide you with regular statements of your account.
- 7.2 You shall advise us within 30 days of receipt of the statement, of any entry you regard as incorrect.
- 7.3 If you fail to notify us timeously of forged or unauthorized entries on your account and this results in losses taking place, we will be entitled to refuse to refund the losses to you, provided that we have not been negligent or breached on our duty of care.

8 Overdrafts

- 8.1 If your account is overdrawn without suitable arrangement, we may transfer/set off money to it from any other accounts held by you.
- 8.2 We may demand payment of all amounts owing by you at any time.
- 8.3 A certificate signed by a manager of our bank containing details of an amount, including interest, owed by you will be sufficient proof thereof unless the contrary is proved.
- 8.4 We shall regard the latest postal or residential address given by you to us as the address where notices may be given and documents in legal proceedings may be served.
- 8.5 If necessary, we may take legal action against you in an appropriate Court of Law even if our claim exceeds its jurisdiction.
- 8.6 You shall be responsible for payment of all our reasonable expenses in recovering any amounts you owe us, including legal fees on an attorney and own client basis, collection fees and tracing fees or any other fees we may incur as a result of our efforts.

9 Letter of Set off

In consideration of us giving you financial and/or banking accommodation and other facilities, you agree that in addition to any other general lien or similar right to which we as bankers may be entitled by law, we may at any time and without notice to you combine or consolidate all or any of your accounts with/and liability to us and set off or transfer any sum or sums standing to the credit of anyone or more of such accounts in or towards satisfaction of any of your liabilities to us on any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.

10 Cheque Book

You agree to look after and use any cheque book and any cheque form with the utmost care.

- 10.1 You further agree to ensure:
 - 10.1.1 that all uncompleted cheque forms are kept in safe custody at all times;
 - 10.1.2 that we are informed immediately upon discovery by you that any cheque book or any cheque form has been stolen, lost or mislaid;
 - 10.1.3 that any person preparing a cheque is authorised to do so;
 - 10.1.4 that any cheque is prepared and signed in ink or other indelible writing material;
 - 10.1.5 that the amount of the cheque is written in such a manner as to prevent any unauthorized addition of letters or figures;
 - 10.1.6 that any cheque and any alteration is signed by an authorised signatory;
 - 10.1.7 that no uncompleted cheque is given to any stranger or other person when you do not have reasonable grounds for believing that person to be trustworthy;
 - 10.1.8 upon closure of any account you will return to us any remaining uncompleted cheque forms relating to that account and we will return to you where possible the value of any Revenue Stamps reimbursement for them which is obtained by us; and
 - 10.1.9 you understand that the use and handling of your cheque book is subject to such arrangements as we may have with regards to the implementation of the MICR system as coupled with the Automated Clearing Bureau

11 Requirements for Fraud prevention Fraud tips)

- i Account holders must store chequebooks in a locked and secure place.
- ii Account holders must always write in permanent ink and not type cheques.
- iii It is advisable for Account holders to perform transactions through online banking rather than the use of cheques.
- iv Account holders must pre-advise their relationship management team in the Bank ahead of issuance of cheques.
- v Account holders must conduct bank reconciliation with their bank statement at least once a month.
- vi Account holders should not compromise any passwords assigned to them by the Bank.
- vii Account holders should not compromise (share) One-Time-Passcode (OTP) or Personal Identification Number (PIN) with anyone.
- viii No official of the Bank would/should ask for an account holder's OTP or PIN.
- ix Online access credentials must not be shared credentials, such that each individual requiring access must have their own access credentials to the online banking platform.
- x The Bank must be immediately informed anytime a signatory on the account ends relationship with the account holder.

12 DORMANT ACCOUNT PRINCIPLES

1 Definition of Dormancy

Your account will be classified as dormant where there is no customer initiated activity by you or an authorised third party on your behalf for a period of two (2) years or as otherwise defined by Bank of Ghana regulations. This applies to:

- Current or savings accounts with credit balances and related products
- Time deposit accounts with no activity for two (2)years after maturity

