

Account Opening Form

Individual
Joint Account
Trust Account
Corporate Account
Group / Association



INDIVIDUAL & JOINT ACCOUNT Date Branch ACCOUNT TYPE: Individual Account Joint Account Trust Account PERSONAL DATA A Mr / Ms / Mrs / Dr / Prof Middle Name First Name Date of Birth Occupation ID Type: **Passport** Driver's License National ID Voter's ID Others Country of Issue ID No. ID Issue Date ID Exp. Date TIN Birth Country Nationality Resident Permit No. (Non-Gh) Residential Status Resident GH Non Resident GH Resident Foreigner Non Resident Foreigner **Tenancy Agreement** Proof of Residence Utility Bill Work / Resident / Refugee Permit Marital Status Others Specify Single Married Postal Address Residential Address Phone No. Fax E-mail PERSONAL DATA B (JOINT ACCOUNT ONLY) Mr / Ms / Mrs / Dr / Prof Middle Name First Name Date of Birth Occupation **ID** Type **Passport** Driver's License National ID Voter's ID Others Country of Issue ID No. ID Issue Date ID Exp. Date TIN Birth Country Nationality Resident Permit No. (Non-Gh) Residential Status Resident GH Non Resident GH Resident Foreigner Non Resident Foreigner Proof of Residence Utility Bill Work / Resident / Refugee Permit **Tenancy Agreement** Marital Status Others Specify Single Married Postal Address Residential Address Phone No Fax E-mail **EMPLOYER DETAILS Employed** Self Employed Unemployed Retired Student Employer's Name Address Phone# Office Loc. Nature of Business Occupation / Profession Sources of Funds Salary **Business** Savings Others Specify **CONTACT FOR EMERGENCIES** Name Address Phone# Relationship

CORPORATE DATA

Company Name				
Industry:				
Type of Busines	s: Limited Liability Company		Sole Proprietorship / Enterpr	ise
Limited Liability C	Company		Sole Proprietorship / Enterprise	e
Date of Incorpora	tion D D M M Y Y	Y Y	Form A #	
Certificate of Inco	rporation #		Certificate of Registration #	
Certificate to Con	nmence Business #		Tenancy Agreement	Utility Bill TIN
Postal Address				
Office Address				
Phone No		Fax		E-mail
Name Three (3)	Directors	Signature(s)		ID Type & Number (s)
S S				Date of Birth:
Chairman				Type:
<u>5</u>				No:
В				Type:
				No:
С				Type:
				No:
	SOCIATION DATA			
Group /Club/Asso	ociation Name			
Industry			Type of Group/Asset	piation: Pogistared
Industry Registration #			Type of Group/Assoc	
Registration #			Type of Group/Assoc	Non-Registered Non-Registered
			Type of Group/Assoc	
Registration #			Type of Group/Assoc	
Registration # Postal Address			Type of Group/Assoc	
Registration # Postal Address		Fax	Type of Group/Assoc	
Registration # Postal Address Office Address				Non-Registered
Registration # Postal Address Office Address Phone No			Type of Group/Associature(s)	Non-Registered
Registration # Postal Address Office Address Phone No				Non-Registered
Registration # Postal Address Office Address Phone No Group Members				Non-Registered
Registration # Postal Address Office Address Phone No Group Members				Non-Registered
Registration # Postal Address Office Address Phone No Group Members 1				Non-Registered
Registration # Postal Address Office Address Phone No Group Members				Non-Registered
Registration # Postal Address Office Address Phone No Group Members 1				Non-Registered
Registration # Postal Address Office Address Phone No Group Members 1 2 3				Non-Registered
Registration # Postal Address Office Address Phone No Group Members 1 2 3				Non-Registered

