

Efie Ne Fie

Accounts Opening Form

Toll Free Line: 080010055
www.unibankghana.com

 [uniBankGhana](https://www.facebook.com/uniBankGhana)  [@uniBankGhana](https://twitter.com/uniBankGhana)  [@uniBankGhana](https://www.instagram.com/uniBankGhana)



1. GENERAL INFORMATION

(Please indicate the category and type of account to open by ticking the applicable box below)

BRANCH

ACCOUNT TYPE

Saving Account	<input type="checkbox"/>	Specify Product	Efie Ne Fie	GHS	<input type="checkbox"/>		
Current Account	<input type="checkbox"/>	Specify Product	Efie Ne Fie	GHS	<input type="checkbox"/>		
Forex Account	<input type="checkbox"/>	USD	<input type="checkbox"/>	GBP	<input type="checkbox"/>	EUR	<input type="checkbox"/>
Foreign Account	<input type="checkbox"/>	USD	<input type="checkbox"/>	GBP	<input type="checkbox"/>	EUR	<input type="checkbox"/>

Purpose of Account (1) Personal Saving Loan Servicing Transactional Salaries Investment Others _____

Purpose of Account (2) Personal Saving Loan Servicing Transactional Salaries Investment Others _____

ACCOUNT No. (1) (For official use only)

ACCOUNT No. (2) (For official use only)

2. PERSONAL INFORMATION

Mr. Mrs. Miss. Dr. Prof. Rev. Other title

Surname

First Name

Maiden Name (If applicable)

Other Names

Marital Status (Please tick as appropriate) Single Married Others(Pls specify) Gender: M F

Place of Birth Date of Birth

Mother's Maiden Name

Nationality Resident Permit No.

Country of Origin Country of Residence

Permit Issue Date Permit Expiry Date

Place of Issue Hometown

Profession / Occupation

SSNIT No. TIN No.

3. CONTACT DETAILS

Residential Address

City/Town Nearest Landmark:

Proof of Address (Indicate type & Serial No.)

Mobile No. Fixed Tel. No.

Metropolitan, Municipal District Assembly Area (MMDA) / Province / Borough / ZIP Code / Post Code:

Postal Address _____

Email Address _____

Residential Status: Owned Rented Lodging Family

4. VALID MEANS OF IDENTIFICATION

National ID Card National Driver's License Ghanaian Passport Voter's ID National Health Insurance Card

ID No. _____ ID Issue Date ID Exp. Date

5. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Card Preferences: uniCard Master Card E-zwich Others (Pls specify) _____
Electronic Banking Preferences: uniWeb uniMobile Other Internet Banking Products _____
Transaction Alert Preferences: Email Alert uniAlert
Statement Preference: Email Collection at Branch
Statement Frequency: Monthly Quarterly Semi-Annually Annually
Cheque Book Requisition: 25 Leaves 50 Leaves Foreign Account

6. EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Others (Pls specify) _____

Length of period with current Employer _____ Salary/Expected Income _____

Monthly Salary: Less than GH¢1,000 GH¢1,001-5,000 GH¢5,001-10,000 More than GH¢10,000

Employer's Name _____

Employer's Address (Location) _____

Nearest Landmark _____

City/Town _____ Region _____

MMDA _____

Occupation/Nature of Business _____

Office Phone No. _____ Mobile No. _____

Postal Address _____

Email Address _____

7. DETAILS OF CONTACT IN CASE OF EMERGENCY

Mr. Mrs. Miss. Dr. Prof. Rev. Other title

Surname

Middle Name

First Name

Relationship

Phone No. Phone No.

Residential Address

Residential Address

MMDA

Region

8. ADDITIONAL DETAILS

Full Name of Beneficiary

Owner(s) of the Account (if applicable)

9. EXPECTED ACCOUNT ACTIVITY

Sources of Funds to the Account

Level of Deposits (Amount) Frequency of Deposits

Expected Monthly Income from other Sources Frequency of Withdrawals

Name of Associated Business(es) (If applicable)

Type of Associated Business

Associated Business Address

10. ACCOUNTS HELD WITH OTHER BANKS

S/N	Name & Address of Bank/Branch	Account Name	Account Number	Status: Active / Dormant

11. TERMS AND CONDITIONS FOR ACCOUNT HOLDER(S)

Please read this page carefully. It provides you with important information about your uniBank (Ghana) Ltd (the Bank) Account.