- Prepaid card accounts or any other customer funds not assessed or operated for two years
- For fixed deposits or investments, dormancy occurs after rollovers continue for more than three consecutive cycles or for over two (2) years, whichever is longer.
- 2 Notification of Dormancy**
The Bank will make reasonable efforts to notify you through your registered contact details (Telephone, email or SMS at least three (3) months before your account is designated as dormant.
- 3 Restriction on Transactions**
Once your account becomes dormant, all debit transactions will be temporarily restricted until reactivation. Credit entries, including interest or deposits, may still be applied as permitted.
- 4 Reactivation of Dormant Accounts**
Dormant accounts may be reactivated upon your completion of the Bank's verification process of the following documents:, which may include:
- o Ghana Card (i.e. National ID where circumstances allow)
 - o Proof of address
 - o Updated Know Your Customer (KYC) information
- 5 Fees and Interest**
While your account is dormant, the Bank will not charge maintenance or service fees on your account, and interest will stop accruing on interest-bearing accounts.
- 6 Transfer of dormant funds to Bank of Ghana**
If your dormant account remains inactive and unclaimed for a period of five (5) years or as specified by Bank of Ghana, the funds may be transferred to a designated Unclaimed Balances Account with the Bank of Ghana. You retain the full right to reclaim these funds by presenting valid identification and required documentation to the Bank.
- 7 Publication of Dormant Account Holder**
In accordance with Bank of Ghana regulations, the Bank may publicly list the names and branches of Dormant Account Holders in at least two national newspapers before transferring dormant funds to the Bank of Ghana.
- 8 Customer Responsibility**
You are responsible for keeping your contact details up to date with the Bank to ensure receipt of notifications relating to dormant account status.
- 9 Legal Compliance**
The Bank's treatment of dormant accounts complies with the Banks and Specialized Deposit-Taking Institutions Act, 2016 (Act 930), as well as applicable Bank of Ghana guidelines on Unclaimed Balances and Dormant Accounts Directive.
- 10 Acknowledgement**
By opening this account, you acknowledge and accept that:
- Your account may be classified and designated as dormant if inactive as outlined above.
 - You may be required to reactivate your account in accordance with regulatory and the Bank's procedures.
 - Funds may be transferred to the Bank of Ghana if unclaimed for the prescribed period, without losing your right to claim them.

Disclosure for Credit 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.

The Bank shall also disclose your credit transactions to credit reference bureaus in accordance with the **Credit Reporting Act, 2007 (Act 726)**.

Disclosure for Dormant Account

An account shall be classified dormant where there is no customer-initiated activity by you or an authorised third party on your behalf for a continuous period of two (2) years. Any balance remaining unclaimed after five (5) years shall be transferred to the Bank of Ghana in accordance with the **Unclaimed Balances and Dormant Accounts Directive, 2021**. A dormant account holder or their legal representatives may reclaim funds upon validation of the claim by the Bank.

Disclosure About Ghana Deposit Protection Scheme

Deposits of account holders with the Bank are protected under the Ghana Deposit Protection Scheme ("the Scheme") in accordance with the **Ghana Deposit Protection Act, 2016 (Act 931)**. The Scheme provides compensation to eligible depositors in the event that the Bank becomes unable to repay deposits. Protection under the Scheme is subject to statutory limits and eligibility criteria as may be prescribed by law or by the Ghana Deposit Protection Corporation from time to time

Declaration

We confirm that we have read Stanbic Bank Ghana LTD's (the Bank's) Terms and Conditions, and Disclosures for – Business Banking Accounts, the current versions of which appear on the Bank's website.

We confirm that the particulars and information provided in this account application form are true, correct and up to date in all respects and that we have not withheld any information.

We authorise you to make any enquiries you consider necessary in connection with the information provided in the application form.

In signing this declaration, we agree that we have understood the Terms and Conditions of this account and agree to be bound by them. We indemnify the Bank against any loss, claim or demand made against the Bank as a result of any misrepresentation or falsification of information contained in this application form.

We hereby indemnify the Bank against any liabilities arising from our internet activities or from the Bank providing support or infrastructure for such activities. We acknowledge that the Bank cannot guarantee the confidentiality or security of public or unencrypted electronic communications.

Accordingly, we agree to indemnify the Bank against any loss or breach of confidentiality resulting from the transmission of our account details by email, except where such loss or breach arises directly from gross negligence on the part of the Bank.

We further warrant that the email address provided in the application form is our business address and is not accessible by any third party.

We consent to the Bank delaying any credit to our account where there is unusual activity or suspicion of fraud, in compliance with the **Anti-Money Laundering Act, 2020 (Act 1044)**.

