

BESTPOINTS SAVINGS AND LOANS LTD
CUSTOMER ACCOUNT APPLICATION FORM
(PLEASE USE BLOCK CAPITAL LETTERS WHERE APPLICABLE)

ACCOUNT TYPE: (PLEASE TICK AS APPLICABLE)

CURRENT SAVINGS OTHER (SPECIFY)

MODE OF OPERATION (PLEASE TICK AS APPLICABLE) SINGLE JOINT TRUST

PERSONAL DETAILS:

MR. MRS. MADAM MISS REV. PROF

OTHER (SPECIFY).....

SURNAME..... FIRST NAME.....

OTHER NAME(S).....

SEX: MALE FEMALE DATE OF BIRTH.....

PLACE OF BIRTH..... HOME TOWN.....

NATIONALITY..... COUNTRY OF RESIDENCE.....

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED

NEXT OF KIN:.....

IDENTIFICATION: (PLEASE ATTACH APPROPRIATE COPIES)

VOTER'S ID DRIVER'S LICENSE NHIS CARD PASSPORT

OTHER(S) SPECIFY.....

ID NO.

DATE OF ISSUE..... EXPIRY DATE.....

PLACE OF ISSUE.....

CONTACT DETAILS:

MAILING ADDRESS.....

.....
RESIDENTIAL ADDRESS.....
.....

KEY LAND MARK.....
.....

TYPE:

RENTED SELF OWNED FAMILY PROPERTY
COMPANY PROPERTY

CONTACTS/TELEPHONES:

OFFICE:..... RESIDENCE:.....
MOBILE..... FAX:.....
E-MAIL.....

EMPLOYMENT DETAILS:

PROFESSION/OCCUPATION.....
EMPLOYER'S NAME.....
EMPLOYER'S ADDRESS.....
.....
OFFICE LOCATION.....
KEY LAND MARK.....
LENGTH OF TIME WITH EMPLOYER.....

EMPLOYER TYPE: SELF-EMPLOYED GOVERNMENT
MULTINATIONAL PRIVATE LOCAL UNEMPLOYED STUDENT
NAME AND ADDRESS OF SCHOOL (IF STUDENT).....
.....

JOINT ACCOUNT ONLY (SECOND APPLICANT DETAILS)

MR. MRS. MADAM MISS. REV. PROF

OTHER (SPECIFY).....

SURNAME..... FIRST NAME.....

OTHER NAME(S).....

SEX: MALE FEMALE DATE OF BIRTH.....

PLACE OF BIRTH..... HOME TOWN.....

NATIONALITY..... COUNTRY OF RESIDENCE.....

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED

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KEY LAND MARK.....

TYPE:

RENTED SELF OWNED FAMILY PROPERTY

COMPANY PROPERTY

CONTACTS/ TELEPHONE:

OFFICE:..... RESIDENCE:.....

MOBILE..... FAX:.....

E-MAIL.....

TRUST ACCOUNT ONLY

DETAILS OF BENEFICIARY

SEX: MALE FEMALE DATE OF BIRTH.....

SURNAME.....

FIRST NAME.....

OTHER NAME(S).....

RESIDENTIAL ADDRESS.....

KEY LAND MARK.....

SCHOOL (WHERE APPLICABLE).....

RELATIONSHIP OF TRUSTEE TO BENEFICIARY

PARENT GUARDIAN OTHER (SPECIFY).....

DECLARATION FOR MINOR:

I/WE HEREBY DECLARE THAT THE DATE OF BIRTH OF
(NAME OF MINOR), WHO IS MY.....
(RELATIONSHIP) IS AND I AM HIS/HER NATURAL GUARDIAN. I SHALL
REPRESENT THE SAID MINOR IN ALL FUTURE TRANSACTIONS OF ANY DESCRIPTION IN THE
ABOVE ACCOUNT UNTIL THE SAID MINOR ATTAINS MAJORITY. I INDEMNIFY THE BANK
AGAINST ANY CLAIM OF THE ABOVE MINOR FOR ANY TRANSACTION MADE BY ME IN
HIS/HER ACCOUNT. (PLEASE COMPLETE DECLARATION BY APPLICANT)

NAME OF GUARDIAN:

MR./MRS./MISS/DR. SURNAME.....

FIRST NAME.....

OTHER NAMES.....

DATE:..... SIGNATURE OF GUARDIAN.....

DECLARATION BY APPLICANT

I/WE CONFIRM THAT ALL DETAILS PROVIDED ON THE FORM ARE CORRECT. I/WE AUTHORIZED YOU TO APPLY ALL CHARGES/DEBIT INTEREST TO THE ACCOUNT WHERE APPLICABLE.

SIGNATURE..... DATE.....

SIGNATURE..... DATE.....

SIGNATURE..... DATE.....

