BUOHO ST. FRANCIS CO-OP. CREDIT UNION LTD

Thumbprint or Signature

Affix Passport Photograph Here

INDIVIDUAL ACCOUNT OPENING FORM

BASIC INFORMATION

Personal Information

Title (*): [Mr.] [Mrs.] [Miss] [Dr.] [Prof] [Rev.] [Alhaji] Gender (*): [Male] [Female]

First Name (*): _____ Last Name (*): _____

Other Name (*) _____

Date of Birth (*) _____ Place of Birth (*) _____

Marital Status (*): [Single] [Married] [Divorced] [Separated] [Widowed] [Other]

Religious Affiliation: (Religion): [Christianity] [Muslim] [Traditional] [Atheist] [Other] [Rev.]

Educational Background: (Highest Level of Education): [Doctorate] [Masters] [Degree] [Diploma] [Professional] [Senior High] [Other]

Identification

Form of Identification (*): [National ID] [Voters] [Passport] [Social Security] [Driver's License] [Other]

ID Number (*): _____ Place of ID Issue (*): _____

Date of ID Issue (*): _____ ID Expiry Date (*): _____

ID Issue Authority (*): _____ Social Security No. (*): _____

Taxpayer No. (*): _____ Mobile Money No. (*): _____

Nationality (*): _____

Correspondence

Customer Branch/Agency (*): [Buoho] [Meduma] [Suame] [Atonsu] [Sasa] Relationship Officer: _____

Residential Information

Region/State (*): _____ City (*): _____

Suburb (*): _____ Residential Digital Address (*): _____

Alternative Residential Address (*): _____

Postal Address (*): _____ Mobile Money No. (*): _____

Alerts and Notifications

Phone Number (*): _____ Alternative Phone Number(*): _____

Email Address (*): _____

Next of Kin: First Name (*): _____ Surname (*): _____

Other Names (*)_____ Residential Digital Address (*): _____

Postal Address (*)_____ Relationship (*) _____

Phone Number (*):_____ Email Address (*):_____

Beneficiary(s)

Full Name (*): _____

Nationality (*) _____ Gender (*): [Male] [Female]

Percentage Share (%) _____ Relationship with Applicant (*)_____

Means of Identification (*): _____ ID Number (*): _____

Date of Birth (*): _____ Digital Address (*):_____

Residential Address (*):_____ Postal Address (*):_____

Email Address (*): _____ Phone Number (*):_____

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Beneficiary(s)

Full Name (*): _____

Nationality (*) _____ Gender (*): [Male] [Female]

Percentage Share (%) _____ Relationship with Applicant (*)_____

Means of Identification (*): _____ ID Number (*): _____

Date of Birth (*): _____ Digital Address (*):_____

Residential Address (*):_____ Postal Address (*):_____

Email Address (*): _____ Phone Number (*):_____

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Expected Account Activity

Deposits (Funds Inflow) - Expected No. of transactions per month [1 – 5] [6 – 10] [11 & above]

Deposits (Funds Inflow) - Expected Amount per month GH¢ pesewas [1.00 – 2,000.00] [2,001.00 – 5,000.00] [5,001.00 & above]

Withdrawals (Funds Outflow) - Expected No. of transactions per month [1 – 5] [6 – 10] [11 & above]

Withdrawals (Funds Outflow) - Expected Amount per month GH¢ pesewas [1.00 – 2,000.00] [2,001.00 – 5,000.00] [5,001.00 & above]

Risk Score [Low] [Medium] [High]

Work Info

Nature of Employment (*): [Self Employed] [Private Sector Employee] [Civil Servant] [Unemployed] [Other]

Occupation (*): _____ Name of Employer (*): _____

Digital Address of Employer (*): _____

Employer's Alternate Address (*): _____

Employer's Contact Person: _____ Employer's Contact No.: _____

Region/State (*): _____ District (*): _____

Suburb (*): _____ Customer's Annual Income: _____

Utility Details

Utility Bill Details (*): _____ Utility Bill Address (*): _____

Utility Bill Date: _____

Reference

First Referee

First Name (*): _____ Last Name (*): _____

Address (*) _____ Contact No. (*): _____

Name of Bank: _____ Account No.: _____

Second Referee

First Name (*): _____ Last Name (*): _____

Address (*) _____ Contact No. (*): _____

Name of Bank: _____ Account No.: _____

PEP Authentication

Politically Exposed Person (PEP) Form

Customer is politically exposed person (PEP): [ ] No. [ ] Yes

Exposure Level: [ ] Self [ ] Connected/Related to one or more persons who holds or has held political senior government or military position

Office/Position Description

[ ] Head of State/President of Country [ ] Leader of Political Party [ ] Minister/Deputy Minister or Equivalent Rank
[ ] Snr Military Officer (General or Above) [ ] CEO of State-Owned Institution [ ] Member of Parliament or Equivalent Rank
[ ] Judge [ ] Other

For Official Use Only

S/N	DOCUMENTS REQUIRED	CHECKED	WAIVED	DEFERRED	N/A
1	Duly completed Account opening form				
2	Specimen signature /Thumbprint duly completed				
3	Recent passport photograph				
4	Proof of identity: National ID Card (original must be sighted)				
5	Letter from Employer / School (for salary accounts)				

Account Opened By **Account Authorized / Approved By:**

Name of Officer: _____ Officer: _____

Signature: _____ Signature: _____

Date: Date: