



CDH Savings & Loans Ltd.  
Wisdom!

# ACCOUNT OPENING BOOKLET

INDIVIDUAL ACCOUNT | TRUST ACCOUNT | JOINT ACCOUNT

DATE: DD/MM/YYYY

BRANCH:

ACCOUNT NAME:

ACCOUNT NUMBER:

RELATIONSHIP MANAGER:

WEALTH ADVISOR:

## ACCOUNT OPENING REQUIREMENTS

### INDIVIDUAL ACCOUNT

- ☐ National I.D.
- ☐ Proof of address (utility bills / bank statement / tenancy agreement)
- ☐ Two passport-size photographs
- ☐ Source of introduction (if current)
- ☐ Reference letter (if salaried employee)

### TRUST ACCOUNT

- ☐ National I.D.
- ☐ Proof of address (utility bills / bank statement / tenancy agreement)
- ☐ Two passport-size photographs of Trustee(s)
- ☐ Source of introduction (if current)

### JOINT ACCOUNT

- ☐ National I.D.
- ☐ Proof of address (utility bills / bank statement / tenancy agreement)
- ☐ Two passport-sized photographs each
- ☐ Source of introduction (if current)

### Address confirmed by (in all cases)

- ☐ Electricity bill   ☐ Telephone bill   ☐ Water bill   ☐ Other, please specify

I/We request you to open:

### CURRENT

- ☐ Individual
- ☐ Trust
- ☐ Joint

### SAVINGS

- ☐ Individual
- ☐ Trust
- ☐ Joint

## ACCOUNT OPENING DETAILS

### FIRST APPLICANT (IN THE CASE OF JOINT ACCOUNT)

Name																																							
In case of Trust (ITF)						Date of Birth	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y																								
D	D	M	M	Y	Y	Y	Y																																
Occupation																																							
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="text"/>																																						
Address																																							
Residential Address																																							
Telephone No.						Email																																	
Next of Kin						Relationship																																	
Telephone						Source of introduction																																	
Name																																							
Address						Telephone No.																																	
Bankers						Account No.	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																
Type of Identification	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> National I.D. <input type="checkbox"/> NHIS I.D. <input type="checkbox"/> Voter's I.D.																																						
Identification No.						Place of Issue																																	
Date of Issue	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y											Expiry Date	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y																																
D	D	M	M	Y	Y	Y	Y																																

Signature of Applicant / Thumb print

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Operating mandate

## ACCOUNT OPENING DETAILS

### SECOND APPLICANT (IN THE CASE OF JOINT ACCOUNT)

Name																							
In case of Trust (ITF)						Date of Birth	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y																
Occupation																							
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="text"/>																						
Address																							
Residential Address																							
Telephone No						Email																	
Next of Kin						Relationship																	
Telephone						Source of introduction																	
Name																							
Address						Telephone No.																	

Bankers  Account No.

Type of Identification ☐ Passport ☐ Driver's Licence ☐ National I.D. ☐ NHIS I.D. ☐ Voter's I.D.

Identification No.  Place of Issue

Date of Issue 

D	D	M	M	Y	Y	Y	Y

 Expiry Date 

D	D	M	M	Y	Y	Y	Y

Signature of Applicant / Thumb print

Operating mandate

## ACCOUNT OPENING DETAILS

### THIRD APPLICANT (IN CASE OF JOINT)

Name

In case of Trust (ITF)  Date of Birth 

D	D	M	M	Y	Y	Y	Y

Occupation

Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Other

Address

Residential Address

Telephone No.  Email

Next of Kin  Relationship

Telephone No.  Source of introduction

Name

Address  Telephone No.

Bankers  Account No.

Type of I.D. ☐ Passport ☐ Driver's Licence ☐ National I.D. ☐ NHIS I.D. ☐ Voter's I.D.

I.D. No.  Place of Issue

Date of Issue 

D	D	M	M	Y	Y	Y	Y

 Expiry Date 

D	D	M	M	Y	Y	Y	Y

Signature of applicant / Thumb print

Operating mandate

## KYC INFORMATION (official use)

Name and / or identity search conducted using prescribed "Special Reference Listing "

e.g. Sanction lists, PEP list, blacklist, provided by Financial Action Task Force (FATF), Bank of Ghana etc?

☐ Yes ☐ No ☐ Others, please specify

## RISK LEVELS (check appropriate box applicable to the Applicant)

### SECTION 1

- Low Risk Customers ☐ The applicant(s) is an ordinary individual resident in Ghana but not associated with any Politically Exposed Person (PEP)
- ☐ The applicant(s) does not reside or operate in a high risk country
- ☐ The applicant's funding is sourced from normal activities

### SECTION 2

- Medium Risk Customers ☐ If the applicant(s) or authorised signatories fall into any type of account that is not listed as Low Risk (as stated above) or Special / High Risk (as stated below)

### SECTION 3

- Special/ High Risk Customers ☐ The applicant(s) is a PEP or closely associated with a PEP whose position and / or relationship is
- ☐ The applicant(s) reside(s) or operate(s) in FATF Non-Cooperative Countries & Territories(NCCT)
- ☐ Please indicate the name of the NCCT
- ☐ The applicant(s) funding is from high-risk country, namely
- ☐ The applicant(s) whose business involves gambling, defense or money services.
- Specify the nature of business

Transaction type	Anticipated No. of transactions per month	Anticipated amount per month GH¢
Deposits (including inward transfers)	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 & above	<input type="checkbox"/> 1-1000 <input type="checkbox"/> 1001-5000 <input type="checkbox"/> 5001 & above
Withdrawals (including outward transfers)	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 & above	<input type="checkbox"/> 1-1000 <input type="checkbox"/> 1001-5000 <input type="checkbox"/> 5001 & above

### SECTION 4

Complete this section if applicant(s) satisfied one or more categories in Section 3 (Special / High Risk) above

#### Source of wealth

Obtain details of the applicant's source of wealth and estimated net worth. Indicate source of applicant's net worth.

☐ Business ☐ Investments ☐ Salary ☐ Inheritance / Gifts

Other income source GH¢

Estimated Net worth GH¢

Estimated annual income or turnover of applicant GH¢



**CDH Savings & Loans Ltd.**  
Wisdom!

**Branch**

**Account Number**

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**Account Opening Date**

D	D	M	M	Y	Y	Y	Y

Account Name

Occupation

Telephone

Mobile

Postal Address

Residential Address

Identification Number

**Operating Mandate**

**Applicant(s) Specimen Signature**

Signature(s) / Thumb-print(s)	Passport-size photo
<i>Please sign 3 times in each of the spaces below. USE BLACK INK ONLY</i>	<i>Applicable only where thumb-print is provided</i>
<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
<b>4.</b>	

***THANK YOU FOR DOING BUSINESS WITH  
CDH SAVINGS AND LOANS LTD.***

**CDH House**  
**No. 36 Independence Avenue**

**P. O. Box 14911**  
**North - Ridge, Accra.**

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