



**GHANA
COMMERCIAL
BANK LTD.**

We Serve You Better

GCB

Link 2 Home

A c c o u n t

Individual

ACCOUNT OPENING REQUIREMENTS

- Two passport-sized photographs
- Valid Photo I.D. (Passport or Driver's License)
- Proof of Address (Utility Bill/ Other Bank's Statement/ Employer's Reference/ Income Tax Certificate/ Tenancy Agreement):- Not Older than six (6) months
- Reference:/Introductory Letter (Current Account Applicants Only).
 - Referees who are existing customers of the GCB should please fill Reference forms on page 4 inside
 - Referees who are non-customers of the GCB should please fill Reference forms on page 4 inside
 - References could be obtained from GCB current account holder(s), your bankers, Employers, established Law or Accounting firm.

ACCOUNT BENEFITS

- The opportunity to open and operate your account in Ghana
- On-line access to your Account information through Commernet Plus
- Access to loans (you could also use the account balance as collateral)
- Advisory services on the high-interest yield investment products
- Ability to issue standing instructions for payment of mortgage, insurance premium, and school fees etc.
- Customized cheque book and/or savings withdrawal book
- Ability to buy back foreign currency at GCB's prevailing selling rates
- Competitive exchange rates for your transfers
- Access to your funds (cedi accounts) 24/7 through the Bank's Readycash (ATM) card when in Ghana
- Convenient withdrawals from your account when in Ghana from any GCB Branch
- Photo ID for priority lane service in any GCB branch
- Free quarterly statements
- Enjoy a multi-tiered interest rates on Cedi savings account



A. PERSONAL DETAILS

Title (Mr./Mrs./Ms. /Dr./Prof./Others)	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>
Surname			
First Name/Others		Date of Birth (dd/mm/yy)	
Previous/Maiden Name	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		
Nationality	Place & Country of Birth		
In case of TRUST Account (Indicate Child's Name)		No. of Children	
Name of Spouse		Occupation of Spouse	
Next of Kin			
Current Residential Address (Abroad)	Tel No/Fixed Line/Mobile	Email	

B. EMPLOYMENT DETAILS

Employer's Name & Address	
Occupation Type	How Long Employed?
Daytime Phone No.	Net Monthly Income

C. ACCOUNTS DETAILS

L2H Cedi Account:	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	
L2H Foreign Currency Account:	US\$ <input type="checkbox"/>	GBP£ <input type="checkbox"/>	EUR€ <input type="checkbox"/>

D. INVESTMENT OPTION

L2H Cedi Investment:	Fixed Deposit <input type="checkbox"/>	Negotiable Cert. of Deposit <input type="checkbox"/>	Premium Cert. of Deposit <input type="checkbox"/>
L2H Foreign Currency Investment:	Fixed Deposit <input type="checkbox"/>		

E. STATEMENT OPTION

Monthly (At a Fee) Quarterly (Fee)

(PNB: Applicants opting for investment products must first open an account into which transfers will be lodged before the investment can be made).

CUSTOMERS' DECLARATION

I apply to open an account(s) with Ghana Commercial Bank Ltd.

I understand that the information given herein is the basis for opening such account(s) and therefore warrant that such information is correct and binding on me.

I authorize you to apply charges and credit interest to the account where applicable.

I agree that the Bank reserves the right to close my account

Name : _____

Signature: _____

MANDATE

Name in Full	Sign./Thumbprint / Photograph
Please write Name (only) entirely within the box below	Please sign entirely within the box below (Use black ink/pen only)
1).	

REFERENCE / INTRODUCTION (Applicable to only Current Account Applicants)

THE MANAGER

Dear Sir / Madam,

A) I deem Mr./ Mrs./Ms/Dr./Prof. _____

who has been known to me for the past _____ suitable to operate a Current Account.

I also confirm that the physical address quoted by him / her is correct.

