



CDH Savings & Loans Ltd.
Wisdom!

ACCOUNT OPENING BOOKLET

CORPORATE / ORGANISATIONS ACCOUNT

DATE: DD/MM/YYYY **BRANCH:**

ACCOUNT NAME:

ACCOUNT NUMBER:

RELATIONSHIP MANAGER:

WEALTH ADVISOR:



CDH Savings & Loans Ltd.

Wisdom!

INCORPORATED / OTHER REGISTERED ORGANISATIONS ACCOUNT OPENING BOOKLET

I/We request you to open:

CURRENT

- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ INCORPORATED
- ☐ OTHER REGISTERED

SAVINGS

- ☐ CHURCH / GROUP

ACCOUNT OPENING REQUIREMENTS

SOLE PROPRIETOR

- ☐ National I.D.
- ☐ Proof of address (utility bills / bank statement / tenancy agreement)
- ☐ Two passport-size photographs
- ☐ Source of introduction (if current)
- ☐ Certificate of registration
- ☐ Form "A"
- ☐ Tax registration number
- ☐ Current renewal receipt if registration is more than 1 year

PARTNERSHIP

- ☐ All the above
- ☐ Partnership deed / agreement
- ☐ Partnership form "A"

LIMITED LIABILITY (other registered company)

- ☐ Board resolution signed by the chairman and the secretary
- ☐ Certificate of incorporation
- ☐ Copy of regulation
- ☐ Certificate to commence business
- ☐ Letter of introduction from auditors / solicitors
- ☐ Tax Identification Number (TIN)
- ☐ Copy of valid I.D.
- ☐ Form '3' (particulars of directors)

NON-GOVERNMENTAL ORGANISATION (NGO)

- ☐ Copy of constitution of NGO
- ☐ Certificate of incorporation as a company limited by guarantee
- ☐ Copy of regulation of NGO
- ☐ Copy of Registrar General's Department Form 3
- ☐ Overseas and local address of Country Director
- ☐ Two passport-size photographs
- ☐ Copy of valid national I.D. of signatories
- ☐ Certificate from Social Welfare Department
- ☐ Introductory letter from auditors / solicitors
- ☐ Resolution to open account
- ☐ Certificate to commence business

SOCIETIES / CLUBS / ASSOCIATIONS

- ☐ Certificate of registration
- ☐ Copy of resolution
- ☐ Copy of constitution
- ☐ Copy of trust deed (where applicable)
- ☐ Copy of valid national I.D.
- ☐ Source of introduction by solicitors / bankers / parent body

SCHOOLS / INSTITUTIONS

- ☐ Certificate of registration
- ☐ Ministry / Institution authorisation to open account
- ☐ Two passport-size photographs
- ☐ Copy of valid national I.D. of signatories

1. TYPE OF COMPANY / ORGANISATION

☐ Limited Liability ☐ Sole-Proprietor ☐ Partnership ☐ School / Institutions ☐ NGO

☐ Societies / Clubs / Associations / Board of Trustees ☐ Other

2. REQUEST TO OPEN ACCOUNT

Branch	<input type="text"/>	Date	<input type="text"/>																	
Account Name	<input type="text"/>																			
	<i>(Name of company / organisation)</i>																			
Registration Certificate No.	<input type="text"/>	Date Issued	<table border="1"> <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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Certificate to Commence Business No.	<input type="text"/>	Date Issued	<table border="1"> <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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Address	<input type="text"/>																			
Location of Registered Office	<input type="text"/>																			
Place of Incorporation	<input type="text"/>	No. of Directors / Partners	<input type="text"/>																	
Type of Business	<input type="text"/>	Tax Identification No.	<input type="text"/>																	
Telephone No.	<input type="text"/>	Fax No.	<input type="text"/>																	
Email	<input type="text"/>	Website	<input type="text"/>																	
Source of Introduction	<input type="text"/>																			
Name and Address	<input type="text"/>																			
Bankers	<input type="text"/>	Account No.	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone No.	<input type="text"/>	Ref. Letter Date (where applicable)	<input type="text"/>																	

3. BANK DETAILS

Do you currently hold an account with CDH Savings & Loans?

