

Efie Ne Fie

Accounts Opening Form

- Individual Account
- Joint Account

Toll Free Line: 080010055
www.unibankghana.com

   @uniBankGhana



1. GENERAL INFORMATION

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

BRANCH		Introducer/Agent Name			
ACCOUNT TYPE	Efe Ne Fie Hybrid Account				
	GHS <input type="checkbox"/>	Forex Account	USD <input type="checkbox"/>	GBP <input type="checkbox"/>	EUR <input type="checkbox"/>
		Foreign Account	USD <input type="checkbox"/>	GBP <input type="checkbox"/>	EUR <input type="checkbox"/>
Purpose of Account (1) Personal Saving <input type="checkbox"/> Loan Servicing <input type="checkbox"/> Transactional <input type="checkbox"/> Salaries <input type="checkbox"/> Investment <input type="checkbox"/> Others _____					
Purpose of Account (2) Personal Saving <input type="checkbox"/> Loan Servicing <input type="checkbox"/> Transactional <input type="checkbox"/> Salaries <input type="checkbox"/> Investment <input type="checkbox"/> Others _____					
ACCOUNT No. (1) (For official use only) <input type="text"/>					
ACCOUNT No. (2) (For official use only) <input type="text"/>					

2. PERSONAL INFORMATION

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

Surname Other Names First Name

Maiden Name (If applicable)

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

Place of Birth Date of Birth

Mother's Maiden Name Country of Residence

Nationality Hometown

Country of Origin Profession/Occupation

3. CONTACT DETAILS

Residential/Postal Address

City/Post Code/Zip Code

Mobile No. Fixed Tel. No.

Email Address

Residential Status: Owned Rented Lodging Family

4. VALID MEANS OF IDENTIFICATION

Passport ID No. ID Issue Date ID Exp. Date

Country of Issue

5. EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Other (Please specify)

Length of period with current Employer Salary/Expected Income

Employer's Name

Employer's Address

City/Post Code/Zip Code Region/Country

Occupation/Nature of Business

Office Phone No. Mobile No.

Email Address

6. 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

MMDA/Post Code/Zip Code Region/Country

7. ADDITIONAL DETAILS

Full Name of Beneficiary

Owner(s) of the Account (if applicable)

8. 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

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

uniWeb Monthly eStatement 25 Leaves Cheque Book (charges apply) uniCard MasterCard (charges apply)

Indicate MasterCard type: Gold Standard Preferred Name on MasterCard _____ **Maximum 26 characters**

Having familiarised myself with the bank charges related to this card programme, I agree to be liable for all debts to the Card account. Balance enquiries shall be offered on the ATM and/or on telephone upon identification, and a statement request shall attract a fee. Loss/theft/misplacement of the card shall be reported to the uniBank (Ghana) Limited Call Centre immediately, +233 (0) 302 216000.

10. 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.

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

11. 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.

By signing below, I/We agree that I/We have read, understood and accept to be bound by the

Terms and Conditions of the Account Terms and Conditions of MasterCard

which I/We find reasonable, fair and necessary to acquire the service(s).

Name

Signature

Date

Name

Signature

Date

12. RELEASE & INDEMNITY FOR TELEPHONE/FAX/EMAIL



A. WHERE AS I/WE have requested uniBank Ghana Limited to act on instructions transmitted by me to the Bank by fax or electronic mail transceiver or telephone. (Please tick applicable option(s) below)

Fax

Email

Telephone

Please provide details of preferred mode of electronic communication to be used for transmitting instructions electronically

Email: _____ Telephone No. _____ Fax No. _____

B. AND WHEREAS the Bank has informed me that it is prepared to act on faxed, electronic mail or telephone 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/WE am/are prepared to give such release and indemnity, NOW THEREFORE I/WE 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 reasonable 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 fax/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 lines for Name, Signature, and Date, repeated twice.