1.0. THE BANK

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 uniBank (Ghana) Ltd; when you sign the account application form you accept these terms as binding on you.

2.0. THE ACCOUNT

2.1 We will 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.

2.2. The Bank will not be responsible for any loss or damages for funds deposited with the Bank due to any future Government order, law, levy, moratorium, exchange restriction or any other cause beyond the Bank's control.

2.3. The account may be debited for any service charge that is set by the Bank from time to time. The Bank will be guided by the Ghana Association of Bankers' Code of Ethics by giving notice on tariff changes.

2.4. All notices or letters will be sent to the address supplied by me/us and will be considered duly delivered and received at the time it is delivered. Notice in the press or in the banking hall of any branch of the Bank will be deemed sufficient for this purpose.

2.5. The Bank will not be liable for funds handed over to members of its staff outside banking hours or outside the Bank's premises. Any anomaly in the entries on Bank Statements must be brought to the attention of the Bank within one month of the date thereof. It is agreed that failure to give such notice absolves the Bank from all liabilities arising therefrom. The Bank may exercise its general lien or any similar rights it is entitled to by law and without any notice whenever necessary, combine, consolidate all or any of my/our accounts with and 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.

2.6. 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 Bank receives written instruction to the contrary.

2.7. I/We understand and agree that you may at your discretion and without giving any reason thereto decline to accept my/our Account application. I/We also understand that until such time you shall inform me/us in writing of the relevant Account number, no account relationship is established with you.

2.8. I/We understand and agree that the Account relationship is established solely with you and that all monies deposited shall be payable exclusively at a branch of the Bank.

2.9. I/We authorize the Bank to accept for safe keeping or for collection or for any other purpose any securities or other property deposited with the Bank or received from or on behalf of myself/any of us/all of us to release, deliver or give up any such securities or property so accepted against written instructions signed in the manner described above.

2.10. I/We agree that in the event that the Bank receives from myself/us ambiguous or conflicting instructions in connection with an Account the Bank may in its absolute discretion and without any liability act or decline to act as the Bank thinks fit.

2.11. I/We agree that these authorities shall be governed by and construed in accordance with the laws of Ghana and I/We hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Ghana.

3.0. CHEQUES (CURRENT ACCOUNT CUSTOMERS)

3.1. All cheques or other orders signed by me/us (or either or both of us if a joint account) will be honoured by the Bank and the account will be debited for such cheques whether such account be for the time being in credit or overdrawn or may become overdrawn in consequences of such debit.

3.2. The Bank is under no obligation to honour any cheques drawn on my/our account or ATM withdrawals unless there are sufficient funds in the account to cover the value of the said cheques/ ATM withdrawal. Such cheques may be returned to me/us unpaid.

3.3. I/We ensure that my/our cheque book will be kept in a safe place to prevent unauthorized persons from gaining access to same and neglect of this precaution may be a ground for any consequential loss being charged to my/our account.

3.4. I/We will notify the Bank immediately if my/our cheque book is lost, gets missing or stolen. The Bank shall not be held liable for any unauthorized use of my/our cheque book where the loss or otherwise of same has not been duly notified to the Bank.

3.5. My/Our account will only be credited with the value of a cheque lodged with any of the Bank's branches after the requisite clearing period in accordance with the rule of clearing in force at the time of lodging the cheque.

3.6. The Bank may exercise its discretion in allowing withdrawals against uncleared cheques. Where the cheques are returned unpaid thereafter the Bank shall have the rights to hold on to the returned cheque and take further action it deems appropriate to recover the value of the cheque.

3.7. 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.

3.8. I/We will notify the Bank of our intention to stop any cheque(s) issued on my/our account. The Bank shall not be liable for paying a cheque in the event that the Bank has not received my/our written notification.

4.0. Overdrafts may be available to customers upon arrangement with the Bank. If no arrangements have been made with the Bank and the account becomes, overdrawn, the Bank may charge an extra fee and interest at the current rate for unauthorized borrowing. If the account does not have enough cleared funds to cover an amount the Bank may return the cheque unpaid.

