

CORPORATE ACCOUNT

***Enterprise
Excellence
Execution***

COMPLETE DETAILS IN BLOCK LETTER AND TICK [✓] WHERE NECESSARY

1. GENERAL ACCOUNT INFORMATION (Please indicate the category and type of account to open by ticking the applicable box below)

Branch _____ Account Type (1) Account Type (2)

Account Category: Limited Liability Company Partnership MMDAs Charity Other Purpose of Account: _____

Account Number Account Currency: GHS USD GBP EUR JPY OTHERS

2. COMPANY DETAILS (Please complete in BLOCK LETTERS and TICK where necessary)

Company/Business Name _____

Certificate of Incorporation/Registration Number Jurisdiction of Incorporation/Registration

Date of Incorporation/Registration Parent Company's Name _____ Parent Company's Name _____

Type/Nature of Business _____ Sector/Industry _____

Operating Business Address (Physical):

House/Building Street Name Area

Metropolitan/Municipal/District Assembly Area (MMDA) City Region

Operating Business Address (Postal) Postal Box Number City

Region Corporate Business Address/Registered Office (If Different from Above) _____

Corporate Email Address: _____

Website (if any): _____ Company Phone Number (1):

Tax Identification Number (Company) Company Phone Number (2):

Name of affiliated Companies: _____

3. DETAILS OF THE DIRECTORS / EXECUTIVES / PROMOTERS / EXECUTORS / ADMINISTRATORS (1)

Title: Surname _____ First Name _____ Gender: Male Female

Other Names _____ Marital Status: Single Married Divorce Common Law

Maiden Name _____

Place of Birth: _____ Date of Birth: Hometown: _____

Nationality: _____

Mother's Maiden Name (Full Name) _____

Ghana Card/ ID Number: Country of Issue: _____

Date of Issue: Date of Expiry: Country of Residence: _____

For Resident Foreign Nationals & Non-resident Ghanaians:

Permit Type: _____ Permit Issue Date: Permit Expiry Date:

USA Citizen: Yes No US Address: _____ US Phone number: _____

Are you a Tax Citizen in any country: Yes No

Indicate Country(ies): Country: _____ Tax Identification Number: _____

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

Occupation: _____ Job Title: _____

Status (Directors, Executives, Trustees, Promoter, Executors, Administrators) _____ Position/Office: _____

Residential address/GPS Code: _____

City/Town: _____ Nearest Landmark: _____ Metropolitan/Municipal/District Assembly Area (MMDA) _____

Phone Number: Phone Number 2:

Email Address: _____ Mailing Address (P.O. Box): _____

RISK PROFILE OF THE DIRECTORS / EXECUTIVES / PROMOTERS / EXECUTORS / ADMINISTRATORS (1)

Customer Risk Rating: Low Medium High Is the Customer a PEP?: Yes No Type of PEP: _____

Is the Customer High-Risk? Yes No Type of High-Risk: _____

COMPLETE DETAILS IN BLOCK LETTER AND TICK [✓] WHERE NECESSARY

COMPANY INFORMATION (Fill in Company details)						
COMPANY NAME:						
OFFICE ADDRESS:			CITY/STATE/COUNTRY:			
COMPANY WEBSITE ADDRESS:			E-MAIL ADDRESS & OFFICE TELEPHONE:			
COMPANY ACCOUNT DETAILS (Indicate the details of the accounts to be set up on the platform)						
ACCOUNT NAME	ACCOUNT NUMBER	CURRENCY				
SETUP DETAILS - USER INFORMATION (Indicate the users of the platform and their roles)						
USER FULL NAME	EMAIL ADDRESS	USER CATEGORY <small>(Initiator, Authorizer, Admin, Etc)</small>	ACCOUNT ACCESS <small>(All or Specific)</small>	USER PHONE NUMBER	BANK USE ONLY	
					User ID	
MANDATE DETAILS - (Indicate account mandate details) <small>(Kindly cross out unused space to ensure no room for tampering)</small>						
FULL NAME	DESIGNATION	SIGNATORY LEVEL	ACCOUNT NUMBER & APPROVAL LIMIT (GHS)	SIGNATURE	FOR BANK USE ONLY	
					USER ID	TOKEN SERIAL#
CORPORATE CLIENT DELEGATION OF ADMINISTRATOR FUNCTION TO THE BANK						
<p>The client deployment and support model allows for corporate to either manage the administrator function or to delegate the role to the bank. The role can only be taken by the bank if the client gives such direction by leaving the administrator information above blank and by signing below. The client is free to take over the administrator function at any time by writing to the bank</p>						
Signature: _____		Designation: _____		Date: _____		
Signature: _____		Designation: _____		Date: _____		

COMPLETE DETAILS IN BLOCK LETTER AND TICK [✓] WHERE NECESSARY

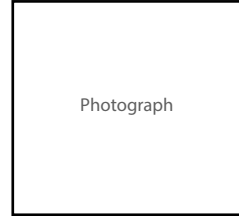
17. ACCOUNT OPENING MANDATE

Account Name: _____ Account Number: _____
 Mandate Authorization: Sole Signatory Two or more If two or more are to sign, please specify: _____
 Do you want your CHEQUES confirmed? Yes No Confirmation Threshold: _____

Signatory A

Surname: _____
 First Name: _____
 Other Name: _____
 Class of Signatory: _____
 Identification Type: _____
 Identification No: _____
 Telephone Number: _____
 Address: _____

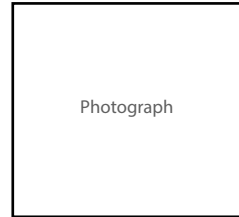
 Signature Date



Signatory B

Surname: _____
 First Name: _____
 Other Name: _____
 Class of Signatory: _____
 Identification Type: _____
 Identification No: _____
 Telephone Number: _____
 Address: _____

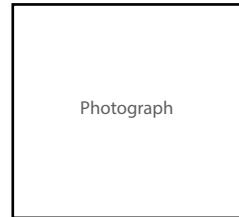
 Signature Date



Signatory C

Surname: _____
 First Name: _____
 Other Name: _____
 Class of Signatory: _____
 Identification Type: _____
 Identification No: _____
 Telephone Number: _____
 Address: _____

 Signature Date



FOR BANK USE ONLY		
RO CODE	CSO SIGNATURE	BOM SIGNATURE
DATE SCANNED.....		

COMPLETE DETAILS IN BLOCK LETTER AND TICK [✓] WHERE NECESSARY

18. CUSTOMER DECLARATION & ACKNOWLEDGEMENT

I/We hereby apply for the opening of account(s) with United Bank for Africa Ghana Ltd and confirm that all information provided, together with supporting documents, is accurate and complete. I/We undertake to notify the Bank promptly of any changes to the information supplied. I/We also indemnify the Bank against any loss arising from false, inaccurate, or incomplete information provided.

DORMANT ACCOUNT POLICY

Accounts with no customer-initiated activity for two (2) years will be classified as dormant, in line with Section 143(1) of the Banks and Specialized Deposit-Taking Institutions Act, 2016 (Act 930) and the Bank of Ghana Directive on Unclaimed Balances. After five (5) years of inactivity, balances will be transferred to the Bank of Ghana, but can be reclaimed by the account holder upon proper identification.

GHANA DEPOSIT PROTECTION SCHEME

United Bank for Africa Ghana LTD is a member of the Ghana Deposit Protection Scheme established under the Ghana Deposit Protection Act, 2016 (Act 931), as amended. In the unlikely event that the Bank's license is revoked and the Bank goes into receivership, insured depositors will be reimbursed up to the limit specified by law. For more details, please visit the Ghana Deposit Protection Corporation's website at www.gdpc.gov.gh.

DISCLOSURE TO CREDIT REFERENCE BUREAUS

I/We acknowledge and consent that information provided in this application may be shared with licensed credit reference bureaus, and that the Bank may obtain my/our credit information from such bureaus as permitted by applicable laws and regulations. By signing below, I/We confirm that I/We have read, understood, and agreed to all the declarations, acknowledgements, consents, and disclosures contained herein.

LETTER OF SET-OFF

I/We agree that you (in addition to any general lien or similar right to which you as my/our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's accounts with liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheque, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect, whether such liabilities may be actual or contingent, primary or collateral, several or joint.

By signing below, I/We confirm that I/We have read, understood, and agreed to all the declarations, acknowledgements, consents, and disclosures contained herein.

Name: _____ Signature: _____ Date: _____

19. JURAT (SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE OR A PERSON WITH VISUAL IMPAIRMENT AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)

Mark of Customer (Thumbprint/Signature) _____ Mark of Interpreter (Thumbprint/Signature) _____

Date _____ Name & Address of Interpreter _____ Language of Interpretation _____

20. SECTION FOR BANK USE ONLY

A. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS:

Is the Applicant(s) a Politically Exposed Person? Yes No

Indicate which of the Director, Executive, Trustee, Promoter, Executor or Administrator is PEP

NAME: _____ POSITION: _____
 NAME: _____ POSITION: _____
 NAME: _____ POSITION: _____

B. ACCOUNT OPENED BY:

NAME: _____
 SIGNATURE: _____ DATE: _____

C. ADDRESS VERIFICATION CARRIED OUT BY:

NAME: _____
 SIGNATURE: _____ DATE: _____
 COMMENT(S): (Address description and Result Findings): _____

D. ACCOUNT OPENING AUTHORISED / APPROVED BY:

NAME: _____
 SIGNATURE: _____ DATE: _____

COMPLETE DETAILS IN BLOCK LETTER AND TICK [✓] WHERE NECESSARY

21. REQUIREMENT CHECKLIST (CHECKBOX FOR CHECKED/DEFERRED/ WAIVED)

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Account Opening Form Duly Completed				
2	Specimen Signature Card Duly Completed				
3	Copy of Registrar General's Department Certificate				
4	Board Resolution				
6	Copy of Company Constitution (Certified True Copy by the Registrar of Companies)				
6	Tax Clearance Certificate				
7	TIN Registration No				
8	Partnership Deed (Where Applicable)				
9	Approval Letter (MMDAs)				
10	Trust Deed				
11	Two (2) Passport Sized Photographs Of Each Signatory To The Account With Name Written On The Reverse Side.				
12	Introduction Letter (Where Applicable)				
13	Status Report From Banker (Where Applicable)				
14	Residence Permit (for Non-Ghanaians)				
15	Evidence of Registration With Ghana Investment Promotion Centre (Where Applicable)				
16	Evidence of Registration with with other Government Agency.				
17	Search Report				
18	Power of Attorney (Where Applicable)				
19	Letter of Idemnity				
20	Proof of Company Address				
21	Business Premises Visitation Certificate				
22	Proof Of Identity Of All Signatories And Directors/officers Whose Names Appear On The Account Opening Forms/ Documents NHIS, Passport, National Identification Cards, National Driver's License And Voter's ID Card, Proof Of Address Of Address Of All Signatories And Directors/Officers Whose Names				
23	Appear On The Account Opening Forms/documents-Utility Bil (Certified True Copy is Acceptable if Original is not Held				
24	Completed Satisfactory Reference Forms				
25	Copy of The Audited Financial Statements				
26	Others(Please Specify)				

22. ACCOUNT RISK RATING

Customer Risk Rating: Low Medium High Is the Customer a PEP?: Yes No Type of PEP: _____

Is the Customer High-Risk? Yes No Type of High-Risk: _____

23. AUTHENTICATION FOR POLITICALLY EXPOSED PERSON

Account Opened By:
 Name: _____ Designation: _____
 Signature: _____ Date: _____

Address Verification Carried out By:
 Name: _____ Designation: _____
 Signature: _____ Date: _____

ADeferral Of Document (If Any) Authorised By:
 Name: _____ Designation: _____
 Signature: _____ Date: _____

Account Opening Authorised by:
 Name: _____ Designation: _____
 Signature: _____ Date: _____

REFERENCE FORM

IT IS DANGEROUS TO INTRODUCE ANY PERSON WHO IS NOT WELL KNOWN TO YOU
 For applicants with no other Bank Account Referee must be the person's employer
 who has an account with an acceptable bank.

FROM: (Referee)

Name:

Address:

.....

To:

Dear Sirs,

.....
 Name of Applicant

The above-named individual(s)/Persons(s) Wishes(s) to open a current account with you. They are well known to us and we/I consider them as suitable to maintain a current account with you.

The Applicant(s) signs / sign thus
 And we/I witness their signature(s) as being correct.

Our/My Bankers are
 Name of Bank Branch

.....
 Account No Signature of Referees

FROM:

To: (Referees Bank)

.....

Please verify the signatures(s) of your client(s) as above.

.....
 Signed

From: (Referees Bank)

To: United Bank for Africa Ghana Ltd. Branch

We hereby verify and confirm our client's signature(s) hereon correct/irregular.

.....



TERMS AND CONDITIONS

These Terms and Conditions as amended from time to time shall govern the use of your UBA accounts) and upon signing this form shall be deemed to create a binding Agreement the between Customer and UBA.

The Customer is required to provide UBA, all necessary documents and information in relation to the operation the accounts) or service provided by UBA.

The Customer shall have full responsibility for the correctness, validity and genuineness of all details and endorsements on cheques, bills, notes, orders, receipts, negotiable instruments, and any other instruments in relation to the account(s).

UBA reserves the right to debit your account for any service it provides in relation to the Customer's accounts) set from time to time.

UBA shall not be responsible for any loss of funds deposited or funds in the account as a result of any future government order, law, tax, levy, moratorium, embargo, exchange restrictions and or any other cause beyond the control of the Bank.

THE ACCOUNT

UBA may work within reasonable time on written instruction from authorised person(s) designated by the Customer to manage the account(s). Both parties will agree on policy and procedures carefully designed to ensure adequate security of instruments and instructions given for the operation of the account(s). UBA will not be responsible for errors, omissions and or duplications made by the Customer and may act on the instruction where sufficient information is provided and referenced to the account number.

The Bank will not be held liable for funds paid to members of its staff other than to the Tellers in the banking halls with appropriate deposit slips/receipts.

The Customer must complete and submit all requisite documentation with regards to the account opening process within six (6) months in order for the process to be concluded.

The Bank reserves the right to automatically close accounts if the required documents are not provided within this period after duly informing the Customer.

Deposits may be accepted while the account opening process is ongoing however such accounts will be placed on PND (Post-No- Debit) until the documentation requirements are completed.

No withdrawals will be allowed from such accounts until the account opening process is completed.

INSTRUCTION

UBA may elect not to act on an instruction where there is sufficient reason to doubt the contents, origination, authorisation, or compliance with the processes and procedures and will promptly notify the Customer of its decision by telephone, email or physical address where appropriate. UBA will reasonably comply where Customer wishes to cancel, amend or recall an instruction.

The Bank's attention should be drawn to any irregularities with entries on accounts) or Bank statements within 30 days thereof from the date of transaction. Failure to notify the Bank absolves the Bank from any liability.

The Bank reserves the right to set liens on Customer's account(s), set off, transfer any sum(s) and/or, merge the Customer's account(s) with the Bank in order to off-set any liabilities on the account(s).

