



Branch _____

Date _____
Day / Month / Year

Account Number

TYPE OF CUSTOMER (Please tick appropriately)

Limited Liability Partnership Sole Proprietor State Corporation/Government Agency

Societies/Clubs/Associations School Others Please (specify) _____

TYPE OF ACCOUNT

Regular Savings Current Account Compulsory savings Others (please specify) _____

COMPANY DETAILS (Please complete and tick where necessary)

Company /Business Name _____

Certificate of incorporation registration number _____

Date of Incorporation/Registration _____ Jurisdiction of Incorporation/ Registration _____

Parent Company's Country of Inc. _____

Type/Nature of Business _____

Sector/Industry _____

Operating Business/GPS Address _____

Corporate Business Address/Registered office (if different from above) _____

Email address _____ Website (if any) _____

Phone number 1 _____ Phone number 2 _____ Fax number _____

Tax identification Number _____

Annual Turnover

a) GHS 0-9,999 GHS 10,000-49,999 GHS 50,000-99,999 GHS 100,000 and above

b) Is your company quoted on any Stock Exchange? Yes No Ref. No If yes _____

3. Account Services Required (Please tick any application option below)

Opportunity Mobile ATM (Opportunity Cash)

Cheque Book Requisition: 50 Leaves

**ACCOUNT SIGNATORY'S DETAILS**

Surname _____
 First Name _____ Other Name _____
 Date of birth (dd/mm/yy) _____ Gender: M F
 Mother's Maiden Name _____
 Nationality _____ Resident Permit Number (For Foreigner) _____
 ID Type _____ ID number _____
 ID issue Date (DD/MM/YY) _____ ID Expiring Date (DD/MM/YY) _____
 Occupation _____
 Job Title _____

Is s/he key contact person/principal officer? Yes No

Position / Office _____
 Residential/GPS Address _____
 Nearest Landmark _____
 City/ Town _____
 Metropolitan, Municipal District Assembly Area (MMDA) _____ Region _____
 Phone Number _____ Other Number _____
 Email Address _____
 Class of Signatory _____ Signature _____ Date _____
 Next of Kin (Full Name) _____ Age(18+): _____
 Contact _____ Relationship _____

ACCOUNT SIGNATORY'S DETAILS (2)

Surname _____
 First Name _____ Other Name _____
 Date of birth (dd/mm/yy) _____ Gender: M F
 Mother's Maiden Name _____
 Nationality _____ Resident Permit Number (For Foreigners) _____
 ID Type _____ ID number _____
 ID issue Date (DD/MM/YY) _____ ID Expiring Date (DD/MM/YY) _____
 Occupation _____
 Job Title _____

Is s/he key contact person/principal officer? Yes No

Position / Office _____
 Residential/GPS Address _____
 Nearest Landmark _____
 City/ Town _____
 Metropolitan, Municipal District Assembly Area (MMDA) _____ Region _____
 Phone Number _____ Other Number _____
 Email Address _____
 Class of Signatory _____ Signature _____ Date _____
 Next of Kin (Full Name) _____ Age(18+): _____
 Contact _____ Relationship _____

**ACCOUNT SIGNATORY'S DETAILS (3)**

Surname _____
 First Name _____ Other Name _____
 Date of birth (dd/mm/yy) _____ Gender: M F
 Mother's Maiden Name _____
 Nationality _____ Resident Permit Number (For Foreigners) _____
 ID Type _____ ID number _____
 ID issue Date _____ ID Expiring Date _____
 Occupation _____
 Job Title _____

Is s/he key contact person/principal officer? Yes No

Position / Office _____
 Residential/GPS Address _____
 Nearest Landmark _____
 City/ Town _____
 Metropolitan, Municipal District Assembly Area (MMDA) _____ Region _____
 Phone Number _____ Other Number _____
 Email Address _____
 Class of Signatory _____ Signature _____ Date _____
 Next of Kin (Full Name) _____ Age(18+): _____
 Contact _____ Relationship _____

DETAILS OF THE DIRECTORS/ EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS

Surname _____
 First Name _____ Other Name _____
 Date of birth (dd/mm/yy) _____ Gender: M F
 Mother's Maiden Name _____
 Nationality _____ Resident Permit Number (For Foreigner) _____
 ID Type _____ ID number _____
 ID issue Date _____ ID Expiring Date _____
 Occupation _____
 Job Title _____

