TIZAA RURAL BANK LIMITED

ACCOUNT OPENING FORM - INDIVIDUAL/JOINT ACCOUNT	Affix
ACCOUNT TYPE Savings Current Joint Other Specify	Passport
AGENCY/ BRANCH STAMP	Photograph Here
ACCOUNT NO. (For office use only)	
1A PERSONAL INFORMATION	
Title Surname	
First Name	
Middle Name(s)	
Former Name	
Date of Birth D D M M Y Y Y Mother's Maiden Name Nationality Resident Permit No. Permit Issue Date D D M M Y Y Y Y Place of Birth D D M M Y Y Y Y Place of Birth	M Y Y Y Y
Tax Identification Number (IIN)	M Y Y Y Y
Region Control of the	
Purpose of Account (Please Tick)	
Salary Savings Business Other, Specify	
1B PERSONAL INFORMATION Title Surname	
First Name	
Middle Name(s)	
Former Name	
Marital Status (Please tick as appropriate) Single Married Other (Ple Specific) Gender M	/



Date of Birth D D M M Y Y Y Y Place of Birth
Mother's Maiden Name
Nationality Resident Permit No.
Permit Issue Date D D M M Y Y Y Y Permit Expiry Date D D M M Y Y Y Y D D M M Y Y Y Y
Tax Identification Number (IIN) Region
Purpose of Account (Please Tick)
Salary Savings Business Others (Specify)
2 CONTACT DETAILS Residential Address
City / Town / Village
Nearest Landmark
Proof of Address (Indicate type and Serial Number) Metropolitan, Municipal, District Assembly Area (MMDA)
Mailing Address Phone Number 1 Phone Number 2 Email Address
3 VALID MEANS OF IDENTIFICATION National ID Card Driver's License Passport Voter's ID ID No.
ID Issue D D M M Y Y Y Y Expiry Date D D M M Y Y Y Y
4 EMPLOYMENT DETAILS
Employed Self Employed Unemployed Student Others (Pls Specify)
Date of Employment (If Employed) Annual Salary / Expected Annual Income
Annual Salary Less than GHC5,000 GHC5,001 – 10,000 GHC10,001 – 20,000 More than GHC20,000



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Level of Deposits	Fre	equency of Deposits	
Expected Annual Income from	J n other sources		
Name of Associated Busi	ness(es) 1		
Name of Associated Busi	ness(es) 2		
Name of Associated Busi	ness(es) 3		
Type of Business			
Type of Basilies			
Business Address			
7 ACCOUNTS WITH OT	HER BANKS		
S/N NAME AND ADDRESS OF	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
BANK/BRANCH	NAME		AGTIVE/DORIMANT
2. 3.			
4. 5.			
8 ACCOUNT MANDATE			
(Please tick as appropriat	re)		
Mandate authorization (P	•		
Sole Signatory Either	to Sign Both to Sign		
Name: Surname			_
Other Name			<u>-</u>
Class of Signatory Identification Type			_
Identification No.			- -
Telephone Number Signature and Date			_
			-
	PHOTO(S)	PHOTO(S)	
FOR BANK USE ONLY		FOR BANK USE ONLY	
FOR BANK USE UNLY		FOR BANK USE ONLY	
Name	Signature	Name	Signature

9 ACCOUNT SERVICES(S) REQUIRED (Please tick the a	pplicable option below)
Card Preferences ATM Card GH Link	Others (Please specify)
Electronic Banking Preferences Internet Banking Mob	oile Banking Others (Please specify)
Transaction Alert Preferences Email Alert SM	IS Alert
Statement Preference Statements to be collected at the Branch/Agency	Statement Frequency: Semi-Annually Annually
10 DECLARATION / DISCLOSURE DECLARATION I/We hereby apply for the opening of account(s) with	
I/We further undertake to indemnify the Bank for any loss suffered a	as a result of any false information provided to the Bank.
DISCLOSURE TO CREDIT REFERENCE BUREAUX The Bank will obtain any information about you from the credit reference bureaux will record our enquiries which may be seen by other you.	
The Bank shall also disclose your credit transactions to credit reference, 2007 (Act 726).	ence bureaux in accordance with the Credit Reporting
Name	Date
NameSignature	Date
11 (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS BY A THIRD PARTY	NOT LITERATE AND THE FORM IS READ TO HIM OR HER
I agree to abide by the content of this agreement and acknowledge explained to me by an interpreter.	that it has been truly and audibly read over and
MARK/ THUMBPRINT OF CUSTOMER Date	WITNESSED BY OFFICER OPENING THE ACCOUNT
	M Y Y Y Y
NAME AND ADDRESS OF INTERPRETER	
LANGUAGE OF INTERPRETATION	
1 REQUIREMENT CHECKLIST	
Savings Account	
NO. DOCUMENTS REQUIRED	CHECKED DEFERRED WAIVED
Duly completed Account opening form.	
 Specimen signature card duly completed Recent passport photograph 	
 Recent passport photograph Proof of identity: International passport, Driver's license or National Health card, Valid Ghanaian Voters ID (original must be signed) 	
5. Resident Permit (for non-Ghanaian)	
6. Proof of Address: Utility bills etc. (Certified true copy is acceptable if the original is not held)	



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