CHEQUES

UBA is under no obligation to honour any cheque drawn on an insufficiently funded account and may return such cheques unpaid. Any overdrawn account will be properly covered by duly signed cheques subject to a facility extended on the account of the Customer. The Bank may exercise discretion in processing cheques on unfunded accounts and recover any such payment on the Customer's account. be it uncleared effect, late returns and payments.

Customer's cheques books and any other instruments are to be securely kept to prevent unauthorised access, misuse, dishonour, theft, failure which may cause any consequential loss to the account. Customer must immediately notify the Bank of any loss of cheque, cheque book, instrument, materials or any other document with respect to the account and agrees that that the Bank will be held harmless from any liability due to the Customer's failure to so notify the Bank.

Customers can request and monitor their accounts through available services such as Wise Alert, E-statement, internet banking, mobile banking, USSD provided by the Bank for their account operations with UBA Pout any warranty that the service will be uninterrupted or the accuracy of the information received at a particular period. The Bank therefore disclaims responsibility for the performance of the network or service provider. The Customer should notify UBA in writing within thirty (30) days of any issue with the information received from the Bank.

CHARGES, FEES, INTERESTS

UBA has the right to effect banking charges, debit interests, COT, rates and interest payments as relate to the accounts and as may be advised by the Bank from time to time. The Customer shall be liable for the payment of such interests, fees and charges as may so be determined by the Bank.

MANDATE CHANGE

The Customer must immediately notify UBA of any change in directors, signature or signatories, address, executives/committee members, trustees, agents, representatives to the account. Any amendments to the mandate must have the required and effective resolution and authority.

FORCE MAJEURE

Neither the customer nor UBA (including its official representative office or affiliate) will be held responsible for failure to perform any obligation with respect to the accounts) if such act should cause a breach of any law, regulation, authority or delay as a result of a force majeure event, which case may suspend or affect the process as long as the event continues.

Events such as acts of God, acts of government, flood, fire, civil unrest, explosion, industrial actions, strike, sabotage, riots, wars, insurrection, requisitions, restrictions on convertibility or transferability, unavailability to systems, involuntary transfers under force majeure go beyond the control of relevant parties hence their release from any of such binding force.

INFORMATION SHARING

Except under the compulsion of law, by court of competent jurisdiction, Regulator and the Customer's own consent (unless such consent is prohibited by law), UBA will at all times keep the Customers information confidential and shall not disclose to third parties. The Customer hereby consents to the transfer and disclosure of the Customer's information between the Bank, its representative offices or affiliates and agents and third parties as duly selected and wherever situated with respect to and provision of service, statistics and data processing, risk analysis.

ELECTRONIC RECORDS

The Customer and UBA agree to make available conversations or mail exchanges through electronic monitoring process where required as evidence in any proceedings or for training purposes.

TERMINATION

UBA or the customer may terminate this Agreement at any time notifying the other in writing as may seem necessary or subject to any legal requirement. Termination takes effect after all cheques drawn on the account are presented for payment or destroyed, loans and/or overdrafts cleared on the account, cards and any other security items are returned and destroyed by the Bank.

UBA may terminate this Agreement if the Customers' transactions present an unacceptable level of risk or when necessary identification and verification processes cannot be conducted due to suspicions regarding the authenticity and adequacy of the Identity Information or where such information is not provided. This includes but not limited to instances when the beneficial owner(s) of a Corporate Customer cannot be identified, when a pattern of sustained suspicious transaction activity is detected on the Customer's account(s). Customer uses multiple means of personal identification which carry different names to operate multiple accounts across the different UBA branches or uses a single means of identification with a name that cannot be verified from approved databases (identity fraud).

JURISDICTION

The account will be maintained under relevant local conditions and governed by the laws of the Republic of Ghana.

DISCLAIMER CLAUSE

UBA disclaims liability for any illegal activities of the customer in terms of its funds, assets or personalities.

_____ Name

_____ Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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United Bank for Africa Ghana Ltd.

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