Status as a Director (Pls tick as appropriate) Chairman

Executive Director Non-Executive Director Others (specify) _____

Position / Office _____
 Residential/GPS Address _____
 Nearest Landmark _____
 City/ Town _____
 Metropolitan, Municipal District Assembly Area (MMDA) _____ Region _____
 Phone Number _____ Other Number _____
 Email Address _____

**DETAILS OF THE DIRECTORS/ EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS**

Surname _____

First Name _____ Other Name _____

Date of birth (dd/mm/yy) _____ Gender: M F

Mother's Maiden Name _____

Nationality _____ Resident Permit Number (For Foreigner) _____

ID Type _____ ID number _____

ID issue Date _____ ID Expiring Date _____

Occupation _____

Job Title _____

Status as a Director (Pls tick as appropriate) Chairman
 Executive Director Non-Executive Director Others (specify) _____

Position / Office _____

Residential/GPS Address _____

Nearest Landmark _____

City/ Town _____

Metropolitan, Municipal District Assembly Area (MMDA) _____ Region _____

Phone Number _____ Other Number _____

Email Address _____

DETAILS OF THE DIRECTORS/ EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS

Surname _____

First Name _____ Other Name _____

Date of birth (dd/mm/yy) _____ Gender: M F

Mother's Maiden Name _____

Nationality _____ Resident Permit Number (For Foreigner) _____

ID Type _____ ID number _____

ID issue Date _____ ID Expiring Date _____

Occupation _____

Job Title _____

Status as a Director (Pls tick as appropriate) Chairman
 Executive Director Non-Executive Director Others (specify) _____

Position / Office _____

Residential/GPS Address _____

Nearest Landmark _____

City/ Town _____

Metropolitan, Municipal District Assembly Area (MMDA) _____ Region _____

Phone Number _____ Other Number _____

Email Address _____

**Sources of Funds to the Account** (tick as appropriate)Sales Proceeds Service Rended Inheritance/Gift Commission Dividend Other income (Please specify) _____**Purpose of Account Operation**Personal Savings Investment Loan Servicing Salaries Transactional Other, (Please specify) _____**EXPECTED ACCOUNT ACTIVITY**

Transaction Types	Expected No. of Transaction per month	Expected amount per month
Deposits/inwards transfers		
Withdrawals/Outwards transfers		

DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE CUSTOMER

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER



CREDIT BUREAU FORM

I/We _____, a customer of opportunity International Savings And Loans Limited (OISL) hereby authorize **OISL** to

- (a) Submit information on my credit transactions with OISL to a credit bureau licensed under the Credit Report Act, or
- (b) Obtain credit reports on me from a credit bureau licensed under the above for the purpose of credit management.

Client Signature / Thumbprint

Date: _____

Client Signature / Thumbprint

Date: _____

Client Signature / Thumbprint

Date: _____

Client Signature / Thumbprint

Date: _____

OISL RERESENTATIVE
Signature/ Thumbprint

Date: _____



SIGNATURE CARD

Please complete in block letters

Account Number

Type of account:

Savings () Current () Fixed Term () Compulsory () Others

Type of account:

Personal () Joint Account () Society () Others

Account Name (Full Name):

Telephone Numbers: Home

Photograph, Specimen Signature(s), Left and Right Thumb Print

A Photograph	Signature	LTP	RTP

Print Name:

B Photograph	Signature	LTP	RTP

Print Name:

Bank use only signature(s) Authenticated by:	Date:
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C Photograph	Signature	LTP	RTP

Print Name:

D Photograph	Signature	LTP	RTP

Print Name:

E Photograph	Signature	LTP	RTP

Print Name:



Sketch Directional Map (Signatories & Business)

A large, empty rectangular box with a thin black border, intended for sketching a directional map. The box occupies most of the page area below the header and above the footer.



TERMS AND CONDITIONS OF ACCOUNT HOLDER(S)

Please read this page carefully. It provides you important information about your Opportunity International Savings and Loans (Opportunity) account.

1. **Opportunity**

The information on this page (and any further instructions and conditions that may be prescribed by Opportunity from time to time) are the terms of the agreement between you and Opportunity; when you sign the account application for you accept these terms as binding on you.

2. **ACCOUNT**

I/We will assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable instruments and receipts or others deposited in the account.

