

GCB Link2Home Account

Account Opening Form (Joint)

Account Name	
Account No.	
Personal Banker	
Customer IC	
Date	D D M M Y Y Y Y

Account Opening Requirements

- One (1) passport-sized photograph each
- 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
- Vailid I.D. of Trustee to be verified against Trust Deed

General Accoun	t Information
tyne	Savings Account (1) Currency
Purpose of Account (1)	Investment Transactional Personal Savings
Purpose of Account (2)	Investment Transactional Personal Savings
Investment Option	Fixed Deposit
Personal Details	s (1)
Title	Dr. Mr. Miss. Mrs. Other
Surname	
First Name	
Other Name(s)	
Maiden Name (if applicable) Mother's Maiden Name Gender Marital Status No. of dependants Place of Birth	Male Female Single Married Divorced Separated Widowed Children Others Date of Birth D D M M Y Y Y Y
Nationality	Country of Origin
Profession / Occupation Educational Status Country of Residence Name of Spouse(s)	Home Town Undergraduate Graduate Post Graduate Non Student Others Spouse Employment
For United Stat	es (US) Nationals
Are you a US Nati	onal? Yes No
Are you a US Resi	dent Alien? Yes No
Do you intend to	use your account for investments purposes? Yes No
	stments / intend to invest in Ghana? Yes No
	ne above), do you file US Taxes? Yes No
If No, please expl	ain

Contact Details			
Residential Addre	ss (Abroad)		
Street Address			
City		State	
Title To	Outright Ownership Mortgage	ed Rented Lease	
Residence	Other (please specify)		
Address for Corre	spondence		
Postal	<u>'</u>		
Email			
Mobile No.			
Fixed Tel. No			
Postal Address			
Post Code			
	cs In Chana		
Residential Addre House No.	SS III GIIdiid		
		Nearest	
Street Name		Landmark	
City / Town		Suburb	
Permanent reside (If different from all			
			,
Valid means of	Identification (please tick and provide	relevant details)	
	_	Issue	Evn
National ID	Number	Date	Exp. Date
Driver's Licence	Number	Issue Date	Exp. Date
Passport	Number	Issue Date	Exp. Date
Voter ID	Number	Issue Date	Exp. Date
Other (specify)	Number	Issue Date	Exp. Date

Account Service(s) Required (please tick applicable options below)
Card preferences ReadyCash Card MasterCard Standard MasterCard Gold Visa Classic Prepaid Other (specify)
Electronic Internet Banking Mobile Banking banking preferences Online purchases: MasterCard SecureCode Verified by Visa Other eBanking Products
Transaction e-Alert Address: Alert Preferences SMS alert Number:
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 Other (specify)
Number of years with Current Employer Mode Of Salary Payment Cash Cheque Direct Credit
Wage/Monthly Salary (in stated currency) Estimated Net Worth
Employer's Name
Nature of Business
Employer's Address
Nearest Landmark City / Town
Office Phone
Number

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 D D M M M Y Y Y Y Y Expected Account Activity Source of Salary Personal Savings Investment Other (specify) Transaction types Expected No. of transactions per month Expected Amount per month GH¢ Deposits (Funds 1-5 6-10 11 and above 1-2000 2001-5000 5001 & Above)
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Transaction types
Deposits (Funds 1-5 6-10 11 and above 1-2000 2001-5000 5001 & Above
Account (2) if applicable 1-5 6-10 11 and above 1-2000 2001-5000 5001 & Above
Withdrawals (Funds Outflow) 1-5 6-10 11 and above 1-2000 2001-5000 5001 & Above
Account (2) if applicable 1-5 6-10 11 and above 1-2000 2001-5000 5001 & Above
Name Of Associated Business(es) (if applicable)
Type Of Associated Business Line Of Business
Associated Business Address % Holding

Personal Detai	ls (2)
Title	Dr. Mr. Miss. Other
Surname	
First Name	
Other Name(s)	
Maiden Name (if applicable) Mother's Maiden Name	
Gender	Male Female
Marital Status	Single Married Divorced Separated Widowed
No. of dependants	Children Others
Place of Birth	Date of Birth D D M M Y Y Y Y Y
Nationality	Country of Origin
Profession / Occupation Educational Status Country of Residence	Home Town Undergraduate Graduate Post Graduate Non Student Others
Name of Spouse(s)	Spouse Employment
Operatio (3)	Employment
For United Sta	tes (US) Nationals
Are you a US Na	tional? Yes No
Are you a US Res	sident Alien? Yes No
Do you intend to	use your account for investments purposes? Yes No
Do you have inv	estments / intend to invest in Ghana? Yes No
If Yes (to any of	the above), do you file US Taxes?
If No, please exp	lain

Contact Details		
Residential Address (Abroad)		
Street Address		
City		
Address for Correspondence		
Postal		
Email		
Mobile No.		
Fixed Tel. No		
Postal Address		
Post Code		
Residential Address In Ghana		
House No.		
Street Name Neares Landman	st k	
City / Town Subu		
Permanent residential address (If different from above)		
Valid means of Identification (please tick and provide relevant detail		
National ID Number	Issue Date	Exp. Date
Driver's Licence Number		Exp. Date
Passport Number		Exp. Date
Other (specify) Number		Exp. Date