COMMUNICATION INDEMNITY FORM

I/We	
Of	
Account No. 1 Account No. 2	
Account No. 3 instruct and manda	ate SDC Finance Limited to operate my / our account(s)
held with you and carry out all financial activities, transactions and communication given by me	e /us through the following:
Application Type: Whatsapp Skype Others	pecify
Whatsapp No. Skype address	
Phone No. Email address	
Please communicate with us through the following Registered Official numbers only.	0249307757 0501391337 0501391338
Signing this form indicates that you understand the risk involved in electronic communication a official communication with SDCFL and that the company is indemnified in the instance of mis or in the event that the client data is hacked/used by a third party outside the control of SDC F	represented or inaccurate information or stolen identity
Client Signature. — Date	D D M M Y Y Y Y
JURAT (BLIND / NOT LITERATE)	
The content of this document has been read and explained to Client Name	in the
	ood perfectly before making (signing) his /her mark.
	(DTD (17D)
Interpreter Account Holder	(RIP/LIP)
CONTACT PERSONS	
CONTACT PERSONS Name	
Name	
Name	given above. The forgoing shall apply to each and
Name Address Phone# I/We confirm my/our request for you to open an account(s) in accordance with the particulars of	
Name Address Phone# I/We confirm my/our request for you to open an account(s) in accordance with the particulars gevery account of whatever name now or hereafter opened by you in my/our name. I/We confirm that details provided above are true and accurate at the time of completing this for	orm and it's my/our request for you to open an
Name Address Phone# I/We confirm my/our request for you to open an account(s) in accordance with the particulars gevery account of whatever name now or hereafter opened by you in my/our name. I/We confirm that details provided above are true and accurate at the time of completing this for account(s) with respect to the particulars given above. I/We agree to be bound by the Bank of Ghana rules for Finance Houses governing the relevant	orm and it's my/our request for you to open an ant type of account (whether or not we shall have demnified in such circumstance. The body state of the specified tenor of the initial or the specified tenor of the specified tenor of the initial or the specified tenor of the specified tenor of the initial or the specified tenor of the specified tenor or the s
Name Address Phone# I/We confirm my/our request for you to open an account(s) in accordance with the particulars of every account of whatever name now or hereafter opened by you in my/our name. I/We confirm that details provided above are true and accurate at the time of completing this for account(s) with respect to the particulars given above. I/We agree to be bound by the Bank of Ghana rules for Finance Houses governing the relevant received notice of such rules or any alteration) and that the Finance House is entitled to be incompleted. NB. Investment in deposits will be rolled over at a minimum of 0.5% plus the prevailing treasure investment if we do not hear from you five (5) clear working days to maturity. The investment is	orm and it's my/our request for you to open an ant type of account (whether or not we shall have demnified in such circumstance. The body state of the specified tenor of the initial or the specified tenor of the specified tenor of the initial or the specified tenor of the specified tenor of the initial or the specified tenor of the specified tenor or the s
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		Passport Photo C
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SDC USE ONLY					
DOCL	IMENTS REQUIRED				
S/N	DOCUMENT REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Duly Completed Account Opening form				
2.	Verification of Company Registration Document				
3.	Recent Passport Photograph				
4.	Proof of Identity: International passport, Driver's license or National ID card, Valid Ghanaian Voters ID card (original must be sighted)				
5.	Resident Permit (for non-Ghanaian)				
6.	Proof of Address: Utility bills, copy of bank statement, copy of pay slip, employers confirmation or existing client confirmation. (Certified true copy)				
7.	Introductory Letter				
8.	Board Resolution				
CUST	TOMER CLASSIFICATION				
LEVEL 1 - LOW RISK CUSTOMERS (Indicate/Tick if applicant belongs to any of the following) Applicant does not reside or operate in High Risk Country (Cuba, Bolivia, Ethiopia, Iran, Kenya, Myanmar, Nigeria, North Korea, Sao Tome and Principe, Sri Lanka, Syria, Turkey, Indonesia, Thailand, Pakistan - FATF BLACKLIST CLASSIFICATION) - See internal watch list. Applicant is an ordinary resident in Ghana and not related or associated with a Politically Exposed Person (P.E.P)					
Appllicant's funds are sourced from normal activities. LEVEL 2 - MEDIUM RISK CUSTOMERS (Indicate/Tick if applicant belongs to any of the following) If the Applicant(s) or authorized signatories fall into any type of accounts that is not listed as either LEVEL 1 AND 3					
LEVEL 3 - HIGH RISK CUSTOMERS (Indicate/Tick if applicant belongs to any of the following) Customer is a Politically Exposed Person (PEP), or closely related/associated with a P.E.P State Position or relationship: An overseas customer residing or operating in a High Risk jurisdiction - Cuba, Bolivia, Ethiopia, Iran, Kenya, Myanmar, Nigeria, North Korea, Sao Tome and Principe, Sri Lanka, Syria, Turkey, Indonesia, Thailand, Pakistan - FATF BLACKLIST CLASSIFICATION) - See internal watch list. Customers whose business involve: Money service, gambling, Government Defence related work and per other high risk classifications - AMUCFT regulations. Please specify other as metioned above					
ADDI	TIONAL KYC				
Additional KYC information will be required for customers / applicants that fulfill one(1) or more in level 3 - High Risk.					
Source	ce of Wealth:				
CLAS	Business ownership Income from Employment Investor Other(s) specify: Estimates SIFICATION OF CLIENT: Low Medium	ate Net Worth Gh¢	eritance :		

