



LOANS | INVESTMENTS | SOLUTIONS

INVESTMENT APPLICATION FORM

Clubs / Associations / Societies

BANK OF GHANA LICENCE No. FNB-0015

Tel.: 0302 218 444 Toll free 0800 123 123

www.ndkfinancialservices.com

Passport Photo

INVESTMENT APPLICATION FORM

Please use block letters and fill in the form as completely and accurate as possible, to aid our successful processing of the application.

1. Details

Name	<input type="text"/>		
Nature of Business	<input type="text"/>	Business Reg. No.	<input type="text"/>
Date of Commencement / Inauguration	<input type="text"/>		
Postal Address	<input type="text"/>		
Office Address	<input type="text"/>		
Occupied Since	<input type="text"/>	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Tenancy Expiry <input type="text"/>
Email	<input type="text"/>	Contact No.	<input type="text"/>

2. Auditors (if applicable)

Auditors	<input type="text"/>		
Postal Address	<input type="text"/>		
Office Address	<input type="text"/>		
Email	<input type="text"/>	Website	<input type="text"/>
Contact No.s	<input type="text"/>		

3. Particulars of Management/Exec. Members

	A	B	C
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>	<input type="text"/>
Appointment Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Res. Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>
Profession	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Particulars of Bankers

	A	B	C
Name of Bank	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Particulars of Authorised Signatories

	Name	Position
A	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>

6. Financial Interests

Do you have Financial Interest in other Business / Company? Yes No *If Yes, please provide the information below*

Name of Business / Company	A	<input type="text"/>
	B	<input type="text"/>
	C	<input type="text"/>

Are you a Director in any Company? Yes No *If Yes, please provide the information below*

	Name of Company	Date of Appointment
A	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>

7. Investment at NDK

Amount GHC (Figures)	<input type="text"/>	Amount GHC (Words)	<input type="text"/>
Duration	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 1 Year
Roll Over on Maturity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Principal Only	<input type="checkbox"/> Interest Only <input type="checkbox"/> Principal & Interest
Source of Funds (Primary)	<input type="text"/>		
Source of Funds (Secondary)	<input type="text"/>		
Transaction Alerts	<input type="checkbox"/> SMS Alert	<input type="checkbox"/> Email Alert	Statement Preferences <input type="checkbox"/> Email <input type="checkbox"/> Collection at Branch
How did you find out about us?	<input type="checkbox"/> Family	<input type="checkbox"/> Friends	<input type="checkbox"/> Publication <input type="checkbox"/> Other <input type="text"/>

TERMS AND CONDITIONS OF NDK FINANCIAL SERVICES LIMITED'S INVESTMENT ACCOUNT

A. YOUR INVESTMENT

You are obliged to periodically (where there occurs a change in any information provided herein including your contact information) update your records with us to ensure accuracy of your information with us at all times.

All notices and letters will be sent to the address provided by you and will be considered duly delivered and received at the time it is delivered at the stated address (if hand delivered), or seven days after posting.

Your investment shall be considered immediately cancelled when deposits made with cheques are returned or dishonored. It is your responsibility to contact us to rectify the situation should this occur.

Power of Attorney/Letters of Authorization/Authority Notes duly signed by you are required in order for transactions to be conducted by any individual on your behalf.

B. PRIVACY POLICY

We define your "personal information" as information that can be associated with a specific person and can be used to identify that person.

We store and process your personal information on our computers and we protect it by maintaining physical, electronic and procedural safeguards in compliance with applicable Bank of Ghana regulations. We use computer safeguards such as firewalls and data encryption, we enforce physical access controls to our buildings and files, and we authorize access to personal information only for those employees who require it to fulfil their job responsibilities.

We would therefore like to assure you that the details of your investments with us are kept confidential. Your privacy is a priority which we respect and maintain.

C. DISCLAIMER / INDEMNITY CLAUSE

NDK Financial Services Limited shall not be liable for funds deposited by you which are subsequently found to have been derived from illegal sources or activities.

You hereby confirm that the funds deposited are not derived from any illegal sources or activities and consequently indemnify NDK against any liability, loss or damage incurred as a result of the funds deposited with NDK.

Declaration

I /We certify that the information herein provided and the documents supplied are true to the best of my knowledge. I/We further undertake to indemnify NDK for any loss suffered as a result of any false information or error in the information provided.

1st Applicant's Signature

2nd Applicant's Signature

Date of Application

Date of Application

1. REQUIREMENT CHECKLIST

S/N	Documents Required Original IDs/Documents must be seen	Checked	Deferred	Waived	N/A
001	Duly Completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
002	Recent Passport-Sized Photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003	Resident Permit and Non-Citizen Ghanaian National ID Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
004	Proof of Identity: National ID / Voters ID/ Passport / NHIS / Driver's License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
005	Proof of Address: Water Bill / Electricity Bill / Telephone Bill / Tenancy Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. INITIAL DEPOSIT

Amount

Cash Cheque Draft Transfer

5. AGREED INTEREST RATE

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

Name

Signature

Date

7. DOCUMENTS VERIFICATION CARRIED OUT BY

Name

Signature

Date

8. ACCOUNT OPENING AUTHORISED BY

Name

Signature

Date

9. FOR HIGH RISK CUSTOMERS, refer to Internal Audit / Compliance for Approval

Name

Signature

Date