Customer Name _____ Date _____

Signature _____

Customer Name _____ Date _____

Signature _____

Section 16 - Consent clause

Definitions

Group Standard Bank Group LTD, its subsidiaries and their subsidiaries.

Stanbic Bank (we, us, our) Stanbic Bank Ghana LTD, its successors and assigns.

Personal Information Information about an identifiable, natural person and where applicable, a juristic person, including, but not limited to information about: race; gender; sex; pregnancy; marital status; nationality; ethnic or social origin; colour; sexualorientation; age; physical or mental health; well-being; disability; religion; conscience; belief; culture; language; birth; education; medical, financial, criminal or employment history; any identifying number, symbol, e-mail, postal or physical address, telephone number; location; any online identifier; any other particular assignment of the person; biometric information; personal opinions, views or preferences of the person or the views or opinions of another individual about the person; correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence; and the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

Process Any operation or activity, automated or not, concerning Personal Information, including: alteration, blocking, collation, collection, consultation, degradation, destruction, dissemination by means of transmission, distribution or making available in any other form, erasure, linking, merging, organisation, receipt, recording, retrieval, storage, updating, modification, or the use of information. Processing and Processed will have a similar meaning.

Consent to Data protection

1 You consent to us collecting your Personal Information from you and where lawful and reasonable, from public sources for credit, fraud and compliance purposes, as well as the purposes set out below.

2 If you give us Personal Information about or on behalf of another person (including, but not limited to, account signatories, shareholders, principal executive officers, trustees and beneficiaries), you confirm that you are authorised to: (a) give us the Personal Information; (b) consent on their behalf to the Processing of their Personal Information, specifically any cross-border transfer of Personal Information into and outside the country where the products or services are provided; and (c) receive any privacy notices on their behalf.

3 You consent to us Processing your Personal Information:

- to provide products and services to you in terms of this agreement and any other products and services for which you may apply;
- to carry out statistical and other analyses to identify potential markets and trends, evaluate and improve our business (this includes improving existing and developing new products and services);
- in countries outside the country where the products or services are provided. These countries may not have the same data protection laws as the country where the products or services are provided. Where we can, we will ask the receiving party to agree to our privacy policies;
- by sharing your Personal Information with our third-party service providers, locally and outside the country where the products or services are provided. We ask people who provide services to us to agree to our privacy policies if they need access to any Personal Information to carry out their services; and
- within the Group.

4 You will find our Processing practices in the Group's and our privacy statements. These statements are available on the Group's websites or on request.

5 If you are unsure about your tax or legal position because your Personal Information is Processed in countries other than where you live, you should get independent advice.

Marketing consent

Permission to market products and services

As part of our service we would like to give you information about products and services offered by the Group, which we believe may benefit you. The Group means Standard Bank Group Limited, its subsidiaries and their subsidiaries.

Because your personal information is confidential, we need your consent to share it within the Group.

Consent

Please tick applicable

I give my consent that you may:

- | | | |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> communicate other companies' products, services and special offers to me. If I respond positively to the communication, that company may contact me | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> contact me for research purposes. (The research companies we use follow strict codes of conduct and treat customer information confidentially). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> market your products, services and special offers to me. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> share my personal information within the Group for marketing purposes and that the Group may then market its products, services and special offers to me. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 17

Basic documents required in respect of the account holder - (This list may change from time to time and is not exhaustive)

General (required for all legal entities)

- | | |
|--|---|
| <input type="checkbox"/> ID document/passport of related parties | <input type="checkbox"/> Acceptable physical business address verification document and/or head office address verification document if Foreign Company owned |
| <input type="checkbox"/> Power of Attorney/Mandate/Resolution/other legal document (if applicable) | |

Company

- | | |
|--|---|
| <input type="checkbox"/> ID document/passport of related parties | <input type="checkbox"/> Certificate of registration (required for Insurance companies/societies) |
| <input type="checkbox"/> Regulations | <input type="checkbox"/> Proof of listing (required only for a listed company), (Also verification document) |
| <input type="checkbox"/> Certificate to commence business | |
| <input type="checkbox"/> Certificate of change of name (if applicable) | <input type="checkbox"/> Group structure (if wholly owned subsidiary of listed company) |
| <input type="checkbox"/> Notice of registered office and postal address of company | <input type="checkbox"/> Contents of register of directors, auditors and officers (Also verification document) |
| <input type="checkbox"/> Consent to act as a director or officer | <input type="checkbox"/> Constitution (where available) |
| <input type="checkbox"/> Appointment of auditors | <input type="checkbox"/> Acceptable physical business address and trade name verification document(s). (Also verification document) |

