



GCB Link2Home Account

Account Opening Form *(Individual)*

Account Name	<input type="text"/>
Account No.	<input type="text"/>
Personal Banker	<input type="text"/>
Customer IC	<input type="text"/>
Date	<input type="text"/>

Account Opening Requirements

- One (1) passport-sized photograph
- Valid Photo ID (Passport / Driver's License / National I.D.)
- Proof of Address (Utility Bill / Employer's Reference / Income Tax Certificate / Tenancy Agreement): Not Older than six (6) months
- Trust Deed
- Valid I.D. of Trustee to be verified against Trust Deed

General Account Information

Account type	<input type="checkbox"/> Savings Account (1)	Currency	<input type="checkbox"/> ₺	<input type="checkbox"/> \$	<input type="checkbox"/> £	<input type="checkbox"/> €	<input type="checkbox"/> ¥
	<input type="checkbox"/> Current Account (1)	Currency	<input type="checkbox"/> ₺	<input type="checkbox"/> \$	<input type="checkbox"/> £	<input type="checkbox"/> €	<input type="checkbox"/> ¥
Purpose of Account (1)	<input type="checkbox"/> Investment	<input type="checkbox"/> Transactional	<input type="checkbox"/> Personal Savings				
Purpose of Account (2)	<input type="checkbox"/> Investment	<input type="checkbox"/> Transactional	<input type="checkbox"/> Personal Savings				
Investment Option	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Negotiable Certificate of Deposit	<input type="checkbox"/> Premium Certificate of Deposit	<input type="checkbox"/> Other <input type="text"/>			
		Currency	<input type="checkbox"/> ₺	<input type="checkbox"/> \$	<input type="checkbox"/> £	<input type="checkbox"/> €	<input type="checkbox"/> ¥

Personal Details

Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Mrs.	Other <input type="text"/>
Surname	<input type="text"/>				
First Name	<input type="text"/>				
Other Name(s)	<input type="text"/>				
Maiden Name (if applicable)	<input type="text"/>				
Mother's Maiden Name	<input type="text"/>				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
No. of dependants	<input type="text"/> Children	<input type="text"/> Others			
Place of Birth	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Nationality	<input type="text"/>	Country of Origin	<input type="text"/>		
Profession / Occupation	<input type="text"/>	Home Town	<input type="text"/>		
Educational Status	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Non Student	<input type="checkbox"/> Others
Country of Residence	<input type="text"/>				
Name of Spouse(s)	<input type="text"/>	Spouse Employment	<input type="text"/>		

For United States (US) Nationals

Are you a US National?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a US Resident Alien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you intend to use your account for investments purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have investments / intend to invest in Ghana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes (to any of the above), do you file US Taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please explain	<input type="text"/>	

Contact Details

Residential Address (Abroad)

Street Address

City

State

Title To Residence

Outright Ownership

Mortgaged

Rented

Lease

Other (please specify)

Address for Correspondence

Postal

Email

Mobile No.

Fixed Tel. No

Postal Address

Post Code

Residential Address In Ghana

House No.

Street Name

Nearest Landmark

City / Town

Suburb

Permanent residential address
(If different from above)

Valid means of Identification (please tick and provide relevant details)

National ID	<input type="checkbox"/>	Number	<input type="text"/>	Issue Date	<input type="text"/>	Exp. Date	<input type="text"/>
Driver's Licence	<input type="checkbox"/>	Number	<input type="text"/>	Issue Date	<input type="text"/>	Exp. Date	<input type="text"/>
Passport	<input type="checkbox"/>	Number	<input type="text"/>	Issue Date	<input type="text"/>	Exp. Date	<input type="text"/>
Voter ID	<input type="checkbox"/>	Number	<input type="text"/>	Issue Date	<input type="text"/>	Exp. Date	<input type="text"/>
Other (specify)	<input type="checkbox"/>	Number	<input type="text"/>	Issue Date	<input type="text"/>	Exp. Date	<input type="text"/>

Account Service(s) Required *(please tick applicable options below)*

Card preferences

- ReadyCash Card
 MasterCard Standard MasterCard Gold Visa Classic
 Prepaid Other (specify)

Electronic banking preferences

- Internet Banking
Online purchases:
 MasterCard SecureCode Verified by Visa Other eBanking Products

Transaction Alert Preferences

- e-Alert Address:

Statement Preference

- Email Postal Collection At Branch

Statement Frequency

- Monthly Quarterly Semi-Annually Annually

Cheque / Savings Withdrawal Book Requisition

- 25 Leaves 50 Leaves

Employment Details

Tick as appropriate

- Employed Self-Employed Unemployed
 Retired Student Other (specify)

Number of years with Current Employer

Mode Of Salary Payment

- Cash Cheque Direct Credit

Wage/Monthly Salary (in stated currency)

- Less than 1,000 1,000 - 5,000 5,001 - 10,000 More than 10,000

Estimated Net Worth

Employer's Name

Nature of Business

Employer's Address

Nearest Landmark

City / Town

Office Phone Number

Employer's Email Address Or Website

Details of Next of Kin *(In case of emergency)*

Title Dr. Mr. Miss. Mrs. Other

Gender Male Female

Surname

First Name

Other Name(s)

Relationship to Next of Kin

Phone No. 1

Phone No. 2

Residential Address

House No.

City / Town Suburb

Additional Details *(Trust / Minor Account)*

Full Name of Beneficial owner(s) of the Account (if applicable) *(Beneficial owner is a person who enjoys the benefits of ownership even though title is in another name)*

Date of Birth

Expected Account Activity

Source of Funds Salary Personal Savings Investment Other (specify)

Transaction types	Expected No. of transactions per month	Expected Amount per month GH¢
Deposits (Funds Inflow)	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 and above	<input type="checkbox"/> 1-2000 <input type="checkbox"/> 2001-5000 <input type="checkbox"/> 5001 & Above
Account (2) if applicable	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 and above	<input type="checkbox"/> 1-2000 <input type="checkbox"/> 2001-5000 <input type="checkbox"/> 5001 & Above
Withdrawals (Funds Outflow)	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 and above	<input type="checkbox"/> 1-2000 <input type="checkbox"/> 2001-5000 <input type="checkbox"/> 5001 & Above
Account (2) if applicable	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 and above	<input type="checkbox"/> 1-2000 <input type="checkbox"/> 2001-5000 <input type="checkbox"/> 5001 & Above

Name Of Associated Business(es) (if applicable)

Type Of Associated Business Line Of Business

Associated Business Address % Holding

Internet Banking Application

Full Name of Customer	<input type="text"/>
Any Former Name(s)	<input type="text"/>
Postal Address	<input type="text"/>
	<input type="text"/>
Residential Address	<input type="text"/>
	<input type="text"/>
Email	<input type="text"/>
Nationality	<input type="text"/>
Profession/ Occupation	<input type="text"/>
Telephone Number(s)	<input type="text"/>

Please state all your GCB account numbers you want to be linked to this service.

Account Name	Account Number	Tick
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

I have carefully read & accepted the GCB Internet Banking Terms & Conditions (Overleaf).

(Where the form is submitted at another branch instead of one's branch, an ID - Passport / Voter's / Driver's License will have to be provided)

Applicant's Signature _____

Date

Account(s) held with GCB and other Banks

Name and address of Bank / Branch	Account Name	Account Number

Account Opening Mandate

Mandate authorisation (*please tick as appropriate*)

Sole Signatory Either To Sign Both To Sign Other (Specify)

Name(s) and mark(s) of signatories

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Note: In case of Joint Account, 2nd applicant is required to complete a second Account Opening Form and attach herewith.

Declaration

I hereby apply to open account(s) with _____ branch. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and I therefore warrant that such information is correct.

I 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.

