

ACCOUNT OPENING FORM

INDIVIDUAL ACCOUNT

Please complete form and tick where necessary. (CAUTION - Kindly note that the use of correction fluid renders this form invalid)

Susu Savings Mema dakye Okyena Nti Others Currency: ₵

Account Number (for official use only)

1. PERSONAL INFORMATION

Title Surname

First Name

Middle Name

Marital Status Single Gender M F Date of Birth

Place of Birth Nationality

Mother's Maiden Name Residential Status: Resident Non Resident

Resident Permit No Issue Date Expiry Date

Tax Identification Number (TIN)

If US Citizen, please provide Social Security Number:

For mema dakye provide name of minor Date of Birth

2. CONTACT DETAILS

Residential Address

City /Town Nearest Landmark Ghanapost GPS

Metropolitan, Municipal District Assembly Area (MMDA) Region

Mailing Address

Mobile Number Telephone Number

E-mail Address

3. MEANS OF IDENTIFICATION

National ID Driver's License Passport Voter's ID SSNIT ID NHIS

ID Number ID Issue Date ID Expiry Date

4. ADDITIONAL DETAILS

Purpose of Account: Savings Investment Others (Specify)

Source of Funds: Investment Salaries Others (Specify)

5. EXPECTED MONTHLY ACTIVITIES

Transaction Types	Anticipated No. of Transactions			Anticipated Amount of Transactions GHC		
	0 - 10	11 - 50	above 50	0 - 5,000	5,001 - 50,000	above 50,000
Deposits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Withdrawals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. ACCOUNT SERVICE(S) REQUIRED (Please tick where applicable)

SMS Withdrawal Booklet

4. EMPLOYMENT DETAILS

Employment Status **Employed** **Self Employed** **Unemployed** **Retired** **Student** **Others**

Employer's Name Date of Employment (if employed)

Employer's Address

City/Town Region

Nature of Business / Occupation E-mail

Office Phone Number Mobile Number Date of Completion:

Monthly Salary/Income: Less than GH¢ 5,000 GH¢ 5,001 - 10,000 GH¢ 10,001 - 20,000 More than GH¢ 20,000

8. DETAILS OF NEXT OF KIN

Surname First Name Middle Name

Date of Birth Gender M F Title (specify) Relationship

E-mail Address Mobile Number

House Number Street Name

City / Town MMDA

9. ALTERNATE CONTACT PERSON (16 and above)

Surname Other Name Date of Birth

Gender M F Relationship Mobile Number

E-mail Address

10. DECLARATION

I/We hereby apply for the opening of account(s) with Capitalnet Microfinance Limited (Capitalnet). I/We understand that the information given herein and the document supplied are the basis for opening such account(s) and I/we therefore warrant that such information is correct.

I/We agree to be bound by the terms and conditions governing the operations of the account(s).

I/We further undertake to indemnify Capitalnet for any loss suffered as a result of any false information or error in the information provided.

Name: _____ **Signature:** _____ **Date:**

11. DATA PROTECTION CONSENT

To enable Capitalnet, its affiliates and its contracted agents in managing and administering my/our account, I/We hereby fully authorize it (Capitalnet) and its affiliates and contracted agents, to share all information relating to me/us and my/our accounts, including, without limitation, any personal information, reference provided and other credit information maintained with or obtained by it (Capitalnet) and its affiliates (including those obtained from credit reference agencies).

I/We further authorise Capitalnet, its affiliates and its contracted agents to use, store, process, share, disclose and transfer (whether within or outside the jurisdiction concerned) all information (including, without limitation, information relating to the debts), relating to me/us, as they shall consider necessary in connection with administering my account.

I/We acknowledge and agree that any such sharing or transfer of information will be on a confidential basis and that Capitalnet, its affiliates or other third party service providers, may disclose information if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud.

This consent does not limit any consent I/We have given (or may give) to the Capitalnet to process or disclose my/our personal details.

I/We agree that the consent above is to be read in conjunction with the terms and conditions contained in the Capitalnet's account opening form.