- 2.2 Opportunity will not be responsible for any loss or damage for funds deposited with Opportunity due to any future Government order, law, levy, moratorium, exchange restriction or any other cause beyond Opportunity's control
- 2.3 All notice or letters will be sent to the address supplied by me and will be considered duly delivered and received at the time it is delivered. Notice in the press will be deemed sufficient for this purpose.
- 2.4 Opportunity will not be liable for funds handed over to members of its staff outside banking hours or outside Opportunity's premises unless in line with the business procedures of Opportunity as I/we shall be informed in writing by Opportunity from time to time.
- 2.5 Any anomaly in the entries on Statements must be brought to the attention of Opportunity within one month of the date thereof. It is agreed that failure to give such notice absolves Opportunity from all liabilities arising thereon. Opportunity may exercise its general lien or any similar rights it is entitled to by law and without any notice whatsoever necessary, combine, consolidate all or any of my/our accounts with and liabilities to Opportunity and set off or transfer any sums or sums standing to the credit of any one or more of such accounts or any other credit.
- 2.6 It is understood that any funds received from or on behalf of myself/any of us, are to be placed to the credit of any account unless Opportunity receives written instructions to the contrary.
- 2.7 I/We understand that any funds received from or on behalf of myself/any of us are to be placed to the credit of any account unless Opportunity receives written instruction to the contrary.
- 2.8 I/We understand and agree that you may at your discretion and without giving any reason thereto decline to accept my/our Account application. I/We authorise Opportunity to accept for safe keeping or for collection or for any other purpose any securities or other property deposited with Opportunity or received from or on behalf of myself/any of us/all of us to release, deliver or give up any such securities or property so accepted against written instructions signed in the manner described above.
- 2.9 I/We agree that in the event that Opportunity receives from me/us ambiguous or conflicting instructions in connection with an account Opportunity may in its absolute discretion and without any liability act or decline to act as Opportunity thinks fit.
- 2.10 I/We agree that these authorities shall be governed by and construed in accordance with the laws of Ghana and I/We hereby irrevocably submit to the non-exclusive jurisdiction of the courts of such jurisdiction.

3. **CHEQUES (CURRENT ACCOUNT CUSTOMERS)**

All cheques or other orders signed by me/us (or either or both of us if a joint account) will be honoured by Opportunity and the account will be debited for such cheques whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit.

- 3.1 Opportunity is under no obligation to honour any cheques drawn on my/our account unless there sufficient are funds in the account to cover the value of the said cheques and such cheques may be returned to me/us unpaid.
- 3.2 I/We ensure that my/our cheque book will be kept in a safe place to prevent unauthorized persons from gaining access to same and neglect of this precaution may be a ground for any consequential loss being charged to my/our account.
- 3.3 I/We will notify Opportunity immediately if my/our cheque book is lost, gets missing or stolen. Opportunity shall not be held liable for any unauthorized use of my/our cheque book where the loss or otherwise of same has not been duly notified to Opportunity.
- 3.4 My/Our account will only be credited with the value of a cheque lodged with any of Opportunity branches after the requisite clearing period in accordance with the rule of clearing in force at the time of lodging the cheque.

- 3.5 Opportunity may exercise its jurisdiction in allowing withdrawal against uncleared cheques. Where the cheques are returned unpaid thereafter OPPORTUNITY shall have the right to hold on to the return cheque and take further action it deems appropriate to recover the value of the cheque.
- 3.6 Opportunity shall have the right whenever it deems appropriate to confirm the issuance of a cheque drawn on the current account failing which the cheque may be returned.
- 3.7 I/We will notify Opportunity of my/our intention to stop any cheque(s) issued on my/our account. Opportunity shall not be liable for paying a cheque in the event that Opportunity has not received my/our written notification.

4. OVERDRAWN ACCOUNT

Overdrafts may be available to customers upon arrangement with Opportunity, if no arrangements have been made with Opportunity and the account becomes overdrawn, Opportunity may charge an extra fee and interest at the current rate for unauthorized borrowing. If the account does not have enough cleared funds to cover an amount Opportunity may return the cheque unpaid.

5. PAYING INTEREST

I/We will be liable for the payment of interest charged at the rate fixed by Opportunity from time to time for any sum(s) standing to the debit of the current account. The current account may also be debited for OPPORTUNITY usual banking charges, interest, commission, etc.

6. RIGHT OF SET OFF

I/We agree that Opportunity may exercise a right of set off and use the balance of this account to offset any indebtedness owned by me/us to Opportunity.

7. TERMINATION OF AGREEMENT

Either party may terminate this agreement, at any time by notifying the other in writing. When terminating the agreement, the termination becomes effective only when any cheques and amount carried on the account have been paid and all cheque books issued are sent back to Opportunity. Where Opportunity is terminating the agreement and the account is overdrawn, I/We must pay all sums outstanding on the account, otherwise Opportunity may take appropriate legal action for recovery. Opportunity may levy a charge for closing the account.

8. JOINT HOLDERS

In addition to the foregoing, in the case of joint account the following shall apply if the holders die:

- Any money for the time being standing to the credit of the joint account(s) may be held to the order of the survivor.
- Anything held by Opportunity whether by way of security or for safe custody or any purpose whatsoever otherwise than the collection for the joint account(s) shall be held to the order of the survivor and the personal representative of the deceased, acting jointly.
- Any liability incurred by joint account holders to Opportunity in respect of your instructions (whether in the form of borrowing or otherwise) shall be joint and several.

9. DISCLAIMERS CLAUSE

Opportunity disclaims any liability for any funds / assets deposited by me/us which are subsequently found to have been delivered from illegal source or activities.

10. DISCLOSURE OR ACCOUNT INFORMATION

Opportunity will disclose details of your account operation notwithstanding the banker - customer legal relationship where Opportunity's interest require disclosure or where it is customary for OPPORTUNITY to provide such information or where Opportunity is under legal obligation to do so.

MANDATE TO BE COMPLETED BY ALL APPLICANTS

I/We the undersigned hereby request and authorize Opportunity as you shall determine to open an account(s) (each an "account") in my name/our joint names and until written notice to Opportunity to the contrary to debit such account whether in credit or overdrawn with cheque drawn thereon, to act on any written instructions in any relating to the payment of standing order, direct debit, the issue of drafts, mail and telegraph transfer, purchases and sales of security and foreign currencies and to act upon instructions to close any accounts provided those cheques or instructions are assigned by MYSELF/ANY ONE OF US /ALL OF US TOGETHER. (Delete as necessary and print full names below)

Name:	Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**FOR BANK USE ONLY****REQUIREMENTS CHECKLIST**

S/N	DOCUMENTS REQUIRED	Checked	Deferred	Waived	N/A
1	Account opening form duly completed				
	Specimen signature card duly completed				
	Copy of Registrar General's Department Certificate				
	Board Resolution				
	Copy of Memorandum and Article of Association (certified true copy by the Registrar of Companies)				
	Tax Clearance Certificate				
	TIN Registration No.				
	Partnership Deed (where applicable)				
	Approval Letter (MMDAs)				
	Trust Deed				
	Act / Gazette (for Government Agency) (where applicable)				
	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
	Introduction letter (where applicable)				
	Resident Permit (for non-Ghanaians)				
	Evidence of Registration with Ghana Investment Promotion Centre (where applicable)				
	Evidence of Registration with other Government Agency				
	Search Report				
	Power of Attorney (where applicable)				
	Proof of Company Address				
	Business Premises visitation certificate				
	Proof of Identity of all Signatories and Directors/officers whose names appear on the account opening forms/ documents – Passport, National Identity Card, National driver's License and Voter's ID card				
	Proof of Address of all signatories and Directors / Officers whose names appear on the account opening forms / documents – Utility bill				
	Copy of the audited Financial Statements				
	Form 'A', 'B' and 'C' if applicable				
	Others (please specify)				

**ACCOUNT OPENED BY:**

Name _____ Signature _____ Date _____

DEFERRAL OF DOCUMENTS (IF ANY) AUTHORISED BY:

Name _____ Signature _____ Date _____

Due date for document presentation _____

DOCUMENT VERIFICATION CARRIED OUT BY:

Name _____ Signature _____ Date _____

Comments: _____

APPLICANT SCREENING AGAINST SANCTION LIST CARRIED OUT BY

Name _____ Signature _____ Date _____

Indicate the sanction list used _____

Comments: _____

ACCOUNT OPENING AUTHORISER

Name _____ Signature _____ Date _____

ADDRESS VERIFICATION (visit) CARRIED OUT BY;

Name _____ Signature _____ Date _____

Comments: _____