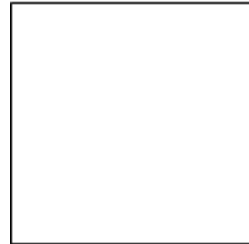


**NDK FINANCIAL SERVICES LTD.**

P. O. BOX 3387, ACCRA; TEL. 0302 218444; FAX:0302 218446  
 NO. 001, 28<sup>th</sup> FEBRUARY ROAD, OSU.  
 BANK OF GHANA LICENCE NO. FNB-0015



**SOLE PROPRIETORSHIP**

**FACILITY APPLICATION FORM:**

**CUSTOMER NO:**.....

- 1a. NAME OF APPLICANT: .....
- b. TRADING/ OPERATING AS: .....
- c. BUSINESS REGISTRATION NO. AND DATE: .....
- d. VAT NO.: ..... TIN NO.: .....

- 2. a. NATURE OF BUSINESS: .....
- b. MONTHLY TURNOVER: <10,000.00/10,000.00-50,000.00/50,001.00-100,000.00/>100,000.00.

3a. PRESENT OFFICE LOCATION (PHYSICAL): .....

**DESCRIBE LOCATION:** .....

.....

3b. POSTAL ADDRESS: .....

E-MAIL: ..... WEBSITE: .....

3c. OCCUPIED SINCE: ..... 3d.OWNED  / RENTED  TENANCY EXPIRY: .....

4. ACCOUNTANTS/AUDITORS: ..... CONTACT NO: .....

DETAILED PHYSICAL ADDRESS OF AUDITORS: .....

5a. DETAILED RESIDENTIAL ADDRESS OF PROPRIETOR .....

b. OCCUPIED SINCE:..... c. OWNED  / RENTED  d. EXPIRY DATE: .....

e. DETAILS OF LANDLORD/ LADY (IF RENTED)

NAME: .....

ADDRESS: .....

CONTACT NO(S).....

f. POSTAL ADDRESS .....

.....

CONTACT NO(S).....

6. PARTICULARS OF PROPRIETOR:

NAME:

PREVIOUS NAMES (IF ANY):

DATE OF BIRTH:

PROFESSION:

VALID ID TYPE: .....

a. PASSPORT NO.: ..... b. DRIVING LICENCE NO.: .....

c. VOTER ID: ..... d. NHIS NO: .....

e. NATIONAL ID NO: .....

CONTACT NO.....

7. CONTACT PERSON

NAME: .....

RELATIONSHIP: .....

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

ADDRESS: HOME; .....

EMPLOYER; .....

8 PARTICULARS OF MANAGEMENT STAFF (IF APPLICABLE):

	NAME	POSITION	DATE OF APPOINTMENT
A)			

B)

C

9. **NO. OF EMPLOYEES (TOTAL)**.....

MANAGEMENT.....

SENIOR.....

JUNIOR.....

10. DO YOU HAVE FINANCIAL INTEREST IN OTHER BUSINESS/ COMPANY? YES  / NO   
**IF YES ANSWER 10.1.**

**10.1. NAME OF BUSINESS/ COMPANY % SHAREHOLDING OTHER SHAREHOLDERS & %**

A)

B)

C)

11. ARE YOU A DIRECTOR IN ANY COMPANY? YES  / NO   
**IF YES ANSWER 11.1.**

**11.1. NAME OF COMPANY DATE OF APPOINTMENT**

A)

B)

C)

**12. 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>			

**13.1 PARTICULARS OF AUTHORISED SIGNATORIES**

**NAME POSITION**

A.

B.

C.

**13.2 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):

**13.3 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:

14. **TRADE CREDITORS AS AT:** .....

	<b>A</b>	<b>B</b>	<b>C</b>
<b>NAME</b>			
<b>AMOUNT</b>			
<b>DATE CREDIT WAS ESTABLISHED</b>			
<b>ITEM PURCHASED</b>			

15. **OTHER CREDITORS AS AT**.....

	<b>NAME</b>	<b>AMOUNT</b>
A)		
B)		
C)		

16. **SCHEDULE OF ASSETS AS AT:** .....

	<b>A</b>	<b>B</b>	<b>C</b>
<b>ASSET</b>			
<b>VALUE</b>			
<b>YEAR ACQUIRED</b>			
<b>HOW ACQUIRED (LOAN/ SELF)</b>			
<b>FROM WHOM ACQUIRED</b>			

**16. YOUR APPLICATION TO NDK:**

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

**17. TRANSACTION ALERTS:**

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

**18. STATEMENT PREFERENCE:**

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

**19. STATEMENT FREQUENCY:**

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

**20. 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 .....

.....  
.....  
.....  
.....

**21. 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 proprietor				
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 .....