5.0. PAYING INTEREST

I/We 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'

6.0. 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 cheques and amounts carried on the account have been paid and all cheque Books issued are sent back to the Bank. Where the Bank is terminating the agreement and the account is overdrawn, I/We must pay all sums outstanding on the account, otherwise the Bank may take appropriate legal action for recovery.

7.0. JOINT HOLDERS

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

• Any money for the time being standing to the credit of the joint account(s) may be held to the order of the survivor.

• Anything held by the Bank whether by way of security or for safe custody or any purpose whatsoever otherwise than for collection for the joint account (s) shall be held to the order of the survivor and the personal representatives of the deceased, acting jointly. Any liability incurred by joint account holders to the Bank in respect of instructions given (whether in the form of borrowing or otherwise) shall be joint and several.

8.0. DISCLAIMER CLAUSE.

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

9.0. DISCLOSURE OF ACCOUNT INFORMATION

The Bank will disclose details of your account operation notwithstanding the banker customer legal relationship where the bank's interest requires disclosure or where it is customary for banks to provide such information or where the Bank is under legal obligation to do so.

10.0 AML Compliance

Pursuant to the Anti-Money Laundering Act 208 (Act 749), the Bank may ascertain the source and usage of funds to protect both the Bank and Customer's interest. The Bank reserves the right to refuse a transaction where the source and/or the purpose could not be justified

10.1 Authorization for information Enquiry

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

10.2 Notice of Changes in Personal Information

Customer will notify the Bank of any changes in personal information and information about the business.

10.3 Authorization (US Citizen/Residents Only)

Details of the accounts held by a customer deemed to be a US person(s) shall be provided to the Internal Revenue Service of the United States of America as required by the Foreign Account Tax Compliance Act (FATCA) through Ghana Revenue Authority.

10.4 Complaints

All complaints must be lodged by a customer in writing and addressed to his/her/its account holding branch.

I/We the undersigned hereby request and authorize such one of (the "Bank") as you shall determine to open account(s) (each an "Account") in my name/our joint names and until written notice to the Bank to the contrary to debit such Account whether in credit or overdrawn with cheques drawn thereon, to act on any written instructions in any relation to the payment of standing orders, direct debits, the issue of drafts, mail and telegraphic transfers, purchases and sales of securities and foreign currencies and to act upon instructions to close any Account provided those cheques or instructions are signed by MYSELF/ANY ONE OF US/ALL OF US TOGETHER. (Delete as necessary and print full names below).

Name

Signature

Date

Name

Signature

Date

12. AUTHENTICATION OF UNITED STATES (US) PERSONS

- U.S. citizen (by birth or naturalization).
- A dual citizen where one country of citizenship is the U.S.
- Non-U.S. citizen that is a U.S. permanent resident (i.e. green card holder).
- Has granted power of attorney over the account to a person with U.S address
- Has granted power of attorney over the account to a person with U.S address

In case of joint a/c, 2nd applicant is required to complete a second information sheet and attach herewith

13. DECLARATION

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

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

Name

Signature

Date

Name

Signature

Date

14. (THIS SHOULD BE COMPLETED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)

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/Signature

Mark of Interpreter/Thumbprint/Signature

Date

Date

Name

Address of Interpreter

Language of Interpretation

REQUIREMENTS

NOTE:

- I. **Scanned copies should be sent to efienefe@unibankghana.com**

- II. **Original copies should be sent to the following address**

**FAO:
Inward Remittance Unit
uniBank
2nd Floor Makola Mall Building
P. O. Box AN 15367
Accra, Ghana**

FOR BANK USE ONLY

III. REQUIREMENT CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Duly completed Account opening form				
2.	Recent passport photograph showing full face forward				
3.	Proof of Address: Utility Bill (Water / Electricity Bill and Gas Bill), or Bank statement, or Telephone Bill issued within the last 3 months for the address stated on the form				
4.	Passport Page Required: Bio-data page, bearing your photograph and showing the signature, issue and expiry date and machine readable part				
5.	All photocopies sent must be certified				
6.	Acceptable Certification Authority: Notary Public, Post Office, General Practitioner, Solicitor, Banker, Employer, Compliance Officer of a Money Transfer Organization.				
7.	Ghanaians with foreign passports, additional document required: Reference letter from the Ghana Embassy / Foreign Affairs identifying the holder as a Ghanaian				

2. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant a Politically Exposed Person? Yes No

if Yes Proceed with PEP assessment form

Position _____

3. CUSTOMER RISK PROFILE

Low Risk

Medium Risk

Medium-High Risk

High Risk

Identification of **DESIGNATED NON FINANCIAL BUSSINESSES & PROFESSIONALS (DNFBP'S)**

Is Customer a DNFBP? Yes No. Indicate type of DNFBP _____

A. ACCOUNT OPENED BY

Introducer Name

Code

Account Officer

Code

Signature _____

Date

Name

Designation

Signature _____

Date

B. DEFERRAL / WAIVER OF DOCUMENTS (IF ANY) AUTHORISED BY:

Name

Designation

Signature _____

Date

C. ACCOUNT OPENING AUTHORISED / APPROVAL BY:

Name

Designation

Signature _____

Date

Compliance Unit's Comments

Name _____ Signature _____

Date

For higher risk category, (Head Risk/Compliance; Head Operations; MD/CEO may sign:

_____ Designation

_____ Signature

Date

(Release and indemnity for fax/electronic mail instruction)



- A. WHERE AS I have requested uniBank Ghana Limited to act on instructions transmitted by me to the Bank by Facsimile or electronic mail transceiver.
- B. AND WHEREAS the Bank has informed me that it is prepared to act on faxed or electronic mail instructions with purport to emanate from me if it receives a suitable release and indemnity against certain claims, losses, damages, demands and actions.
- C. AND WHEREAS I am prepared to give such release and indemnity, NOW THEREFORE I the

Undersigned.....DO HEREBY
(NAME)

- 1. Acknowledge that it is not practicable for the Bank to establish the authenticity of all messages telefaxed/electronic mail to the Bank, which purport to emanate from me.
- 2. Agree that all telefaxed electronic mail instructions, mandates, consents, commitments and the like which purport to emanate from me ("purported faxed /electronic instructions") shall be deemed to have been given by me and I shall be bound thereby.
- 3. Release the Bank from all claims, demands, actions, losses and damages of whatsoever nature which may be brought against me or which I may suffer or incur as a result of the Bank acting or for reason able cause not acting on any purported faxed/electronic mail instructions.
- 4. Indemnify the Bank and hold it harmless from all claims, demands, actions, losses and damages of whatsoever nature which may be brought against the Bank or which it may suffer or incur arising from acting or, for reasonable causes, not acting on any purported faxed/electronic mail instructions or arising from or out of the malfunction, failure or unavailability of any facsimile/electronic mail transceiver, the loss or destruction of any data, the failure, interruption or distortion of communication links, or the reliance by any person on any incorrect, incomplete or inaccurate information or data contained in any purported faxed/electronic mail instructions received by the Bank.
- 5. Agree that in respect of the purported faxed/electronic mail instructions regarding the transfer of money, "same day" value may only be given if the message is received by the Bank at a reasonable time before the close of business to the public.
- 6. Understand that this Release and Indemnity absolves the Bank from liability in respect of losses or damages suffered by me as a result of any unlawful or fraudulent transactions on my account, which may occur due to the fax/electronic mail instruction I issue to the Bank.

SIGNATURE

DATE

HEAD OFFICE

uniBank (Ghana) Limited
World Trade Center Building
No. 29 Independence Avenue, Accra
P.O. Box AN 15367 Accra-North

Head Office Annex Branch

No 581/4 Royalt Castle Road
(Near ATTC, Kokomlemle)
P.O. Box AN 15367, Accra-North
Tel: 0302 233328 / 216000
Fax: 0302 253695 / 0302 233582

WTC Branch

World Trade Center Branch
World Trade Center (Ground Floor)
No. 29 Independence Avenue, Accra
P.O. Box AN 15367, Accra-North

Accra Main Branch

(Near ATTC) Kokomlemle
P.O. Box An 15367, Accra-North
Tel: 0302 236744 / 236784 / 253696-9
Fax: 0302 253695

Tema Branch

Tema Community One,
Near Meridian Plaza
P.O. Box Co1020, Tema
Tel: 0303 213699 / 213601 /
213618-20/ 213691 / 92
Fax: 0303 213600

Osu Branch

Near The Glory Oil Service Station,
Danquah Circle
Tel: 0302 783441 / 774102
Fax: 0302 774101