DIRECTIONAL MAP : GPS CODE :	
Verified by: Signature	Date D M M Y Y Y
1 Officer	2 Authorized Officer
Cilica	Officer
Designation	Designation
Signature	Signature
Date D M M Y Y Y	Date D M M Y Y Y
AML Officer's Signature (if applicable)	Date D D M M Y Y Y
(0 11	

Terms and Conditions

1.The Institution

The information on this page (and any further instructions and condition that may be prescribed by the company from time to time) are the terms agreed between you and the company; when you sign the account form you accept these terms as binding on you.

2.The account

I/we will be responsible for the accuracy and validity of all endorsement on all cheques or cash deposited in the account.

The company will not be responsible for any loss of funds deposited with the company due to any future government orders, bills, levy, moratorium, exchange restriction or any other cause beyond the company's control.

The company will notify account holders of any changes in the operations of their accounts by letters, emails and text messages sent to details supplied by me/us and will be considered duly delivered and received at the time it is delivered. Notice in the press will be deemed sufficient for this purpose.

The company will not be liable for funds handed over to members of staff outside company hours or outside the company's premises. Any anomaly in the entries on company statement must be brought to the attention of the company within one month of the date thereof. It is agreed that failure to give such notice absolve the company from all liabilities arising thereof.

The company may exercise its general lien or any similar rights it is entitled to by the law and without any notice whenever necessary, combined, consolidate all or any of my/our accounts and set off or transfer any outstanding credit of any one or more of such accounts or any other credit.

It is understood that any funds received from or on behalf of myself/any of us, are to be placed to the credit of any account unless the company receives written instruction to the contrary.

I/we understand and agree that the account relationship is established solely with you and that all monies deposited shall be payable exclusively at the branch of the company.

Cheques Lodgment

All cheques issued by me/us will be honored by my/our bank and my/our account will only be credited with the value of the cheques lodged after the standard regulatory clearing period.

I/we will notify the company in writing to stop any cheque(s) issued on my/our account via a written letter, email, text or any media selected for communication on the account opening form. The company shall not be liable for presenting a cheque for clearing in the event that the company has not received my/our notification.

Interest Accruals and Payments

The company accrues interest on daily basis till termination of transaction on all products. The company will pay interest on investments only upon maturity. Investment maturity interest will be added to the initial principal and reinvested.

Termination of agreement

Either party may terminate this agreement, at any time by notifying the other in writing. When terminating the agreement, the termination becomes effective only when any uncleared cheques and debt on the account have been paid otherwise the company may take legal action for recovery

Joint holders

In addition to the foregoing in the case of joint accounts, the following shall apply if one of the holders is deceased

- Any funds outstanding in the joint account(s) will be held by the survivor.
- Anything held by the company whether by way of security or for safe custody or any purpose otherwise than for collection for the joint account(s) shall be held by the survivor and the administrator of the deceased, acting jointly.
- Any liability incurred by joint account holders to the company in respect of your instructions (whether in the form of borrowing or otherwise) shall be joint in several.

Disclaimer clause

The company disclaims any liability for any funds/ assets deposited by me/us which are subsequently found to have been derived from illegal sources or activities.

Disclosure of account information

The company will not disclose details of your account operation to any third parties except to regulators and where the company is under legal obligation to do so

Disclosure to credit reference bureau (loan client)

The company will obtain information about you from the credit reference bureau to check your credit status and identity. The bureau will record our enquiries which may be seen by other institution that make their own credit enquiries about you. The company shall also disclose your credit transactions to credit reference bureau in accordance with credit reporting act, 2007(act 726).

Anti-Money Laundering compliance

Pursuant to the anti—money laundering act 2008(act 749) the company may ascertain the source and usage of funds to protect both the company and customer's interest. The company reserves the right to refuse a transaction where the source and/or the purpose could not be justified.

Authorization for information enquiry

Customer authorizes the company to make any enquiries considered necessary in connection with this application to open account.

Notice of changes in personal information

Customer will notify the company of any changes in personal information and information about the business. The company will on a regular basis require updated account information.

Complaints

All complaints must be logged by a customer in writing or via the selected media by the company and sent to the appropriate designation.