Account Servi	ce(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 / Saving Withdrawal Boo Requisition	
Employment I	Details
Tick as appropriate	Employed Self-Employed Unemployed Retired Student Other (specify)
Number of year Current Employ	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
Landmark Office Phone Number	City / Town

Title Dr. Mr. Miss. Mrs. Other Gender Male Female
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 D D M M M Y Y Y Y Y
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 1-5 6-10 11 and above 1-2000 2001-5000 5001 & Above
Account (2) 1-5 6-10 11 and above 1-2000 2001-5000 5001 & Above
Withdrawals (Funds Outflow) 1-5 6-10 11 and above 1-2000 2001-5000 5001 & Above
Account (2) if applicable 1-5 6-10 11 and above 1-2000 2001-5000 5001 & Above
Name Of Associated Business(es) (if applicable)
Type Of Associated Business Line Of Business

Internet Pani	king Application												
internet bank	Cing Application												
Full Name of Customer													
Any Former													
Name(s)													
Postal Address													
Residential Address													
, .uu. ess													
Em a il													
Email													
Nationality													
Profession/ Occupation													
Telephone Number(s)													
Nulliber(3)													
-	our GCB account numbers you Account Name	want to b	e linke	d to t		rvice. Acco	unt	Nun	nber				Tick
-	-	want to b	e linke	d to t			unt	Nun	nber				Tick
-	-	want to b	e linke	d to t			ount	Nun	nber				Tick
-	-	want to b	e linke	d to t			ount	Num	nber				Tick
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	-					Acco							Tick
I have carefully r	Account Name	ernet Bank	king Te	erms	& Cor	Acco	ns (O	verle	af).		's Lice	l l l l l l l l l l l l l l l l l l l	
I have carefully r	Account Name Tead & accepted the GCB Inte	ernet Bank	king Te	erms	& Cor	Acco	ns (O	verle	af).		's Lice	ense w	
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Date

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Account(s) held with GCB and other	r Banks	
Name and address of Bank / Branch	Account Name	Account Number
Terms and Conditions		
(APPLICABLE TO JOINT ACCOUNT APPLICA	NTS)	
Survivorship Clause: Any money for the of the survivor(s).	time being, standing to the credit o	of our joint account shall be held to the order
Joint and Several Liability Clause: Any borrowing or otherwise shall be joint and s		holders to the Bank, whether in the form of
Name	Signature	Date
Name	Signature	Date
Account Opening Mandate		
Mandate authorisation (please tick as appro	priate)	
Sole Signatory Either To Signatory	gn 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 applica	nt is required to complete a second	Account Opening Form and attach herewith.
Declaration	icis required to complete a second	Account opening form and accounterement
		branch. We understand that the information
given herein and the documents supplied information is correct.	are the basis for opening such acco	ount(s) and I/We therefore warrant that such
We further undertake to indemnify the Bank provided to the Bank.	for any loss suffered as a result of ar	ny false information or error in the information
Disclosure to Credit Reference Bureaus		
The Bank will obtain information about you bureaus will record our enquiries which ma		s to check your credit status and identity. The make their own credit enquiries about you.
The Bank shall also disclose your credit tran 2007 (Act 726)	sactions to credit reference bureaus	s in accordance with the Credit Reporting Act,
Name	Signature	Date
Name	Signature	Date

For GCB Agent (Abroad) only	
Customer information gathered for and on behalf o	f 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 th	ree 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				

6	6 Agent's endorsement										
3.	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										
4.	INITIAL DEPOSIT										
	Initial Deposit By: Cash Transfer	Amount:									
5.	5. ACCOUNT OPENED BY										
Nar	Name S	gnature		Date							
6.	6. DEFERRAL/WAIVER OF DOCUMENT (IF ANY)	AUTHORISED BY	,								
	,										
Name		Signature		Date	_ Date						
7.	7. DOCUMENT VERIFICATION CARRIED OUT BY:										
Nar	Name Sig	ınature		Date							
Cor	Comments										
8. /	8. ACCOUNT OPENING AUTHORISED/APPROVED E	sY:									
Nar	Name S	gnature		Date							
9. I	9. FOR PEP CUSTOMERS, REFER TO HEAD RISK MO	GT. DIVISION / C	OMPLIANCE	FOR APPRO	VAL.						
Nar	Name	Name	e								
Designation		Desig	Designation								
Sig	Signature	Signa	ature								
Dat	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. Joint Holders

In addition to the foregoing, in the case of joint accounts, the following shall apply If one of the holders dies; Any money for the time being standing to the credit of your joint accounts(s) shall be held to the order of the survivor (subject to the applicable legislation). Any liability incurred by joint account holders to the Bank (whether in the form of borrowing or otherwise) shall be joint and several. The joint account holders are jointly liable for the functioning and the balance of the account.

10. 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.

11. 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.