Spintex Road Branch

Near Goil Filling Station, Spintex Road
PMB AN 205, Accra-North
Tel: 0302 815898-9 / 815901-6
Fax: 0302 815900

Accra Mall Branch

Shop Lo4 Accra-Mall Shopping Centre
PMB 205, Accra-North
Tel: 0302 823074-6
Fax: 0302 823071

Kaneshie Branch

Near Takoradi Station Kaneshie
P.O. Box AN 15367, Accra-North
Tel: 0302 326125-8
Fax: 0302 326123

Apenkwa Branch

Motorway Extension
P.O. Box AN 15367, Accra-North
Tel: 0302 255779 / 232228
Fax 0302 255769

Makola Branch

Makola Shopping Mall,
(Opp. Methodist Book Depot)
P.O. Box AN 15367, Accra-North
Tel: 0302 684430 / 684432
Fax 0302 684434

Ashaiman Branch

Old Tanker Yard, Kaketo Ashaiman
P.O. Box AN 15367, Accra-North
Tel: 0303 308728 / 300695
Fax: 0303 300698

Kasoa Branch

P. O. Box AN 15367, Accra-North
Tel: 0302 971940, 0302 971941 /
0302 971942 / 0302 971943 /
0302 971944

GIMPA Branch

Ghana Institute of Management
& Public Administration Campus
P. O. Box AN 15367, Accra-North
Tel: 0302 403096 / 7
Fax: 0302 403091

East Legon Branch

Anum Yemoh Plaza
Lagos Avenue, East Legon, Accra
P.O. Box AN 15367, Accra-North
Tel: 0302 216000

North Industrial Area Branch

P. O. Box AN 15367, Accra-North
Tel: 0501 327457
Fax: 0302 253695

Kumasi-Harper Road Branch

House of Excellence,
Harper Road Adum, Kumasi
P. O. Box Ks 14954
Tel: 03220 83314-22
Fax: 03220 83313

Suame Branch

P. O. Box Ks 14954, Kumasi
Tel: 03220 49522-29
Fax: 03220 49520

Takoradi Branch

uniBank (Ghana) Limited
Former GNTC Building, Market Circle
Tel: 03120 23520 / 23580 / 23590
Fax: 03120 23520

Kumasi Branch

Golden Tulip Hotel Nhyiaso
P. O. Box Ks 14954, Kumasi
Tel: 0277 811754 / 0277 811639
Fax: 0278 787070 / 0278 787068

Roman Hill Branch

P. O. Box Ks 14954, Kumasi
Tel: 03220 20208 / 20224
Fax: 03220 20209

Ahodwo Branch

Version Apricot Building
Near Atinga Junction, Ahodwo, Kumasi

Abetifi Branch

Abetifi Presbyterian University Campus
Abetifi Campus, Kwahu

Tafo Branch

P. O. Box Ks 14954, Kumasi
Tel: 0263 009248
Fax: 0322 083313

Koforidua Branch

Koforidua-Accra Station Complex
P. O. Box Kf 2238, New Juabeng District
Tel: 0342 020817 / 0342 020822

Tamale Branch

Tamale, Opposite Ola Cathedral Church,
Hospital Road, Changli-Tamale
P. O. Box TI 317
Tel: 03720 22172
Fax: 03720 22172

Techiman Branch

Opposite Abanmu Total Filling Station
Tel: 03521 91706/03521 91707
Fax: 0352 522910

Darkuman Branch

Darkuman Junction, inside Tecno building
Tel: 0302 216000
Fax: 0302-253695 / 0302 233582

Bolgatanga Branch

Commercial Street, Melcom Building
Tel: 038 2021152
Fax: 038 2021153

Kejetia Branch

Adum, Kumasi
Tel: 032 20-83314-22
Fax: 032 20-83313

Madina Branch

Madina Market Road,
Near the Post Office
Tel: 0302-544481/ 0302-544482
Fax: 0302-544484

Community 25 Branch

First Sky Tower Building,
Near Kpone Police Barrier
Tel: 0302 216000
Fax: 0302 253695

Okaishie Branch

Opposite Rawlings Park,
Inside old White Chapel building
Tel: 0302 216000
Fax: 0302 253695

Accra Central Branch

Opposite Rawlings Park,
Inside old White Chapel building
Tel: 0302 216000
Fax: 0302 253695

Oxford Street Branch

Oxford Street Mall
OSU