

Corporate Account Opening Form

Limited Liability Company | Sole Proprietorship
External Company | Partnership Societies | Clubs | Voluntary
Associations | State Corporations | Governments Agencies



No cash payments to be made
to Client Acquirers

Account Application Form

COMPANIES AND OTHER NON PERSONAL ENTITIES

Part A - For Bank Use Only

Branch Name _____

Account Number | | | | | | | | | | | | | | | |

Part B - Business Type

Business Type (Please Tick)

- Sole Proprietorship
 Partnership
 Limited Liability Company
 External Company
 Society / Club / Voluntary Association
 State Corporation / Government Agency
 Charities (NGOs)

Part C - Account Type

- Currency GH
 Call
 Foreign Exchange - FEA
 Foreign Currency - FCA
 Savings
 Fixed Deposit

Part D - Currency

- GBP
 USD
 EUR

Part E - Customer Information

The following documents (originals will be needed for examination) must be produced in addition to completion of the Account Application Form

Sole Proprietorship

- Certificate of Registration of Business Name
 Form A/B Details of Owner
 Registration Receipt (Current Year)
 UMB Mandate Form

Partnership

- Form A. Incorporation of Partnership
 Form B. Change of Particulars Registration
 Form C. Annual Renewal of Registration
 Partnership Agreement
 UMB Mandate Form

Limited Liability Company

- Certificate of Incorporation
 Certificate to Commence Business
 Registrations / Regulations
 Company Search
 Form Latest Audited Accounts
 UMB Mandate Form

External Companies

- Memorandum of Association
 Power of Attorney
 Confirmation Letter from Registrar of External Companies
 UMB Mandate Form

State Corporations/ Government Agencies

- Instrument of Incorporation
 Letter of Consent
 UMB Mandate Form

Societies/Clubs/ Voluntary Associations

- Constitution or Rules
 UMB Mandate Form

Schools

Certificate of Registration from Ministry of Education required in addition to normal mandate requirement for Sole proprietorships / Partnerships / Societies / Limited Liabilities

Part F - Account Details

Registration Name _____	Country of Incorporation _____
Registration No. _____	Date of Incorporation _____
Trading Name, if any _____	Is the company a subsidiary? _____
Sector / Industry _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of Business	If yes, provide the following, if known
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Parent Company Name _____
	Parent Company Contact Address _____

	Parent Company Bank Details _____
Registered Office Address _____	Address for Correspondence _____
_____	_____
_____	_____
Trading / Operating Business Address (if different from registered address)	Telephone No. _____
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Mobile / Cell No. _____
	Fax No. _____
	E-mail Address _____

Part G - Account Status

Statement of Affairs

Capital / Networth

What amount of capital has been / would be invested? _____

Is your company quoted on any stock exchange? Yes No

If yes, provide the reference number _____

Expected Turnover

What is the business annual turnover likely to be? _____

Please state source of funds _____

Purpose of account _____

Part H - Contact Details

	First Contact	Second Contact	Third Contact
Contact Name	_____	_____	_____
Job Title	_____	_____	_____
Telephone No.	_____	_____	_____
Fax No.	_____	_____	_____
Mobile No.	_____	_____	_____
E-mail Address	_____	_____	_____

Legal Advisor

Contact Name _____

Telephone No. _____

Fax No. _____

Mobile No. _____

E-mail Address _____

Auditors

Contact Name _____

Telephone No. _____

Fax No. _____

Mobile No. _____

E-mail Address _____

The Bank is authorised to seek any information from the above in connection with the opening and operation of the account. The Bank will be notified immediately of any change(s).

Part I - Details of Directors, Executives, Trustees, Promoters

Shareholders (Shareholding of 10% and above)

	1	2	3
Name	_____	_____	_____
Status (Chairperson, CEO, Executive, Non-Executive, CFO, etc)	_____	_____	_____
% Shareholding	_____	_____	_____
Place of Birth	_____	_____	_____
Date of Birth	_____	_____	_____
Nationality	_____	_____	_____
Residence Address	_____	_____	_____
Mobile Number	_____	_____	_____
Email Address	_____	_____	_____



Registration Certificate (if a corporate shareholder) _____

Country of Incorporation (if a corporate shareholder) _____

Name of Beneficial Owner(s) (if a corporate shareholder) _____

Details of Directors

1

2

3

Name _____

Status (Chairperson, CEO, Executive, Non-Executive, CFO, etc) _____

% Shareholding _____

Place of Birth _____

Date of Birth _____

Nationality _____

Gender _____

Mother's Maiden Name _____

Occupation _____

Residence Address _____

Nearest Landmark _____

Country of Residence _____

Residence Permit Number (if applicable) _____

Town / City _____

Region _____

Metropolitan, Municipal and District Assembly Area (MMDA) _____

Passport _____

Driver's License _____

National Identification Card _____

Voter's Identification Card _____

Issuing Office / Country _____

Date of Issue _____

Expiry Date _____

ID Number _____

Utility Bill (Please attach a copy of proof of address of at least 2 directors and all signatories)

Mailing Address _____

Telephone No. _____

Fax No. _____

E-mail Address _____

Part J - Other Services Required

- UMB Internet Banking UMB Investment Holding Services UMB Stockbrokers
 Portfolio Investment Issuing House Services Safe Custody (Share / Valuables)

Statement Preference: Email Post Collection at Branch

Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition: Opened Cheque Crossed Cheque 25 leaves 50 Leaves

Part K - Details of Account(s) Held with Other Banks

S/N	Name & Address of Branch	Account Name	Account Number	Status: Active / Dormant

Part L - Account Signatory Details

	1	2	3	4
Full Name	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Gender	_____	_____	_____	_____
Mother's Maiden Name	_____	_____	_____	_____
Nationality	_____	_____	_____	_____
Country of Residence	_____	_____	_____	_____
Residence Permit Number (if applicable)	_____	_____	_____	_____
Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVLA Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voter's Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification Number	_____	_____	_____	_____
ID Issue Date	_____	_____	_____	_____
ID Expiry Date	_____	_____	_____	_____
Occupation	_____	_____	_____	_____
Position / Office of the Officer	_____	_____	_____	_____
Residential Address	_____	_____	_____	_____
Nearest Landmark	_____	_____	_____	_____
Town / City	_____	_____	_____	_____
Metropolitan, Municipal and District Assembly Area (MMDA)	_____	_____	_____	_____



	1	2	3	4
Region	_____	_____	_____	_____
Phone Number	_____	_____	_____	_____
Email Address	_____	_____	_____	_____
Class of Signatory	_____	_____	_____	_____
Signature	_____	_____	_____	_____
Date	_____	_____	_____	_____

Part M - Foreign Account Tax Compliance Act Information

This information is for the purpose of Foreign Account Tax Compliance Act (FATCA) and must be completed. (Please tick as applicable).

1	
U.S. citizenship or lawful permanent resident (green card) status	Yes <input type="checkbox"/> No <input type="checkbox"/>
U.S. Birthplace	Yes <input type="checkbox"/> No <input type="checkbox"/>
U.S. residence address or a U.S. correspondence address (including a U.S. P.O. box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
U.S. telephone number (regardless of whether such number is the only telephone number associated with the account holder)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Standing instructions to pay any amounts from the account to an account maintained in the U.S.	Yes <input type="checkbox"/> No <input type="checkbox"/>
An "in care of" address or a "hold mail" address that is the sole address with respect to the client	Yes <input type="checkbox"/> No <input type="checkbox"/>
A power of attorney or signatory authority granted to a person with a U.S. address.	Yes <input type="checkbox"/> No <input type="checkbox"/>

2	
U.S. citizenship or lawful permanent resident (green card) status	Yes <input type="checkbox"/> No <input type="checkbox"/>
U.S. Birthplace	Yes <input type="checkbox"/> No <input type="checkbox"/>
U.S. residence address or a U.S. correspondence address (including a U.S. P.O. box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
U.S. telephone number (regardless of whether such number is the only telephone number associated with the account holder)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Standing instructions to pay any amounts from the account to an account maintained in the U.S.	Yes <input type="checkbox"/> No <input type="checkbox"/>
An "in care of" address or a "hold mail" address that is the sole address with respect to the client	Yes <input type="checkbox"/> No <input type="checkbox"/>
A power of attorney or signatory authority granted to a person with a U.S. address.	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered "Yes" to any of the above, please provide information as follows:

Place of Residence _____
 Place of Birth _____
 Current Residential Address _____

 Mailing Address in the USA _____

 USA Telephone Number _____
 TIN (USA) _____

If you have answered "Yes" to any of the above, please provide information as follows:

Place of Residence _____
 Place of Birth _____
 Current Residential Address _____

 Mailing Address in the USA _____

 USA Telephone Number _____
 TIN (USA) _____



I/We _____ hereby confirm that the information provided above is true, accurate and complete. I/We agree to notify UMB within a reasonable amount of time of any changes to my/our status.

Undertaking

(To be signed only by clients who answered "Yes" to any of the questions above)

I/We hereby give my/our consent for UMB to share my/our information with foreign (USA) tax authorities where necessary to establish my/our tax liability when required by domestic or foreign tax authorities. I/We give my/our consent and agree that UMB may withhold from any of my/our account(s) such amount as may be required according to applicable laws, regulations and directives.

Signature _____ Date _____

Signature _____ Date _____

Part N - Other Information

Please let us know how you heard about UMB.

Radio TV Newspaper Online Social Media Other _____

Part O - Declaration (To be completed by Applicant)

We confirm that the information given is true and complete. We authorise you to make any searches or other enquires in accordance with your normal procedures in connection with this application.

Declaration made on behalf of _____

Signature of Director _____

Name _____

Date _____

Universal Merchant Bank Limited
P.O. Box GP 401 | Accra-Ghana
www.myumbbank.com

Release and Indemnity for Telephone/ Fax/ E-Mail Instructions - Registered Businesses

In consideration of Universal Merchant Bank Limited agreeing to accept and act upon instructions delivered orally by telephone or by facsimile or other electronic means including by way of email from time to time for the operations of our account/facilities with you without requiring written confirmation bearing actual signatures in accordance with the Mandate for such account(s) before acting on the instructions, I the undersigned, duly authorised by a resolution of the company do hereby AGREE as follows:

1. Acknowledge that it is not practicable for the Bank to establish authenticity of all messages which are delivered orally by telephone or by facsimile or other electronic mail including by way of email to the Bank which purport to emanate from me/us.
2. Agree that all telephone/ fax/ email instructions, mandates, consents, commitments and the like which purport to emanate from me/us shall be deemed to have been given by me/us and I/we shall be bound and assume all risks implied thereby.
3. Release the Bank, its officers and staff from all claims, damages, losses, demands, actions of whatsoever nature which may be brought against me/us or which I/we may suffer or incur as a result of the Bank acting or for reasonable causes including but not limited to doubts as to the authenticity of such instruction, not acting on any purported telephone/fax/e-mail instructions.
4. Indemnify the Bank and hold it harmless from all claims, damages, losses, demands, actions of whatsoever nature which may be brought against the Bank or which it may suffer or incur arising from acting, or for reasonable causes including but not limited to doubts as to the authenticity of such instruction, not acting on any purported telephone/fax/e-mail instructions or arising from the malfunction, failure or unavailability of any telephone, facsimile or email transceiver, the loss or destruction of any data, the failure, interruption or distortion of any communication lines or the reliance by any person on any incorrect, incomplete or inaccurate information or data in any purported telephone/fax/e-mail instructions received by the Bank.
5. Agree that in respect of the purported telephone/fax/e-mail instructions regarding the transfer of money, "same day value" may only be given if the message is received by the Bank at a reasonable time before the close of business to the public.
6. Understand that this Release and Indemnity absolves the Bank in respect of losses or damages suffered by me/us as a result of any unlawful or fraudulent transactions on my/our account which may occur due to telephone/fax/e-mail instructions I/we issue to the Bank.



The Account Number(s) is/are _____

*** The dedicated officer(s), his/their e-mail address(es) and telephone numbers for correspondence is/are:**

Name: _____

Email: _____ Telephone: _____

Name: _____

Email: _____ Telephone: _____

Name: _____

Email: _____ Telephone: _____

Name: _____

Email: _____ Telephone: _____

***In order to avoid confusion, we advise that the officer(s) listed above should reflect the mandate on the account(s)**

This Indemnity shall expire as soon as a written instruction is received from me/us to that effect at a reasonable time before the close of business to the public.

Dated this _____ day of _____ 20 _____
 signed for and on behalf of (Account Name) _____

 Signature of Managing Director/CEO

 Name of Managing Director/CEO

In the presence of:

 Signature

 Name

 Designation

 Address



Terms and Conditions

Please read this document carefully. It provides you with important information about your account(s) with Universal Merchant Bank.

A. TERMS / SCOPE

The information contained herein together with any further instructions and conditions that may be prescribed by the Bank from time to time shall constitute the terms of agreement between the Customer and Universal Merchant Bank Limited (UMB). When this application form has been signed, it will be deemed to have been accepted as binding on the Customer and the Bank.

These conditions apply to each account opened under the account opening form or in any other acceptable manner.

The Customer will provide Universal Merchant Bank with all documents and information reasonably required in relation to any account or service.

B. THE ACCOUNT

The Customer shall assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all negotiable instruments like cheques, bills, notes etc. and all others which are deposited into the account.

The Bank will not be responsible for any loss of funds deposited with it arising from any future Government order, law, tax, levy, embargo, moratorium, exchange restriction or any other cause beyond its control.

Your account will be debited for any service charge set by the Bank as they become due.

All notices and letters will be sent to the physical, postal or electronic address provided by you and will be considered duly delivered and received on delivery date or within seven days hence.

The Bank will not be liable for monies handed over to staff members who are not tellers/cashiers on the premises of the Bank. Any anomalies detected in entries on your bank statements must be reported to the Bank authorities promptly within thirty (30) days. Failure to do so absolves the Bank from any liabilities arising thereof.

The Bank may exercise its general lien or any similar right it is entitled to including the right to combine and consolidate all or any of the Customer's accounts with the Bank, and the right to set off or transfer any sum or sums standing to the credit of any one or more of such accounts against liabilities in any other account.

C. INSTRUCTIONS

Universal Merchant Bank Limited may rely on the authority of each person designated (in a form acceptable to UMB) by the Customer to send instructions or to do any other thing until UMB has received written notice or other notice acceptable to it or any change from a duly authorized person and UMB has had reasonable time to act (after which time it may rely on the change).

The Customer and UMB will comply with certain agreed security procedures (the 'Procedures') designed to verify the origination of instructions between them such as enquiries, advice and instructions.

UMB is not obliged to do anything other than what is contained in the Procedures to establish the authority or identity of the person sending an instruction. UMB is not responsible for errors or omissions made by the Customer or duplication of any instruction by the Customer and may act on any instruction by reference to an account number only, even if an account name is not provided. UMB may act on an instruction if it reasonably believes it contains sufficient information.

UMB may decide not to act on an instruction where it reasonably doubts its contents, authorization, origination or compliance with the Procedures and will promptly notify the Customer (by telephone if appropriate) by its decision.

If the Customer informs UMB of its decision to recall, cancel or amend an instruction, UMB will use its reasonable efforts to comply.

If UMB acts on any instruction sent by any means requiring manual intervention (such as telephone, telefax, telex, e-mail or disks sent by messenger) then, if UMB complies with the Procedures, the Customer will be responsible for any loss UMB may incur in connection with that instruction.

D. CHEQUES

The Bank is under no obligation to honour any cheques drawn on the account unless there are sufficient funds to cover the value of said cheques or such cheques may be returned unpaid.

All cheques or other instruments/instructions signed by you (or either or both of you if a joint mandate) will be processed by the Bank and your account(s) will be debited for such cheques/instruments/instructions.

The Bank may exercise its discretion in allowing withdrawals against uncleared cheques and when such cheques are returned unpaid, thereafter, the Bank shall have the right to hold on to the returned cheques and take action to recover the value of the withdrawals from you. The Bank may wish to confirm before payment of cheques drawn on the account(s).

Your cheques must be protected to prevent unauthorized access and withdrawals; failure to do this will result in your accounts being debited without any claim on the Bank.

When your cheque book gets lost, is misplaced or stolen, you must promptly advise the Bank to place a stop to avoid unauthorized use. The Bank shall not be liable for any unauthorized use of such cheques if not promptly reported.

The Customer is obliged to notify the Bank promptly on any notice of inaccurate debits on account otherwise the Customer will have no claim on the Bank.

The Customer must return any unused cheques to the Bank for destruction if the account is closed.

E. OVERDRAWN ACCOUNTS

In order to receive overdraft privileges, the Customer must make prior arrangements with the Bank. However, the Bank may agree to temporal overdraft to honour cheque(s) at a penal interest rate. Such unarranged overdrafts are for short periods and must be cleared within an agreed upon reasonable period of time.

F. STATEMENT AND ADVICE

Statement and advice will be delivered electronically (e-statements, e-alerts or sms-alerts).

These can also be provided on request in printed format for visa and audit purposes, but for a fee.

The Customer will be required to notify the Bank promptly if notice of any anomaly is detected for quick redress.

G. INTEREST, FEES AND OTHER AMOUNTS

You will be required to pay interest charges at the Bank's fixed approved rates on any loans, overdrafts and outstanding debits on current accounts. You shall also be required to pay the Bank's fees and charges on current accounts and for services rendered.

Unless otherwise agreed, the Bank reserves the right to modify or review its rates, fees and charges periodically.

H. SHARING OF INFORMATION

UMB will treat information relating to the Customer as confidential, but the Customer consents to the transfer and disclosure by UMB of any information relating to the Customer for confidential use as required by law, regulator or court order.

I. CHANGE OF MANDATE

The Customer must notify the Bank immediately of any change in address, directors, trustees, secretaries and designated members. Any change in authorized signatories must be signed in accordance with existing mandate and accompanied by a Board resolution to that effect.

J. FORCE MAJEURE

Neither the Customer nor UMB will be responsible for failure to perform its obligations if hindered by a Force Majeure Event. 'Force Majeure Event' refers to any event that is beyond the control of the relevant parties such as sabotage, systems failure, fire, flood, explosion, acts of God, civil commotion, strike or industrial action of any kind, riots, insurrection, war or acts of government.

K. TERMINATION

Either party may terminate this agreement at any time subject to any legal requirement by way of notification in writing.

On closure of an account, the termination becomes effective after any cheques drawn on the account or any outstanding debits have been paid; and all cheque books, cards issued and all information and equipment supplied by UMB on the account have been returned to the Bank.

Where the Bank is terminating the relationship and the account is overdrawn, you must pay all outstanding amounts on the account or the Bank may take the appropriate legal action to recover fully.

All mandatory documentation required to make the account operational must be provided within the specified time frame, otherwise the account will be closed after prior notice to you.

L. DISCLAIMER CLAUSE

The Bank disclaims liability for any funds/assets deposited by you which are subsequently found to have been derived from illegal source or activities. You confirm that the funds/assets deposited are not derived from any illegal sources or activities.

Signature of Director

Name of Director

Date

Official Use Only

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				
5	Copy of Memorandum and Article of Association (certified true copy by the Registrar of Companies)				
6	Tax Clearance Certificate				
7	TIN Registration No				
8	Partnership Deed (if applicable)				
9	Approval Letter (MMDAs)				
10	Trust Deed				
11	Act /Gazette (for Government Agency) (if applicable)				
12	Two (2) passport-sized photographs of each signatory to the account with name written on the reverse side				
13	Introduction letter (if applicable)				
14	Status report from Banker (if applicable)				
15	Resident Permit (for non-Ghanaians)				
16	Evidence of registration with Ghana Investment Promotion Centre (if applicable)				
17	Evidence of registration with other Government Agency				
18	Search Report				
19	Power of Attorney (if applicable)				
20	Letter of Indemnity				
21	Proof of company address				
22	Business Premises visitation certificate				
23	Proof of identity of all signatories and Directors/ Officers whose names appear on the account opening forms/ documents – NHIS, Passport, National Identity Card, National Driver's Licence and Voter's ID Card				
24	Proof of address of all signatories and Directors / Officers whose names appear on the account opening forms /documents – utility bill (Certified true copy is acceptable if original is not held)				
25	Two completed and satisfactory reference forms				
26	Copy of the audited financial statements				
27	Others (please specify)				

Customer Risk Profiling

Is the applicant a PEP? Yes No
 Low Risk Medium Risk High Risk

Indicate which Director, Shareholder, Executive, Trustee, Promoter, Executor or Administrator is a PEP

Name _____ Position _____

Account opened by:

Full Name _____ Signature _____ Date _____

Account opening authorized by:

Full Name _____ Signature _____ Date _____

For high risk account only, (Head, Compliance or CEO) signs:

Compliance Review:

Designation _____ Signature _____ Date _____

Authorization:

Designation _____ Signature _____ Date _____