☐ Yes ☐ No

Account No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Purpose of account: ☐ Transactional ☐ Services rendered ☐ Trust

Source of funds: ☐ Sales proceeds ☐ Investment ☐ Other

Name of Current Bankers

Anticipated volume & type of activity (please tick)

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

4. IN CASE OF PARTNERSHIP, PLEASE COMPLETE THIS SECTION

We, the partners jointly and severally agree to be bound by CDH Savings & Loans Limited's rules governing the operation of such accounts.

Signature

Signature

Signature

Signature

5. DETAILS OF SHAREHOLDERS AND MANAGEMENT

DIRECTORS / PARTNERS / EXECUTIVES / SHAREHOLDERS OF ACCOUNT (*information may be attached on letterhead*)

Full Name	Nationality	Address	Any other directorship held	Official position or designation	Signature

DETAIL IDENTITY

Full Name	Type of I.D.	I.D. Number	Date issued	Official Position	Is this person an authorised signatory to the account?

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 a Limited Liability Company, Club, Society, Association, NGO, MDAs, Trust, Partnership, etc, 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) resides or operates 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) operate as a casino, real estate, or in a free zone enclave, dealer in arms and ammunition, mineral prospecting / trade, funds transfer or money exchange

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

SPECIMEN RESOLUTION

At a meeting of the of held on at and in accordance with the Regulations of the Company it was resolved as follows:

(1) A Current / Savings Account be opened with CDH SAVINGS AND LOANS LIMITED at their

Branch

(2) That the account be operated by:

- (i)
- (ii)
- (iii)
- (iv)

(3) It was further resolved that withdrawal be allowed if signed by either / all of the following:

- (i)
- (ii)
- (iii)
- (iv)

(4) It was further resolved that the branch will be notified of any changes in the mandate of the account

- Company requires the customers on receipt of statements of accounts to raise any queries within 15 days of receipt failing which the Company would assume that the statement as presented to is correct.
- That the signatories can borrow and obtain credit on behalf of
- Grant security interests in and / or assign and deliver security for the money borrowed or credit obtained any property or hereinafter held or belonging to

DATED AT THIS DAY OF 20

Yours faithfully,

Company Secretary

Director / Chairperson

ACCOUNT OPERATING MANDATE

DIRECTORS AND PERSONS AUTHORISED TO SIGN

Full Name	Nationality	Any other directorship held	Official position	Signature

MANDATE: ANY

WITNESS WHEREOF, I have hereunto set my hand as Company Secretary and affixed the corporate seal
this day of 20

(COMPANY SECRETARY)

(DIRECTOR OR OTHER OFFICER)

(TITLE)

(COMPANY SEAL)



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

Type of Business

Address

Telephone

Fax

Residential Address

Identification Number

Operating Mandate

Applicant(s) Specimen Signature

Name(s) in full	Signature(s) / Thumbprint	Passport-size photo
<i>Please write name (only) entirely within the box(es) below.</i>	<i>Please sign three times in each of the spaces below: USE BLACK INK / PEN ONLY</i>	<i>Applicable only where Thumb-print is provided</i>
<u>A</u>		

Name(s) in full	Signature(s) / Thumbprint	Passport-size photo
<i>Please write name (only) entirely within the box(es) below.</i>	<i>Please sign 3 times in each of the spaces below: USE BLACK INK / PEN ONLY</i>	<i>Applicable only where Thumb-print is provided</i>
<u>B</u>		
<u>C</u>		
<u>D</u>		
<u>E</u>		

Data Entered by

Data Verified by

Manager

***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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info@cdhgroup.co

banking.cdhgroup.co

