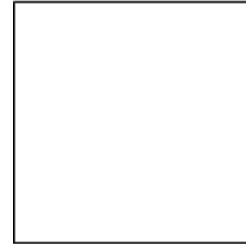


NDK FINANCIAL SERVICES LTD.

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

BANK OF GHANA LICENCE NO. FNB-0015



PERSONAL

FACILITY APPLICATION FORM

CUSTOMER NO:

1. NAME OF APPLICANT:

2. PREVIOUS NAMES (IF ANY):

3. DATE AND PLACE OF BIRTH:

NATIONALITY: MARITAL STATUS:

4. POSTAL ADDRESS:

E-MAIL ADDRESS:

5. a. PHYSICAL ADDRESS (DETAILED DESCRIPTION):

b. LENGTH OF STAY:

c. RENTED/OWNED/FAMILY
HOUSE/LEASE/MORTGAGED

d. RESIDENTIAL ADDRESS ABROAD (IF APPLICABLE)

e. PROOF OF ADDRESS: ELECTRICITY BILL/TELEPHONE BILL/WATER BILL

6. VALID ID TYPE:

a. PASSPORT NO.:

b. DRIVING LICENCE NO.:

c. VOTER ID:

d. NHIS NO:

e. NATIONAL ID NO:.....

7. CONTACT NO(S) :

8. **CURRENT EMPLOYMENT INFORMATION:**

8a. EMPLOYER:

8b. ADDRESS: POSTAL;

PHYSICAL;

EMAIL ADDRESS /WEBSITE.....

CONTACT NO(S) :

8c. PRESENT POSITION/ DEPARTMENT.....

8d. DATE OF EMPLOYMENT:

8e. WAGE/MONTHLY EARNINGS: <1,000.00/1,000.00-5,000.00/5,001.00-10,000.00/>10,000.00.

9. PREVIOUS EMPLOYMENT HISTORY

9a. NAME OF EMPLOYER:

9b. ADDRESS: POSTAL;

PHYSICAL;

9c. DATE OF EMPLOYMENT:

9d. DATE OF RESIGNATION/TERMINATION/DISMISSAL:

10. PARTICULARS OF SPOUSE

NAME;

ADDRESS: HOME;.....

EMPLOYER;

CONTACT NO(S).....

NAME OF EMPLOYER;

DATE OF EMPLOYMENT;

11. CONTACT PERSON

NAME:

RELATIONSHIP:

DATE OF BIRTH: CONTACT NO(S).....

ADDRESS: HOME;

EMPLOYER;

12. PARTICULARS OF BANKERS:

BANK	BRANCH	ACCOUNT NO.	ACCOUNT TYPE (CHEQUE/ SAVINGS)	DATE OPENED
1.				

2.				
3.				

CURRENT FACILITY

13. ARE YOU ENJOYING A LOAN/ OVERDRAFT FROM YOUR EMPLOYER? YES / NO
IF YES GIVE DETAILS;

a. NAME OF EMPLOYER:

b. AMOUNT APPROVED:

c. PURPOSE:

e. DATE OF APPROVAL:

f. EXPIRY DATE:

g. BALANCE AS AT:

h. SECURED BY (IF ANY):

14. OTHER FACILITIES

a. NAME OF LENDER:

b. AMOUNT OF LOAN:

c. DATE OF LOAN:

d. PERIOD APPROVED

e. PURPOSE:

f. EXPIRY DATE:

g. SECURITY OFFERED:

h. STATUS:

15. PARTICULARS OF ASSETS AS AT.....

ASSETS	OWNERSHIP (JOINT/SELF)	DESCRIPTION	VALUE	YEAR ACQUIRED	IS IT ENCUMBERED/ FREE?
1. Land					
2. Building					
3. Motor Vehicle					
4. Investments (T.Bills, Shares etc)					

5. Others					
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16. PARTICULARS OF LIABILITIES:

NAME	DETAILS	AMOUNT	PURPOSE
1.			
2.			
3.			
4.			

17. INFORMATION ON ASSOCIATED BUSINESS (IF APPLICABLE):

- A) NAME OF ASSOCIATED BUSINESS:
- B) TYPE OF ASSOCIATED BUSINESS:
- C) LINE OF BUSINESS:
- D) ASSOCIATED BUSINESS ADDRESS:
- E) % SHAREHOLDING.....
- F) % OF OTHER SHAREHOLDERS.....

18. YOUR APPLICATION TO NDK:

- A) AMOUNT:
- G) PURPOSE:
- H) DURATION:
- I) YOUR CONTRIBUTION (CASH / KIND):
- J) PROPOSED SECURITY & VALUE.....
- K) SOURCE OF REPAYMENT/FUNDS: PRIMARY SOURCE:.....
- b. SECONDARY SOURCE

19. TRANSACTION ALERTS:

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

20. STATEMENT PREFERENCE:

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

21. STATEMENT FREQUENCY:

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

22. 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
-
-
-
-

23. 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				
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