NAME OF REFEREE..... ACCOUNT NUMBER.....

BANK..... BRANCH.....

I CONFIRM THAT I AM A CURRENT ACCOUNT HOLDER WITH THE BANK INDICATED ABOVE FOR OVER SIX MONTHS. I CONFIRM THAT I HAVE PERSONALLY KNOWN THE APPLICANT FOR MORE THAN SIX MONTHS AND CONFIRM HIS/HER IDENTITY, OCCUPATION, ADDRESS, AND CAPACITY TO OPERATE AN ACCOUNT.

SIGNATURE..... DATE.....

TERMS AND CONDITIONS

I/WE HEREBY AGREE THAT BEST POINT SAVINGS AND LOANS "BPSL" SHALL SHARE ALL THE INFORMATION ABOUT MY/OUR ACCOUNT /DEPOSITS WITH THE LICENSED CREDIT REFERENCE BUREAUS.

THAT BPSL MAY RECOVER FROM THE CUSTOMER ANY COSTS, FEES, INTEREST, COMMISSIONS OR TAXES AND STAMP DUTIES PAID OR INCURRED BY BPSL ON MY/OUR BEHALF, OR LEVIED AS A CONSEQUENCE OF ANY DEALINGS BETWEEN ME/US AND BPSL.

THAT BPSL MAY, AT ANY TIME WITHOUT NOTICE, COMBINE AND/OR CONSOLIDATE ANY OF THE CUSTOMER'S ACCOUNT AND SET OFF ANY ACCOUNTS OR INDEBTEDNESS OF THE CUSTOMER;

- I. ANY OTHER ACCOUNT WHETHER CURRENT, LOAN, SAVINGS OR ANY OTHER SAVING TYPE;
- II. ANY TIME FIXED OR OTHER DEPOSIT (WHETHER MATURED OR NOT).

THAT BPSL MAY AT ANY TIME FREEZE ANY ACCOUNT OF THE CUSTOMER IF AND SO LONG AS THERE IS ANY DISPUTE IN RESPECT THEREOF OR IF BPSL HAS DOUBT FOR ANY REASON WHATSOEVER AS TO THE PERSON OR PERSONS ENTITLED TO OPERATE THE SAME, WITHOUT ANY OBLIGATION TO INSTITUTE AN INTERPLEADER PROCEEDINGS OR TO TAKE ANY STEP OF ITS OWN INITIATIVE FOR THE DETERMINATION OF SUCH DISPUTE OR DOUBT.

BPSL SHALL NOT BE LIABLE IN ANY WAY TO THE CUSTOMER FOR HAVING HONoured ANY CHEQUE THE SIGNATURE OR CONTENT OF WHICH HAS BEEN FORGED IF:

- I. THE CUSTOMER HAS FACILITATED SUCH FORGERY EITHER BY ITS NEGLIGENCE IN ANY WAY OR
- II. THERE HAS BEEN A PREVIOUS FORGERY ON ANY CHEQUE OF THE CUSTOMER WITHOUT THE CUSTOMER HAVING OBJECTED TO THE FIRST STATEMENT OF ACCOUNT WHICH REFLECTED THE DEBIT IN RESPECT OF THE DEBIT.
- III. THE FORGERY HAS BEEN PERPETUATED BY AN EMPLOYEE, SERVANT, AGENT, CONTRACTOR OR SUB CONTRACTOR OF THE CUSTOMER.

DECLARATION:

I/WE UNDERSTAND AND AGREE THAT:

THE ACCOUNT SHALL BE OPENED AND OPERATED SUBJECT TO ANY DIRECTIONS THAT MAY BE ISSUED TO THE BANK BY ITS STATUTORY REGULATORS FROM TIME TO TIME.

I/WE CONFIRM HAVING READ THE TERMS AND CONDITIONS SECTION GOVERNING THE ACCOUNT AND SHALL COMPLY WITH THEM/ANY OTHER RULES THAT MAY BE IN FORCE FROM TIME TO TIME.

I/WE CONFIRM HAVING READ BPSL'S TARRIFFS BY WHICH WE AGREE TO ABIDE. WE ALSO NOTE THAT RULES AND TARRIFFS ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE TO ME/US.

THE DECLARATION GIVEN IN THIS FORM BY ME/US ARE TRUE AND I/WE SHALL BE HELD RESPONSIBLE FOR THE SAME AT ALL TIMES.

SIGNATORIES REQUIRED SIGNING BELOW TO AGREE TO THE DECLARATION.

NAME

1.....

SIGNATURE.....

2.....

SIGNATURE.....

3.....

SIGNATURE.....