13. ACCOUNT OPENING MANDATE



Customer Name _____

Address _____

Date _____ Telephone No. _____

Account No. (s) (i) _____

(ii) _____

Sample Signatures

Name	Signature

INSTRUCTIONS (please tick as appropriate)

(i) One to Sign

(ii) Two to Sign

(iii) Others (Specify) _____

14. REQUIREMENTS

I. Scanned copies should be sent to efienefie@unibankghana.com

II. Original copies should be sent to the following address

**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.	One recent passport photograph showing full face forward				
3.	Proof of Address: Example Utility Bill dated within the last 3 months for the address stated on the form				
4.	Passport: Bio-data page showing signature and machine readable parts				
5.	Appendix 4 in the requirements form completed and attached				
6.	Ghanaians with foreign passports should add any of the following documents: <input type="checkbox"/> Attestation from Ghana embassy <input type="checkbox"/> Place of Birth in Passport / Hometown on the form must be a location in Ghana <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Dual citizenship ID Card				

HEAD OFFICE

uniBank (Ghana) Limited
World Trade Centre Building
No. 29 Independence Avenue, Accra
P.O. Box AN 15367 Accra-North
Tel: 0302 216000
Fax: (0302) 233656

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 Centre Branch
World Trade Centre (Ground Floor)
No. 29 Independence Avenue, Accra
P.O. Box AN 15367, Accra-North
Tel: 0302 667377
Fax: 0302 666009

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 CO 1020, Tema
Tel: 0303 213699 / 213601 / 213618-20
Fax: 0303 213600

Osu Main Branch

Near The Glory Oil Service Station,
Danquah Circle
Tel: 0302 785614 / 783441 / 774102
Fax: 0302 774101

Spintex Road Branch

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

Accra Mall Branch

Shop L04 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 Atenga
junction, Ahodwo
Tel: 03220 02701-4
Fax: 03220 02705

Abetifi Branch

Presbyterian University College- Abetifi
Campus, Kwahu
Tel: 0263 019819 / 0544 368558

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

Okaiishie 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
Tel: 0577 667729
Fax: 0577 667728

Cape Coast Branch

University of Cape Coast Campus,
Cafeteria Building, Adjacent
Casely-Hayford Hall
Tel: 0332 137942 / 0263 009205

Asokwa Branch

Near the Baba-Yara Sports Stadium
Tel: 0263 009192

Valley View University Branch

Valley View University Campus, Techiman
Tel: 0352 196607

KNUST Branch

KNUST Campus, Commercial Area,
Opposite Jubilee Mall
Tel: 03220-64553 / 64555

CORRESPONDENT BANKS (BY CURRENCY)**ADDRESS SWIFT/SORT/ACCOUNT NUMBER)****U. S. DOLLARS (USD)**

CITIBANK N.A
111 Wall Street 10043 New York NY 10010-3603
Sort Code: CITIUS33
Routing No: 021000089
Account No.: 36918083

GHANA INTERNATIONAL BANK PLC

67 Cheapside City of London EC2V 6AZ
Routing No.: GHIBGB2L
Sort Code: 70-06-13
Account No: GB65GHIB70061301733502

BHF-BANK AKTIENGESELLSCHAFT

Bockenheimer Landdstrasse 10 603 23
Frankfurt AM Main, Germany
Routing No: BHFDBEFF
BLZ: 50020200
Acc No: DE68500202000100731588

GBP**GHANA INTERNATIONAL BANK PLC**

67 Cheapside City Of London EC2V 6AZ
Swift Code: GHIBGB2L
Sort Code: 70-06-13
Account No.: GB92GHIB70061301733501

STANDARD CHARTERED BANK

Clement Hse 27 Clements Lane
London EC4N7AP
Swift Code: SCBLGB2L
Sort Code: 60-91-04
Account No.: 01252103201

EURO**STANDARD CHARTERED BANK**

Frankfurt AM Main,
Franklinstrasse 46-48, 60486, Germany
Swift Code: SCBLDEFX
Account No.: DE65512305000050016001

BHF-BANK AKTIENGESELLSCHAFT

BOCKENHEIMER LANDDSTRASSE
10 603 23 Frankfurt AM Main Germany
Swift Code: BHFDBEFF
BLZ: 50020200
Account No.: DE24500202000000731588

GHANA INTERNATIONAL BANK PLC

67 Cheapside City Of London EC2V 6AZ
Swift Code: GHIBGB2L
Sort Code: 70-06-13
Account No.: GB81GHIB70061301733505

Email: info@unibankghana.com | www.unibankghana.com    @unibankGhana