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

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

For GCB Agent (Abroad) only

Customer information gathered for and on behalf of GCB by:

Name of Agent _____

Registered Address of Agent _____

Name of Local Supervisor (Regulator) of Agent _____

Signature / Stamp of Agent _____

Date _____

CUSTOMER'S SPECIMEN SIGNATURE *(sign three times in the box below)*

NAME IN FULL	SIGNATURE AND RECENT PASSPORT-SIZED PHOTOGRAPH

FOR BANK USE ONLY

1. REQUIREMENT CHECKLIST

	DOCUMENTS REQUIRED (Original IDs / Documents must be seen)	CHECKED	DEFERRED	WAIVED	N/A
1	Duly Completed Account Opening Form				
2	Specimen Signature Card Duly Completed				
3	Recent Passport-Sized Photograph				
4	Proof of Identity: Passport / Driver's Licence / Social Security Card / Other				
5	Proof of Address: Utility Bill e.g. water, electricity				
6	Agent's endorsement				

2. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person (PEP) or associated with PEP?

Yes No

If customer is closely associated, state relationship _____

KYC / Risk Profile: Low Risk Medium Risk High Risk

3. INITIAL DEPOSIT

Initial Deposit By: Cash Transfer Amount: _____

4. ACCOUNT OPENED BY

Name _____ Signature _____ Date _____

5. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY

Name _____ Signature _____ Date _____

6. DOCUMENT VERIFICATION CARRIED OUT BY:

Name _____ Signature _____ Date _____

Comments _____

7. ACCOUNT OPENING AUTHORISED/APPROVED BY:

Name _____ Signature _____ Date _____

8. FOR PEP CUSTOMERS, REFER TO HEAD RISK MGT. DIVISION / COMPLIANCE FOR APPROVAL.

Name _____

Name _____

Designation _____

Designation _____

Signature _____

Signature _____

Date _____

Date _____

Terms And Conditions for GCB Bank Ltd. Link2Home Account

Please read this page carefully. It provides you (The Customer(s) with important information about GCB Bank Ltd (GCB) Current and Savings Accounts.

1. The Bank

- 1.1 The information on this page (and any further instructions and conditions that may be prescribed by the Bank from time to time) are the terms of the agreement between you and GCB. When you sign the Account Opening Form you accept these terms as binding on you.

2. The Account

- 2.1 The hours of business will be advertised from time to time.
- 2.2 You assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and receipts or others deposited in the account.
- 2.3 The account may be debited for any service charge that is set by the Bank from time to time.
- 2.4 All notices or letters will be sent to the address supplied by you and will be considered duly delivered and received at the time it is posted. Notices in the press will be deemed sufficient for this purpose.
- 2.5 The Bank will not be liable for funds handed over to any person other than the Bank's Cashier/Teller for the credit of your account. Any anomaly in the entries on your Bank statement must be brought to the attention of the Bank within 21 days of the date thereof and you agree that failure to give such notice absolves the Bank from all liabilities arising there from. The Bank may exercise its general lien or any similar right it is entitled to by or consolidate all or any of my accounts with any liabilities to the Bank and set off or transfer any sum or sums standing to the credit of anyone or more of such accounts or any other credit.

3. E-Alert / SMS Alerts

- 3.1 Where requested, the Bank may provide e-Alert / SMS Alerts or other similar service to provide information on transactions. The service is provided 'As Available' and without any warranty of fitness for a specific purpose. The Bank does not warrant that this service will always be uninterrupted, or that any information provided is accurate and current as at the time it is received. The Bank disclaims responsibility for any defect, corruption, virus or related problems attributed to your telecom equipment or the service provided by any network provider.