Foreign Company

- | | |
|---|--|
| <input type="checkbox"/> Certificate of registration of memorandum of external company | <input type="checkbox"/> Certificate of registration (required for Insurance companies/societies) |
| <input type="checkbox"/> Verify name, number and address using the official document issued by the relevant authority in the foreign country where the company is incorporated; | <input type="checkbox"/> Proof of listing (required only for a listed company), (Also verification document) |
| <input type="checkbox"/> Acceptable trade name and physical business/head office address verification document(s) in foreign country; | |

In addition to the information required for a company, collect the following information and documentation:

Registered name (in foreign country) _____

Registered address (in foreign country) _____

Registration number (in foreign country) _____

To verify the registered name, number and address

- | | |
|---|---|
| <input type="checkbox"/> Official incorporation documents from relevant foreign country | <input type="checkbox"/> Proof of listing of a company listed on a foreign stock exchange |
|---|---|

Partnership/Joint Venture

- | |
|---|
| <input type="checkbox"/> Partnership agreement (if in existence)/Registration certificate. Record reason if not available: (Also verification document) |
| _____ |
| <input type="checkbox"/> Acceptable physical business address verification document |

Signature

Informal Body/Body Corporate

- Constitution/other founding document (if applicable):
(Also verification document)
- Minutes of the meeting or
- Other certificates
- Rules of the body corporate

Trusts/Foreign Trusts/Attorney Trust

- Trust deed/foreign trust deed (to verify name and number of trust and particulars of beneficiaries of the trust)
- Official document issued by the authority in the country where the Trust was created (Foreign Trusts)
- Letter of Authority (to verify address of the Master of the High Court and the particulars of the Trustees)
- Fidelity Fund certificate

Estate Late/Insolvent Estate/In Liquidation

- Letters of Administration/Probate
 - Death Certificate
 - Order of appointment as Liquidator
 - Deed and notice of appointment of receiver
- Signature _____

Closing of account

We will close your account by completion of the account closure form, but the closure will not be effective until you have returned any unused cheques and bank cards and all cheques or other items deposited have been paid.

We will close your account on reasonable prior notice and shall not be obliged to give reasons for such action.

Section 18

Applicants who are blind or not literate and have the form read to them by a third party

The mark of the said _____ (insert customer's name) was appended to this application form after the content had been read and interpreted to him/her in the _____ (language of interpretation) language by:
 Interpreter's name: _____

Address: _____

Designation: _____

Mark/Thumbprint/Signature: _____

and he/she seemed perfectly to understand and approve of the same before making his/her mark below

Customer's name: _____

Mark/Thumbprint/Signature: _____

In the presence of: _____

Witness: _____

Name: _____

Address: _____

Date: _____

Section 19 - For Bank use only

Account opened by	Name	Designation
-------------------	------	-------------

Date (DD-MM-YYYY)	Signature
-------------------	-----------

Account verified by	Name	Designation
---------------------	------	-------------

Date (DD-MM-YYYY)	Signature
-------------------	-----------

Deferral/Waiver of document (if any) authorised by

Name	Signature
------	-----------

Date (DD-MM-YYYY)

Document verification carried out by

Signature

Date (DD-MM-YYYY)

Comments

Section 19 - For Bank use only (continued)

Risk Rating

Low Medium High

Is Customer a PEP? Yes No

Type of PEP

Domestic Foreign International Organisations Family Members Close associates

Is the applicant a High-Risk? Yes No

Type of High Risk clients - Business accounts

Companies that have nominee-shareholders or shares in bearer forms Religious groups Virtual Assets (VAs) and Virtual Asset Service Providers (VASPs)

Cross Border Banking and business relationships Precious metals/ Mining business Petroleum Business Real Estate Casinos/ Gambling

Non-Profit Organisations Charities Legal Entities belonging to a PEP State Owned Enterprise Trust Deceased Estate

Financial Institutions Embassies Ministries, Department and Agencies (MDAs) Metropolitan, Municipals and Districts Assemblies (MMDAs) and other public institutions By system risk grade