Name: _____ **Signature:** _____ **Date:**

12. JURAT (For non-literate and blind customers only)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

Mark of Customer /Thumbprint

Mark of Interpreter /Thumbprint

Date:

D	D	M	M	Y	Y
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Name & Address of Interpreter

Language of Interpretation

1. Definitions

- (a) "You" means the account holder named above, where two individuals are named, either or both of those individuals,
- (b) "Accounts" means a current, savings or call account maintained with us at any of our branches in Ghana, (c) "Mailing Address" means your mailing address in our records.
- (d) "The Bank" refers to Capitalnet Microfinance Limited, (Capitalnet), a banking institution incorporated in Ghana and having its registered office at 25A Castle Road, Ambassadorial Area, Ridge. P.M.B CT 416, Cantonments, Accra, Ghana

2. Account Mandate

- I/we (Customer) hereby request and authorize you to open account in my/our name and at any time subsequently to open further accounts as I/We may direct.
- I/we (Customer) hereby undertake: I. To guard against access to my account (s) by unauthorized person(s) II. To act as sole/co-signatory to the account (s)
- III. To notify the Bank immediately there is any change in my/our address and other relevant information for the smooth running of my/our account (s)

3. The Account

All mandatory KYC documentation must be completed by the customer before the opening of the account. If you do not provide the required document during account opening, the account will be automatically restricted.

Capitalnet will not be responsible for any loss of funds deposited with it arising from any future government order, law, levy, tax, embargo, moratorium, exchange restriction or any other cause beyond its control.

5. Customer Responsibilities

- a. To be responsible for the repayment of any overdraft with interest and to comply and be bound by the Bank's rules for the conduct of a current account receipt of which/we hereby acknowledge.
- b. To be bound by any notification of change in conditions governing the account directed to my/our last known address or e-mail address and any notice or letter sent to my/our last known address or e-mail address(s) shall be considered as duly delivered and received by me/us at the time it would be delivered in the ordinary course of post.
- c) That I/We note that the Capitalnet will accept no liability whatsoever for funds handed to members of its staff other than the cashiers/Tellers in the bank premises with the appropriate deposit slip.
- d) That my/our attention has been drawn to the necessity of safe guarding my passwords, access codes, PINS and savings withdrawal booklet so that unauthorized persons are unable to gain access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to my/our account.
- e) That the Capitalnet is under no obligation to honour any withdrawal booklet(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said withdrawal booklet(s). withdrawal booklet(s) may be returned to me/us unpaid but if paid, I am/we are obliged to repay the Capitalnet on demand.
- f) That any disagreements with entries on my/our Savings/susu passbook will be made by me/us within 30 days of receiving the passbook, failing receipts by the capitalnet of a notice of disagreement of the entries within 30 days from the date of receipt of my/our passbook, it will be assumed by Capitalnet that the passbook as rendered is correct.

6. Right to set off

I/We also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law you may at any time and without notice to me/us combine or consolidate all or any of my/our accounts without liabilities to you and set off or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credit, be it cash, cheques, valuables, 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 collateral and several or joint.

11. Termination

Either party may terminate this agreement by giving seven days written notice to the other party. However, the Capitalnet may terminate this agreement with or without notice if the circumstance so warrant.

12. Jurisdiction

The operation of this account/relationship is subject to the laws and regulations at any time existing in the Republic of Ghana.

13. Disclaimer Clause

Capitalnet disclaims liability for any funds /assets deposited by you which are subsequently found to have been derived from illegal source or activities. You confirm that the funds/assets deposited or to be deposited are not derived from any illegal source or activities.

14. Amendments and Variations

Capitalnet reserves the right to vary these terms and conditions at its discretion without notice to the applicant.

FOR OFFICIAL USE ONLY

Risk Level Assessment Score: Low Medium High AML Manual Screening

Completed Mandate Card Passport Photograph Identification Proof of Address Reference (if applicable)

ID or Birth Certificate of Minor (if applicable) Residence Permit Others

Account Opened by

CIS Officer

Signature & Date

Approved by

Name

Signature & Date