4. Savings Account

- 4.1 Request to open a Savings Account will be granted on proper completion of the Bank's Account Opening Form
- 4.2 Deposits will be received up to any amount.
- 4.3 One account only may be opened for any one person either in his own name or jointly with another or others. Depositors should note that the Form of Application includes a certification that the applicant has no Savings Account at any of the other branches of GCB Bank Ltd.
- 4.4 Money may be deposited in the joint names of two or more persons to be payable to both, or all of them, or to any one or more of them, or to the survivor(s).
- 4.5 Collection and clearance of cheques, drafts, dividend warrants and other instruments on Savings Accounts can only be allowed at the discretion of the Branch Manager.
- 4.6 Interest will be calculated on the balance on account set by the Bank from time to time and applied on monthly basis.
- 4.7 Except by special arrangement with the Bank, deposits can be withdrawn only during business hours. **Cheques may not be drawn by depositors on Savings account.**
- 4.8 In the event of the Savings Withdrawal booklet being lost or spoilt the Bank may on receiving a satisfactory explanation, and indemnity, issue a new Savings Withdrawal booklet
- 4.9 The Bank reserves to itself the right to alter or add to these rules at any time and to alter the rate of interest allowed from time to time.

5. Cheques

- 5.1 All cheques or orders signed by you (or either or both or all of you if a joint account according to mandate) will be honoured by the Bank and your account will be debited for such cheques or orders whether such account be for the time being in credit or overdrawn or may become over-drawn in consequence of such debit.
- 5.2 The Bank is under no obligation to honour any cheque drawn on your account unless there are sufficient funds in the account to cover the value of the said cheques and such cheques may be returned to you unpaid.
- 5.3 The Bank may exercise its discretion in allowing withdrawals against uncleared cheque(s). Where the cheques are returned unpaid thereafter the Bank shall have the right to hold on to the returned cheque and take further action it deems appropriate to recover the value of the cheque from you. The Bank shall have the right whenever it deems appropriate to confirm the issuance of a cheque drawn on the current account failing which the cheque may be returned with "Drawer's Confirmation Required" endorsed thereon.
- 5.4 Customer must ensure that their cheque book is kept under lock and key place to prevent unauthorised persons from gaining access to same and neglect of this precaution may be a ground for any consequential loss being charged to your account.
- 5.5 If your cheque book gets lost, missing or stolen you must notify the Bank immediately. The Bank shall not be held liable for any unauthorised use of your cheque book where the loss or otherwise of same has not been notified immediately.

6. Overdrawn Account

- 6.1 Overdrafts may be available to customers upon arrangement with the Bank. If you do not have such arrangement and your account becomes overdrawn, we may charge you an extra fee and interest at our current rate for unauthorised borrowing. If your account does not have enough cleared funds to cover an amount you want to withdraw we may return your cheque unpaid. The Bank reserves the right to use credit balance on your current account to set off any outstanding exposures on any of your accounts.

7. Paying Interest

- 7.1 Customer will be liable for the payment of interest charges at the rate fixed by the Bank from time to time for any sum(s) standing to the debit of the current account. The current account may also be debited for the Bank's usual banking charges, interest, commissions, etc.

8. Termination Of Agreement

- 8.1 Either party may terminate this agreement at any time by notifying the other in writing.
- 8.2 Where customer is terminating the agreement, the termination becomes effective where any cheques and amounts carried on the account have been paid and all cheque books and cards issued to customer are sent back to the Bank. Where the Bank is terminating agreement and the account is overdrawn, customer must pay all sums outstanding on the account otherwise the Bank may take appropriate legal action for recovery.
- 8.3 All mandatory documentation should be completed within (2) months of opening the account. If you do not provide the required documents within two (2) months, written notice would be given to you after which your account will be automatically closed.

9. Disclaimer Clause

- 10.1 The Bank shall not be liable for any funds / assets deposited by customer which are subsequently found to have been derived from illegal sources or activities. The customer confirms that the funds / assets deposited are not derived from any illegal sources or activities.

10. Sharing Of Personal Information

- 11.1 You consent to the Bank making available information concerning your account including personal information to the Central Data Bank of Ghana Association of Bankers and Credit Reference Bureaux and Agencies where necessary.