



**ACCOUNT OPENING FORM (CORPORATE)**

**BUSINESS DETAILS**

COMPANY NAME:

TYPE: SOLE PROPRIETOR  LIMITED LIABILITY  BUSINESS REGISTRATION DATE:

BUSINESS REGISTRATION NUMBER:

NATURE OF BUSINESS:

LOCATION:

BUSINESS ADDRESS:

TELEPHONE:



**DIRECTOR DETAILS**

SURNAME FIRST NAME MIDDLE NAMES

SEX: MALE:  FEMALE  DATE OF BIRTH    MARITAL STATUS:

DAY MONTH YEAR SINGLE MARRIED DIVORCE

NAME OF SPOUSE:  NUMBER OF DEPENDANTS:

NATIONALITY:

**CONTACT AND OTHER DETAILS**

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

TELEPHONE:

OFFICE MOBILE HOME

I declare that the information given on this form is correct and I also consent the processing and confirmation of information provided.

SIGNATURE OF DIRECTOR.....

DATE.....



**DIRECTOR DETAILS**

SURNAME:  FIRST NAME:  MIDDLE NAMES:

SEX: MALE:  FEMALE:  DATE OF BIRTH:    MARITAL STATUS:

DAY MONTH YEAR SINGLE MARRIED DIVORCE

NAME OF SPOUSE:  NUMBER OF DEPENDANTS:

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RESIDENTIAL ADDRESS:

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I declare that the information given on this form is correct and I also consent the processing and confirmation of information provided.

SIGNATURE OF DIRECTOR..... DATE.....

**ACCOUNT TYPE**

ALBRIM SAVINGS  ALBRIM "GHANA MAN" SAVINGS  ALBRIM FIXED DEPOSIT

1MONTH  3MONTHS  3MONTHS  OTHER

**TERMS AND CONDITIONS**

- 1. Fixed Deposit clients must give a minimum of two(2) week notice prior to liquidating their pre-mature investments.
- 2. Any investment liquidated prematurely will attract a surcharge of 30% on accrued interest.
- 3. Withdrawal on Savings Accounts and Ghana Man Savings exceeding GH¢ 5,000 must be made with at least two(2) days notice.

I confirm that I have read and agreed to the terms and conditions of this product and that all information given here by me are true.

.....  
SIGNATURE OF DIRECTOR

.....  
SIGNATURE OF DIRECTOR

**MANDATE**

ACCOUNT NUMBER

NAME

ADDRESS

PHONE NUMBER

NAME (IN FULL)	TITLE	SIGNATURE(S)

MANDATE .....

OFFICIAL USE ONLY		
A/O INITIAL	CSO INITIAL	DATE SCANNED
Operations Manager's		

Low Risk  High Risk

Approved by .....