

# NDK FINANCIAL SERVICES LTD.

P. O. BOX 3387, ACCRA; TEL. 0302 218444; FAX: 0302 218446  
NO. 001, 28<sup>th</sup> FEBRUARY ROAD, OSU.

## CORPORATE

### FACILITY APPLICATION FORM

CUSTOMER NO: .....

1. NAME OF APPLICANT (COMPANY): .....
2. a. BUSINESS REG. NO. / DATE OF INCORPORATION: .....  
DATE OF COMMENCEMENT OF BUSINESS: .....
- b. VAT NO.: ..... TIN: .....
- c. PREVIOUS REG. NO. (if applicable): .....
3. a. NATURE OF BUSINESS: .....
- b. MONTHLY TURNOVER: <100,000.00/100,000.00-500,000.00/500,001.00-1,000,000.00/>1,000,000.00.
- 4a. OFFICE LOCATION (DETAILED PHYSICAL ADDRESS):.....
- b. POSTAL ADDRESS (OFFICE): .....
- c. CONTACT NO(S): OFFICE.....
- d. E-MAIL: ..... WEBSITE: .....
5. AUDITORS: .....
- OFFICE LOCATION (DETAILED PHYSICAL ADDRESS):.....
- CONTACT NO(S): .....
6. PARTICULARS OF DIRECTORS:

	<b>A</b>	<b>B</b>	<b>C</b>
<b>NAME</b>			
<b>DATE OF BIRTH</b>			
<b>DETAILED RESIDENTIAL ADDRESS</b>			
<b>DETAILED RESIDENTIAL ADDRESS (IF ABROAD)</b>			
<b>CONTACT NO(S)- OFFICE</b>			
<b>RESIDENTIAL</b>			
<b>PROFESSION/OCCUPATION</b>			
<b>DATE OF APPOINTMENT</b>			
<b>TAX IDENTIFICATION NUMBERS</b>			
<b>VALID ID TYPE- PASSPORT/ DRIVING LICENCE/NATIONAL ID NO./NHIS NO</b>			

PLEASE PROVIDE DETAILS OF OTHER DIRECTORS ON A SEPARATE SHEET IF THEY ARE MORE THAN THREE.

**7. PARTICULARS OF KEY MANAGEMENT PERSONNEL:**

	<b>A</b>	<b>B</b>	<b>C</b>
<b>NAME</b>			
<b>DATE OF BIRTH</b>			
<b>DETAILED RESIDENTIAL ADDRESS</b>			
<b>DETAILED RESIDENTIAL ADDRESS (IF ABROAD)</b>			
<b>CONTACT NO(S)- OFFICE</b>			
<b>RESIDENTIAL</b>			
<b>PROFESSION/OCCUPATION</b>			
<b>DATE OF APPOINTMENT</b>			
<b>VALID ID TYPE- PASSPORT/ DRIVING LICENCE/NATIONAL ID NO./NHIS NO</b>			

PLEASE PROVIDE DETAILS OF OTHER KEY MANAGEMENT PERSONNEL ON A SEPARATE SHEET IF THEY ARE MORE THAN THREE.

8. NO. OF EMPLOYEES (TOTAL).....
- MANAGEMENT.....
- SENIOR .....
- JUNIOR .....

9. OTHER ASSOCIATED COMPANIES:

COMPANY NAME    NATURE OF BUSINESS    %SHAREHOLDING    BUSINESS ADDRESS    OTHER SHAREHOLDERS & %

A)

B)

C)

**10. PARTICULARS OF BANKERS**

	<b>A</b>	<b>B</b>	<b>C</b>
<b>NAME OF BANK</b>			
<b>BRANCH</b>			
<b>ACCOUNT NUMBER</b>			
<b>ACCOUNT BALANCE</b>			

**11.1 PARTICULARS OF AUTHORISED SIGNATORIES**

**NAME**

**POSITION**

- A.
- B.
- C.
- D.