DOCUMENTARY REQUIREMENTS

- VALID IDENTIFICATION CARD
- 1 PASSPORT SIZED PHOTOGRAPH
- UTILITY BILL (SHOULD NOT BE MORE THAN 3 MONTHS OLD)/TENANCY AGREEMENT
- LETTER FROM EMPLOYER (FOR SALARY ACCOUNTS)
- RESIDENT PERMIT (FOR FOREIGN NATIONALS)

INITIAL DEPOSIT SHALL BE DETERMINED BY BPSL FROM TIME TO TIME.

JURAT (FOR NON LITERATE CUSTOMERS ONLY)

I (NAME OF CLIENT).....

HEREBY CONFIRM THAT THE CONTENTS
HEREIN HAVE BEEN READ AND EXPLAINED TO ME IN THE.....LANGUAGE

BY (NAME OF BPSL STAFF).....AND
PERSONALLY UNDERSTAND AND APPROVE OF SAME AND IN TESTIMONY WHICH I HEREBY
SET MY MARK BELOW.

.....
(THUMBPRINT/SIGNATURE OF CLIENT)

FOR BANK USE ONLY

ACCOUNTS MARKETED BY:

<u>NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
.....

CUSTOMER DETAILS REVIEWED AND CAPTURED BY (CUSTOMER SERVICE OFFICER)

<u>NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
.....

APPLICANT'S FORM REVIEWED BY (OPERATION'S OFFICER):

NAME	SIGNATURE	DATE
.....

REVIEWED AND AUTHORIZED BY (BRANCH MANAGER)

<u>NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
.....

FOR INTERNAL USE ONLY

CUSTOMER RISK PROFILING							
SECTION A-SUPPLEMENTARY INFORMATION REQUIRED FROM ALL AUTHORIZED SIGNATORIES FOR VERIFICATION							
PLEASE CHECK AS APPROPRIATE							
1.	IDENTIFICATION	NAME AND IDENTITY VERIFIED USING PRESCRIBED LISTING PROVIDED BY THE FINANCIAL ACTION TASK FORCE (FATF)	<table border="0"> <tr> <td style="padding: 0 10px;">Yes</td> <td>No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						
2.	NAME, DATE OF BIRTH AND NATIONALITY OF APPLICANT	APPLICANT'S NAME, DATE OF BIRTH AND NATIONALITY CONFIRMED BY ONE OF THE FOLLOWING <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> VOTERS ID <input type="checkbox"/> NHIS					
3.	ADDRESS AND TELEPHONE CONTACT	APPLICANT'S RESIDENTIAL ADDRESS CONFIRMED THROUGH ONE OF THE FOLLOWING <input type="checkbox"/> TENANCY AGREEMENT <input type="checkbox"/> UTILITY BILL <input type="checkbox"/> LOCATION REPORT/DIRECTION MAP <input type="checkbox"/> INCOME TAX CERTIFICATE <input type="checkbox"/> REFERENCE LETTER <input type="checkbox"/> OTHER BANKS' STATEMENTS <input type="checkbox"/> EMPLOYER'S REFERENCE LETTER					
4.	PURPOSE OF ACCOUNT OPERATE	CONFIRM PURPOSE FOR OPENING THE ACCOUNT: <input type="checkbox"/> PERSONAL SAVINGS <input type="checkbox"/> INVESTMENT <input type="checkbox"/> LOAN SERVICING <input type="checkbox"/> SALARIES <input type="checkbox"/> TRANSACTIONAL OTHER, PLEASE SPECIFY.....					
5.	SOURCE OF FUNDS FOR THE ACCOUNT	AS APPROPRIATE, KINDLY INDICATE THE SOURCE OF FUNDS: <input type="checkbox"/> PERSONAL SAVINGS <input type="checkbox"/> SALARY <input type="checkbox"/> INHERITANCE/GIFT <input type="checkbox"/> COMMISSION <input type="checkbox"/> DIVIDENDS OTHER INCOME, PLEASE SPECIFY.....					

6.	EXPECTED VOLUME AND ACTIVITY TYPE OF	REQUIRE INFORMATION ON THE APPLICANT'S EXPECTED VOLUME AND TYPE OF ACTIVITY TO BE CONDUCTED ACROSS THE ACCOUNT		
		TRANSACTION TYPES	EXPECTED NO. OF TRANSACTION PER MONTH	EXPECTED AMOUNT PER MONTH
		DEPOSITS/INWARD TRANSFERS		
		WITHDRAWALS/OUTWARD TRANSFERS		

SECTION 1 - INDICATE IF THE APPLICANT BELONGS TO ANY OF THE FOLLOWING

LEVEL 1 - LOW RISK CUSTOMERS IF THE APPLICANT(S) OR AUTHORIZED SIGNATORIES FALL INTO ANY OF THE FOLLOWING CATEGORIES, CHECK THE APPROPRIATE BOX.

