

SOLE PROPRIETORSHIP 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 Category: _____ Account Type (1)

Purpose of Account _____

Account Number:

Account Currency: GHS USD GBP EUR JPY OTHERS

2. BUSINESS DETAILS

Business Name: _____

Business Registration Number:

Jurisdiction of Registration: _____

Date of Registration:

Type/Nature of Business: _____

Sector/Industry: _____

Operating Business Address (Physical):

House/Building: _____ Street Name: _____ Area: _____

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

GPS Address: _____

Operating Business Address (Postal): _____ Postal Box Number: _____ Region: _____

Business Address/Registered Office (If Different from Above)

Business Email Address: _____ Website: _____ Phone Number:

Business Tax Identification Number: Name of affiliated Company/Body: _____

3. DETAILS OF PROPRIETOR

Title: Surname: _____ First Name: _____

Other Names: _____

Maiden Name: _____ Mother's Maiden Name (Full Name) _____

Date of Birth: Gender: Male Female Marital Status: Single Married Divorce Common Law

Place of Birth: _____

Hometown: _____ Nationality: _____

Contact Details

Residential address/GPS Code: _____

City/Town: _____ Nearest Landmark: _____

Mobile Number: Alternate Phone Number:

Metropolitan/Municipal/District Assembly Area (MMDA): _____

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

Valid Identification Details

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: _____

Are you a Tax Citizen in any country: Yes No

Indicate Country(ies): Country: _____ Tax Identification Number: _____
 1. _____ 1. _____
 2. _____ 2. _____
 3. _____ 3. _____

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

4. EXPECTED ACCOUNT ACTIVITY

Source of Funds: Sales Revenue Profit Investment

Number of Deposits: Weekly Monthly Yearly

Value of Deposits [Amount]: GHS 0 – GHS 20,000 GHS20,001 - GHS50,000 GHS50,001-GHS100,000 GHS100,001 and above

Value of Withdrawals [Amount]: GHS 0 – GHS 20,000 GHS20,001 - GHS50,000 GHS50,001-GHS100,000 GHS100,001 and above

Number of Withdrawals: Weekly Monthly Yearly

Names of other Businesses (if applicable): _____

5. ACCOUNTS HELD WITH OTHER BANKS

1. _____ Account Number: _____
 Name and Address Of Bank/Branch _____ Account Name _____

2. _____ Account Number: _____
 Name and Address Of Bank/Branch _____ Account Name _____

3. _____ Account Number: _____
 Name and Address Of Bank/Branch _____ Account Name _____

6. PERSONS WITH DISSABILITY INFORMATION & CONSENT FOR DATA USE

This information is being collected solely to comply with Person's with Disability Act, 2006(Act715) and the Bank of Ghana's directives on financial Inclusion. It will be used only to ensure accessibility of banking services and to uphold regulatory requirements, without affecting your rights or privileges.

Pick at Bank Yes No

Nature of disability (if yes above): Visual Impairment Hearing Impairment Physical disability Intellectual or developmental disability
 Psycho-social disability Others (Please specify): _____

Accessibility Needs: Braille Statement or large print Sign language Interpretation Wheelchair access at branch or ATM Digital Assistive support

7. ACCOUNT SERVICES REQUIRED

Card Preferences: Visa Debit Visa Prepaid Mobile Banking

Internet Banking: Yes No Preferred Username: _____

Cheque book required: Yes No No of Pages per book: 50 100

Email Statement Required: Yes No Frequency: Weekly Monthly Semi Annually Annually

SMS Alert Required: Yes No Email Alert Required: Yes No Ghanapay: Yes No

Other Mobile Money: MTN AT Telecel Service Request: Bank-To-Wallet Wallet-To-Bank Both

Wallet Number: _____ Limit: _____

Disclaimer: I acknowledge and agree that, to the fullest extent permitted by law, United Bank for Africa Ghana LTD shall not be liable for any loss, damage, or unauthorized transaction arising from the use or misuse of any service selected on this form. This includes any unauthorized drawing, transfer, remittance, disclosure, or activity resulting from the compromise, manipulation, or unauthorized use of my credentials, passwords, PINs, devices, or any other means, whether or not caused by my negligence. I further accept responsibility for maintaining the confidentiality and security of all access credentials and for promptly notifying the Bank of any suspected compromise or irregularity.

Name: _____ Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

8. CARD DELIVERY DETAILS

Pick at Bank Yes No Delivery (Address including GPS) _____

_____ You would be required to acknowledge receipt of card before PIN delivery.

9. ACCOUNT OPENING MANDATE (SIGNATURE MANDATE)

Account Number: _____

Mandate Authorization: Sole Signatory Either to Sign Both to sign Do you want your CHEQUES Confirmed? Yes No Confirmation Threshold: _____

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

Photograph Here

FOR BANK USE ONLY		
RO CODE	CSO SIGNATURE	CSM SIGNATURE
DATE SCANNED: _____		

----- Signature ----- Date -----

REFERENCE FORM

12. 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: _____

13. 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.

.....
Signed and stamped by
Authorised Signatory

.....
Signed and stamped by
Authorised Signatory



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

14. DOCUMENT CHECKLIST (CHECKBOX FOR CHECKED/DEFERRED/ WAIVED)

Duly completed Account opening form: _____	<input type="checkbox"/> Checked	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Specimen signature card duly completed: _____	<input type="checkbox"/> Checked	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Recent passport photograph: _____	<input type="checkbox"/> Checked	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Biometrically Verified Ghana Card: _____	<input type="checkbox"/> Checked	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Resident Permit (for non-Ghanaian): _____	<input type="checkbox"/> Checked	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Proof of Address: _____	<input type="checkbox"/> Checked	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Letter from Employer / School (for salary account and or student only): _____	<input type="checkbox"/> Checked	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived
Reference Letter (Others): _____	<input type="checkbox"/> Checked	<input type="checkbox"/> Deferred	<input type="checkbox"/> Waived

15. RISK RATING

Customer Risk Rating: Low Medium High

Is the Customer a PEP/FEP?: Yes No Type of PEP/FEP: _____

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

16. ACCOUNT OPENING APPROVAL

Account Opened By:

Name: _____ Designation: _____

Signature: _____ Date: _____

Deferral Of Document (If Any) Authorised By:

Name: _____ Designation: _____

Signature: _____ Date: _____

Customer ID verified and screened by:

Name: _____ Designation: _____

Signature: _____ Date: _____

Account Opening Authorised by:

Name: _____ Designation: _____

Signature: _____ Date: _____

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 accounts).

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 accounts). Both parties will agree on policy and procedures carefully designed to ensure adequate security of instruments and instructions given for the operation of the accounts). 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 maybe 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 accounts), set off, transfer any sums) and/or, merge the Customer's accounts) with the Bank in order to off-set any liabilities on the accounts).

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 owners) 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
---	---	---	---	---	---	---	---

Make transfers with ease!

Enjoy seamless transactions
on our **digital channels:**



UBA Internet Banking | *822# | Chat with Leo

#BankSmart

United Bank for Africa Ghana Ltd.

Heritage Tower, Ambassadorial Enclave.
GA 077 1906, Ridge, Accra, Ghana

☎ +233 (0)30 263 4060 ☎ 0800833833 (Toll free)

✉ cfcghana@ubagroup.com

www.ubaghana.com