**11.2 ARE YOU CURRENTLY ENJOYING A CREDIT FACILITY FROM ANY OF YOUR BANKS?**

**YES**  / **NO**

**IF YES GIVE DETAILS;**

- i. NAME OF BANK:
- ii. TYPE OF FACILITY:
- iii. AMOUNT APPROVED:
- iv. PURPOSE:
- v. DATE OF APPROVAL:

vi. EXPIRY DATE:

vii. BALANCE AS AT: .....

viii. SECURED BY (IF ANY):

11.3 **OTHER EXISTING LOANS**

I. a. NAME OF INSTITUTION/BANK/NON BANK FINANCIAL INST:

b. AMOUNT OF LOAN:

c. DATE OF LOAN:

d. PERIOD APPROVED

e. PURPOSE:

f. EXPIRY DATE:

g. SECURITY OFFERED & VALUE:

II. a. NAME OF INSTITUTION/BANK/NON BANK FINANCIAL INST:

b. AMOUNT OF LOAN:

c. DATE OF LOAN:

d. PERIOD APPROVED

e. PURPOSE:

f. EXPIRY DATE:

g. SECURITY OFFERED & VALUE:

III. a. NAME OF INSTITUTION/BANK/NON BANK FINANCIAL INST:

b. AMOUNT OF LOAN:

c. DATE OF LOAN:

d. PERIOD APPROVED

e. PURPOSE:

- f. EXPIRY DATE:
- g. SECURITY OFFERED & VALUE:

**12. YOUR APPLICATION TO NDK:**

- A) AMOUNT: .....
- B) PURPOSE: .....
- C) DURATION: .....
- D) YOUR CONTRIBUTION (CASH/ KIND): .....
- E) PROPOSED SECURITY & VALUE.....
- F) SOURCE OF FUNDS/REPAYMENT: PRIMARY SOURCE:.....
  - b. SECONDARY SOURCE .....

**13. TRANSACTION ALERTS:**

- A) SMS ALERT: .....
- B) EMAIL ALERT: .....

**14. STATEMENT PREFERENCE:**

- A) EMAIL: .....
- B) COLLECTION AT THE BRANCH: .....

**15. STATEMENT FREQUENCY:**

- A) MONTHLY: .....
- B) QUARTERLY: .....
- C) SEMI-ANNUALLY .....
- D) ANNUALLY .....

**16. FOR UNITED STATES (US) NATIONALS:**

- A) ARE YOU A US NATIONAL? .....

- B) ARE YOU A US RESIDENT ALIEN? .....
- C) DO YOU HAVE INVESTMENTS/INTEND TO INVEST IN GHANA? .....
- D) IF YES (TO ANY OF THE ABOVE) DO YOU FILE US TAXES? .....
- E) IF NO EXPLAIN .....

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**17. DECLARATION:**

**I CERTIFY THAT THE INFORMATION HEREIN PROVIDED AND THE DOCUMENTS SUPPLIED ARE TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERTAKE TO INDEMNIFY THE BANK FOR ANY LOSS SUFFERED AS A RESULT OF ANY FALSE INFORMATION OR ERROR IN THE INFORMATION PROVIDED.**

SIGNATURE: .....                      DATE: .....

**FOR OFFICE USE ONLY**

**1. REQUIREMENT CHECKLIST**

S/N	DOCUMENTS REQUIRED (Original IDs/Documents must be seen)	CHECKED	DEFERRED	WAIVED	N/A
001	Duly Completed Account Opening Form				
002	Recent Passport-Sized Photograph of the directors				
003	Resident Permit and Non-Citizen Ghanaian National ID Card				
004	Proof of Identity: National ID/ Voters ID/ Passport/NHIS/Driver's License				
005	Proof of Address: Water Bill/Electricity Bill/Telephone Bill/Tenancy Agreement				
006	Letter from Employer				



**2. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS**

Is the applicant a Politically Exposed Person (PEP) or associated with PEP? YES/NO

If the customer is closely associated, state the relationship .....

KYC / Risk Profile: Low risk/Medium risk/High risk

**3. ACCOUNT OPENED BY**

Name .....

Signature .....

Date .....

**4. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY**

Name .....

Signature .....

Date .....

**5. DOCUMENTS VERIFICATION CARRIED OUT BY:**

Name .....

Signature .....

Date .....

**6. ACCOUNT OPENING AUTHORISED BY:**

Name .....

Signature .....

Date .....

**7. FOR HIGH RISK CUSTOMERS, REFER TO INTERNAL AUDIT/ COMPLIANCE FOR APPROVAL**

Name .....

Signature .....

Date .....