- THE APPLICANT IS AN ORDINARY INDIVIDUAL RESIDENT IN GHANA BUT NOT ASSOCIATED WITH POLITICALLY EXPOSED PERSON (PEP)
- THE APPLICANT DOES NOT RESIDE OR OPERATE IN A HIGH RISK COUNTRY.
- THE APPLICANT WHOSE FUNDING IS SOURCED FROM NORMAL ACTIVITIES,

SECTION 2 - INDICATE IF THE APPLICANT BELONGS TO ANY OF THE FOLLOWING:

LEVEL 2 - MEDIUM RISK CUSTOMERS IF THE APPLICANT(S) OR AUTHORIZED SIGNATORIES FALL INTO ANY TYPE OF ACCOUNT THAT IS NOT LISTED AS EITHER LEVEL 1 AND 3.

SECTION 3 - INDICATE IF THE CUSTOMER(S) BELONG TO ANY OF THE FOLLOWING CATEGORIES

LEVEL 3 SPECIAL CUSTOMERS) IF THE ACCOUNT HOLDER(S) OR AUTHORIZED SIGNATORIES FALL INTO ANY OF THE FOLLOWING CATEGORIES, TICK THE APPROPRIATE BOX(ES) AND SPECIFY THE REQUIRED DETAILS. *(IF NOT APPLICABLE, SKIP SECTIONS C & D IN RESPECT OF THIS INDIVIDUAL)*

THE CUSTOMER IS A POLITICALLY EXPOSED PERSON (PEP) OR CLOSELY ASSOCIATED WITH A (PEP), PLEASE SPECIFY DETAILS OF PEP POSITION AND/OR RELATIONSHIP _____

AN OVERSEAS CUSTOMER RESIDING OR OPERATING IN HIGH-RISK JURISDICTIONS (E.G. FATF-NON COOPERATIVE COUNTRIES & TERRITORIES (NCCTS). PLEASE SPECIFY THE NCCT OR HIGH RISK COUNTRY _____

THE CUSTOMER WHOSE SOURCE OF FUNDS IS FROM HIGH-RISK JURISDICTIONS. PLEASE SPECIFY COUNTRY

THE CUSTOMER(S) BUSINESS INVOLVES GAMBLING, DEFENSE OR MONEY SERVICES. REFER TO THE LIST OR MANDATORY SPECIAL RISK OCCUPATION/INDUSTRIES THAT THE BUSINESS MAY DESIGNATE FOR ADDITIONAL KYC INFORMATION. PLEASE SPECIFY THE CUSTOMER'S NATURE OF BUSINESS

COMPLETE SECTION D IF ANY OF THE ABOVE-MENTIONED BOXES HAS BEEN COMPLETED

SECTION D - COMPLETE ADDITIONAL KYC INFORMATION FOR CUSTOMERS WHO FULFILLED ONE OR MORE CRITERIA IN SECTION C

SOURCE OF WEALTH

OBTAIN DETAILS OF CUSTOMER'S SOURCE OF WEALTH AND ESTIMATED NET WORTH: *(TICK OR SPECIFY MORE THAN ONE CATEGORY AS APPROPRIATE, E.G. A BUSINESS OWNER WHO INHERITED HIS/HER WEALTH)*

CUSTOMER'S WEALTH GENERATED FROM:

- BUSINESS OWNERSHIP INCOME FROM EMPLOYMENT
 INVESTMENTS INHERITANCE
 OTHERS, PLEASE SPECIFY _____

ESTIMATED NET WORTH : CEDI _____

OBTAIN THE ESTIMATED ANNUAL REMUNERATION/INCOME OR ANNUAL SALES TURNOVER:
(DETAILS AS APPROPRIATE)

CEDI _____

COMMENTS, IF ANY: _____

TO BE COMPLETED BY ACCOUNT OPENING OFFICER

NAME: _____

DESIGNATION: _____

COMMENTS: _____

SIGNATURE: _____ DATE: _____

REVIEWED BY BRANCH MANAGER OR DESIGNATED OFFICER

NAME: _____

DESIGNATION: _____

COMMENTS: _____

SIGNATURE: _____ DATE: _____

ACCOUNT OPENING FOR SPECIAL CUSTOMER (AS IDENTIFIED IN SECTION C) MUST BE APPROVED JOINTLY BY THE MANAGING DIRECTOR/HEAD OF COMPLIANCE AND INTERNAL CONTROL OR JOINTLY BY THEIR APPROVED DELEGATES (SENIOR MANAGERS).

TICK THIS BOX IF CUSTOMER IS IDENTIFIED AS A PEP AS STATED IN SECTION 3

NAME: _____ NAME: _____

DATE: _____ DATE: _____

SIGNATURE: _____ SIGNATURE: _____

HEAD OF COMPLIANCE /
INTERNAL CONTROL:

MANAGING DIRECTOR/
HEAD OF OPERATIONS