Yours faithfully,

Signed: _____

Date: _____

B) {To be filled by an existing customer of the Bank introducing the applicants}

FULL NAME	BRANCH NAME
ADDRESS _____ _____	ACCOUNT NUMBER _____

KYC INFORMATION - INDIVIDUAL

Account No. (To be inserted by your branch)

Name of Account Holder:

Type of Account:

Date of Birth:

Nationality:

Telephone No. (s):

Occupation / Position

Employer Address

Nature of Business

Identity Number (Document Attached):

Level 1	Low risk customer	Applicant resides in a high risk country	<input type="checkbox"/>
		Applicant's funding is sourced from normal activities	<input type="checkbox"/>
Level 2	Medium risk customer	Applicant(s) or authorised signatories fall into any type of account not listed in Level 1 or 3	<input type="checkbox"/>
Level 3	Special customer	Applicant is a Political Exposed Person	<input type="checkbox"/>
		Applicant resides in high-risk jurisdictions	<input type="checkbox"/>
		Applicant's source of funding is from high-risk jurisdictions	<input type="checkbox"/>
		Applicant's nature of business (involves gambling, defense or money service)	<input type="checkbox"/>

Residential Address (Abroad)

Residential Address (Ghana)

Residential Address Verification (Abroad)

Utility Bill: Electricity Telephone Water Other _____
(Please specify)

Name Verification

Passport Driver's Licence Other _____
(Please specify)

Purpose of Account

Personal Savings Investment Other _____
(Please specify)

Source of Funds for the Account

Personal Savings Salaries Inheritance
Business Ownership Investment Other _____
(Please specify)

Expected Volume and Type of Activity:

Expected Deposits / Inward transfers: No. of Transactions per Month Amount per Month

Expected Withdrawals / Outward transfers: No. of Transactions per Month Amount per Month

FOR OFFICE USE ONLY

ACCOUNT TYPE ACCOUNT NUMBER DATE OPENED NAME OF AGENT

..... / / /

Data Entered by _____ Data Verified by _____

Account Opened by _____ Authourised by _____

RETAIL MANAGER'S FINAL COMMENT:

I certify that the information provided conforms to the Bank's laid down policy on requirements for opening an account.

Retail Manager's Signature _____ Date _____

TERMS AND CONDITIONS FOR ACCOUNT HOLDERS

1.0 THE BANK

The information on this page (and any further instructions and conditions that may be prescribed by the Bank from time to time) are the terms of the agreement between you and Ghana Commercial Bank Ltd; when you sign the account application form you accept these terms as binding on you.

2.0 THE ACCOUNT

- 2.1 I will assume full responsibility for the genuineness, corrections and validity of all endorsements appearing on all Cheques, Orders, Bills, Notes Negotiable instruments and receipts or others deposited in the account.
- 2.2 All notices or letters will be sent to the address supplied by me and will be considered duly delivered and received at the time it is delivered. Notices in the press will be deemed sufficient for this purpose.
- 2.3 It is understood that any funds received from or on behalf of myself, are to be placed to the credit of specified account unless the Bank receives written instruction to the contrary.
- 2.4.1 I understand and agree that you may at your discretion and without giving any reason thereto decline to accept my Account application. I also understand that until such time you shall inform me in writing the relevant Account number, no account relationship is established with you.
- 2.5 I agree that in the event that the bank receives from myself ambiguous or conflicting instructions in connection with an Account the Bank may in its absolute discretion and without any liability act or decline to act as the bank thinks it fit.
- 2.6 I agree that these authorities shall be governed by and construed in accordance with the laws of Ghana and I hereby irrevocably submit to the non-exclusive jurisdiction of the Courts of such jurisdiction.
- 2.7 I hereby authorize and instruct the Bank, until receipt by the Bank of written notice to the contrary to make available to other Banks such information in relation to any Authorize Disclosee may from time to time request, including, without prejudice to the generality of the foregoing, details of Account balance and authorized signatory provided only that the Bank acts in good faith. The Bank shall not be liable for any loss, whatsoever, arising that may result from the disclosure of information hereunder including as a result of any error contained in the information so disclosed.



Commernet Plus

Internet Banking Application Form (Individual Customers)

FULL NAME OF CUSTOMER _____
 ANY FORMER NAME (S) _____
 POSTAL ADDRESS _____
 RESIDENTIAL ADDRESS _____
 E-MAIL ADDRESS _____
 NATIONALITY _____
 PROFESSION/OCCUPATION _____
 TELEPHONE NUMBER (S) _____

Please state all your GCB account numbers and indicate by checking which one(s) you want to be linked to this service.

ACCOUNT NAME(S)	ACCOUNT NUMBER(S)	TICK
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>

I HAVE CAREFULLY READ & ACCEPTED THE GCB COMMERNET PLUS CUSTOMER TERMS & CONDITIONS (printed from <http://www.gcb.com.gh>).

(Where the form is submitted at another branch instead of one's branch, an ID - passport / voter's / driver's license will have to be provided)

Signature

Date

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CUSTOMER ID

Branch Name: Signature Verified By:
Name

Signature: