



National Investment Bank Limited

JOINT ACCOUNT OPENING FORM

Address Noted and Verified	Computer	Manager	Assistant Manager

(For Office use only)		NIB/CA/2
<input type="checkbox"/> Account Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch _____		Date _____

Dear Sir,

We request you to open a current Account in the books of the Bank in our joint names and to honour cheques and orders for payment of monies drawn thereon if signed by either/anyone/both/all of us in accordance with the specimen signatures handed to you herewith:

We agree to abide by the Bank's rules governing the conduct of such accounts.

Please issue a cheque book containing forms for our use and debit the cost of the stamp duty thereon to our account.

SURVIVORSHIP CLAUSE:

In the event of the death of either/any one of us the balance of the account shall be at the disposal of the survivor(s) of us: _____

Section A

Personal Details

Account Holder 1 :		Title	Mr.	Mrs.	Dr.	Other
PLEASE AFFIX PASSPORT PICTURE HERE	Full Name in Block Letters	First Name:				
		Other: Surname:				
		Place & Date of Birth:	Sex			
		Nationality:	Marital Status:			
		Occupation:	Religion			
		Name of Spouse:	Number of Children:			
		Contact Numbers:				
Photo Identification Type & No. (e.g. Passport, National ID Card)						
Mailing Address :				Email Address:		

Account Holder 2 :		<i>Title</i>	<i>Mr.</i>	<i>Mrs.</i>	<i>Dr.</i>	<i>Other</i>
Full Name in Block Letters	<i>First Name:</i>					
PLEASE AFFIX PASSPORT PICTURE HERE	<i>Other:</i>		<i>Surname:</i>			
	<i>Place & Date of Birth:</i>			<i>Sex</i>		
	<i>Nationality:</i>			<i>Marital Status:</i>		
	<i>Occupation:</i>			<i>Religion</i>		
	<i>Name of Spouse:</i>			<i>Number of Children:</i>		
	<i>Contact Numbers:</i>					
<i>Photo Identification Type & No. (e.g. Passport, National ID Card)</i>						
<i>Mailing Address :</i>				<i>Email Address:</i>		

Account Holder 3 :		<i>Title</i>	<i>Mr.</i>	<i>Mrs.</i>	<i>Dr.</i>	<i>Other</i>
Full Name in Block Letters	<i>First Name:</i>					
PLEASE AFFIX PASSPORT PICTURE HERE	<i>Other:</i>		<i>Surname:</i>			
	<i>Place & Date of Birth:</i>			<i>Sex</i>		
	<i>Nationality:</i>			<i>Marital Status:</i>		
	<i>Occupation:</i>			<i>Religion</i>		
	<i>Name of Spouse:</i>			<i>Number of Children:</i>		
	<i>Contact Numbers:</i>					
<i>Photo Identification Type & No. (e.g. Passport, National ID Card)</i>						
<i>Mailing Address :</i>				<i>Email Address:</i>		

(a) *Verified by Passport/ Voter ID Card/Employee ID Card/National ID Card/ Driving Licence*

(b) *Verified by any of the utility bills in the name of customer not less than 3-4 months old, previous bank statement not less than 3-4 months old, driving licence with details of customers address (physical or postal).*

Signature		
Account Holder 1	Account Holder 2	Account Holder 3
<i>Date</i>	<i>Date</i>	<i>Date</i>

Section B

Purpose of Account Operation	<i>Confirm purpose of account opening</i>			
	<input type="checkbox"/>	<i>Personal Savings</i>	<input type="checkbox"/>	<i>Investment</i>
	<input type="checkbox"/>	<i>Loan Servicing</i>	<input type="checkbox"/>	<i>Salaries</i>
Indicate Source of Funds	<i>Kindly indicate the source of funds</i>			
	<input type="checkbox"/>	<i>Personal Savings</i>	<input type="checkbox"/>	<i>Investment</i>
	<input type="checkbox"/>	<i>Loan Servicing</i>	<input type="checkbox"/>	<i>Salaries</i>
	<input type="checkbox"/>		<i>Dividends</i>	
	<input type="checkbox"/>		<i>Inheritance</i>	
	<i>Other income, please Specify</i> _____			
Expected Volume & Type of Activity	Transaction Type	Expected Transactions Per month	Expected Amount Per month	
	<i>Deposits or Inwards Transfers</i>			
	<i>Withdrawals or outwards Transfers</i>			
Type of Account to be opened	<i>Please tick Account Type to be opened:</i>			
	<input type="checkbox"/>	<i>Current Account</i>	<input type="checkbox"/>	<i>Savings Account</i>
	<input type="checkbox"/>	<i>Foreign Account</i>	<input type="checkbox"/>	<i>Other (please specify)</i>
	<i>Specify</i> _____			
Type of Currency for Account	<i>Please tick preferred Currency Option</i>			
	<input type="checkbox"/>	<i>Cedi</i>	<input type="checkbox"/>	<i>GB Pound Sterling</i>
	<input type="checkbox"/>	<i>US Dollar</i>	<input type="checkbox"/>	<i>Euro</i>
Terms & Conditions for Account	<input type="checkbox"/> <i>Yes, We have read and accepted Terms & Conditions for this Account.</i>			
Certification of Information	<input type="checkbox"/> <i>We certify that the information given above is correct and binding on us.</i>			

Name & Address of Person Introducing

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I hereby confirm that I have known

Mr/Miss/Mrs

for the past months and consider him/her/them suitable to operate Bank account with your Bank.

Sign:

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For Office use only

INTRODUCED BY: Known Customer Employer Auditor Lawyer NIB Senior Rank Official

A Signatory Officer for Branches _____	B Signatory Manager and above for Head Office _____
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Section C

Items	Details and items to be verified						
<i>Identification</i>	Name and identity verified? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<i>Name, Date of Birth and Nationality of Applicant</i>	Applicant(s) name, date of Birth and Nationality confirmed by one of the following, please tick submitted option: <table border="1" style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> <i>Passport</i></td> <td><input type="checkbox"/> <i>Voter ID Card</i></td> <td><input type="checkbox"/> <i>Employee ID Card</i></td> </tr> <tr> <td><input type="checkbox"/> <i>National ID Card</i></td> <td><input type="checkbox"/> <i>Driving Licence</i></td> <td><input type="checkbox"/> <i>Other (please specify)</i></td> </tr> </table> Specify _____	<input type="checkbox"/> <i>Passport</i>	<input type="checkbox"/> <i>Voter ID Card</i>	<input type="checkbox"/> <i>Employee ID Card</i>	<input type="checkbox"/> <i>National ID Card</i>	<input type="checkbox"/> <i>Driving Licence</i>	<input type="checkbox"/> <i>Other (please specify)</i>
<input type="checkbox"/> <i>Passport</i>	<input type="checkbox"/> <i>Voter ID Card</i>	<input type="checkbox"/> <i>Employee ID Card</i>					
<input type="checkbox"/> <i>National ID Card</i>	<input type="checkbox"/> <i>Driving Licence</i>	<input type="checkbox"/> <i>Other (please specify)</i>					
<i>Address & Telephone numbers</i>	Applicant(s) address confirmed by one of the following, please tick submitted option: <table border="1" style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> <i>Tenancy Contract</i></td> <td><input type="checkbox"/> <i>Utility Bill</i></td> <td><input type="checkbox"/> <i>Income Tax</i></td> </tr> <tr> <td><input type="checkbox"/> <i>Other Bank Statement</i></td> <td><input type="checkbox"/> <i>Employer's Reference Letter</i></td> <td><input type="checkbox"/> <i>Other (please specify)</i></td> </tr> </table> Specify _____	<input type="checkbox"/> <i>Tenancy Contract</i>	<input type="checkbox"/> <i>Utility Bill</i>	<input type="checkbox"/> <i>Income Tax</i>	<input type="checkbox"/> <i>Other Bank Statement</i>	<input type="checkbox"/> <i>Employer's Reference Letter</i>	<input type="checkbox"/> <i>Other (please specify)</i>
<input type="checkbox"/> <i>Tenancy Contract</i>	<input type="checkbox"/> <i>Utility Bill</i>	<input type="checkbox"/> <i>Income Tax</i>					
<input type="checkbox"/> <i>Other Bank Statement</i>	<input type="checkbox"/> <i>Employer's Reference Letter</i>	<input type="checkbox"/> <i>Other (please specify)</i>					

Section D

Section A

Level 1 (Low Risk Customer) - Indicate if Applicant belongs to any of the following.

Applicant does not reside or operate in a high risk country.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is an ordinary individual and not associated with a Politically Exposed Person.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant(s) funding is sourced from normal activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Level 2 (Medium Risk Customer) - Indicate if Applicant belongs to any of the following.

Applicant(s) or authorized signatories fall into any type of account that is not listed as either Level 1 and 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section B

Level 3 (High Risk Customer) - Indicate if Applicant belongs to any of the following categories.
If the account holder(s) or authorized signatories fall into any of the following categories, tick the appropriate box(es) and specify details. If not applicable, skip section C in respect of this individual.

The customer is a Politically Exposed Person (PEP) or closely associated with a PEP. Please specify details of PEP position and relationship.	<input type="checkbox"/> Yes <input type="checkbox"/> No
An overseas customer residing or operating in high-risk jurisdiction. Please specify country or territory.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The customer's source of funds is from high-risk jurisdictions. Please specify country or territory.	<input type="checkbox"/> Yes <input type="checkbox"/> No