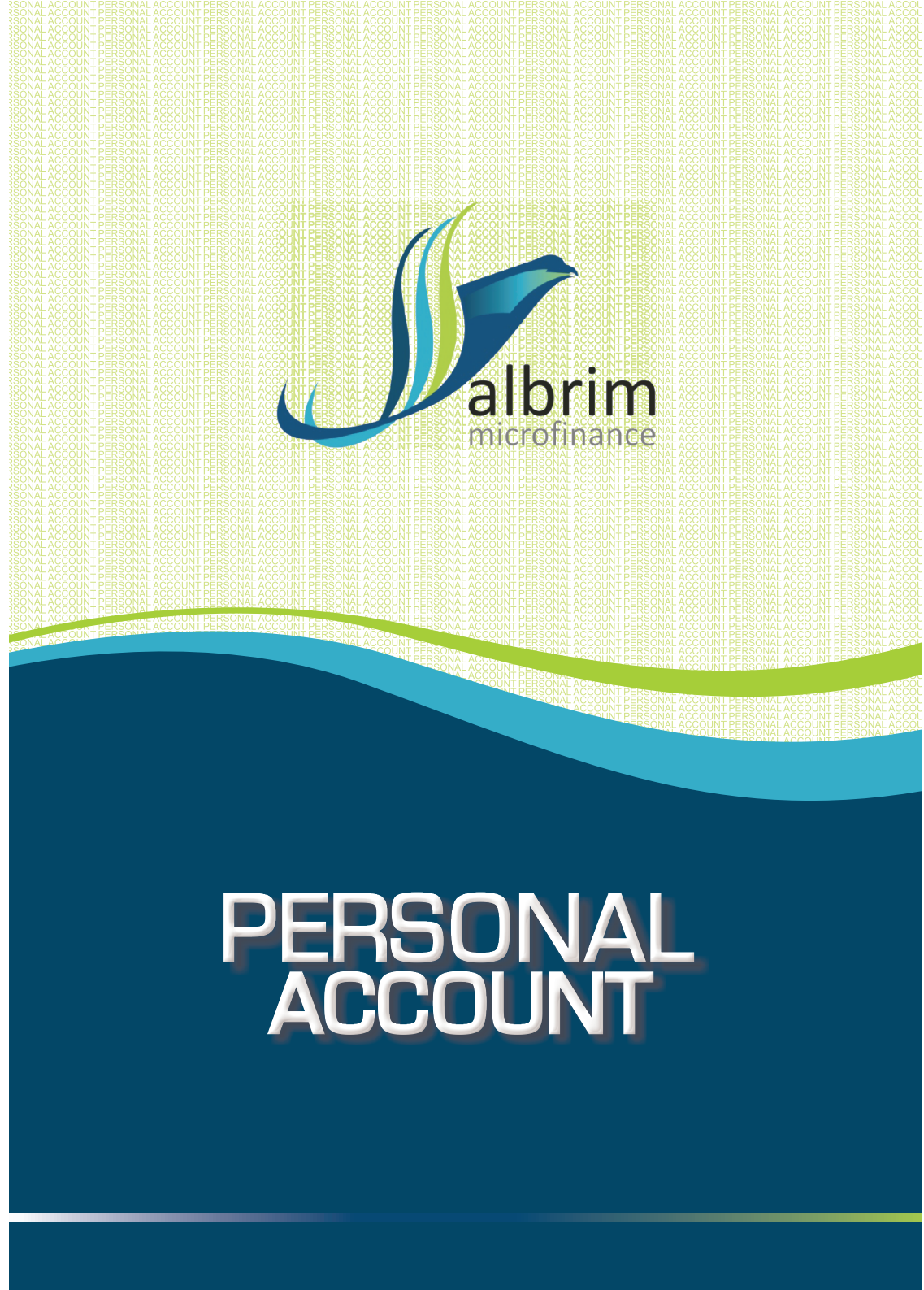




PERSONAL ACCOUNT



REQUIREMENTS:

- 1. Two (2) Passport Pictures
- 2. Proof of identity (Passport, Voter's ID, Drivers' License)
- 3. Address verification (place of business & residence)



**PERSONAL ACCOUNT OPENING FORM
PERSONAL DETAILS**

SURNAME FIRST NAME OTHER NAMES

MEBA DAAKYE / JOINT ACCOUNT NAME

SEX: MALE: FEMALE: DATE OF BIRTH: MARITAL STATUS:
DAY MONTH YEAR SINGLE MARRIED DIVORCE

NAME OF SPOUSE: NUMBER OF DEPENDANTS:

NATIONALITY: SOURCE OF FUNDS:

CONTACT AND OTHER DETAILS

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

TELEPHONE:

EMAIL ADDRESS:

BUS/OCCUPATIONAL ADDRESS:

EMPLOYER'S NAME:

NEXT OF KIN: RELATIONSHIP:

TELEPHONE:

ADDITIONAL ACCOUNT HOLDER DETAILS

SURNAME FIRST NAME OTHER NAMES

SEX: MALE: FEMALE: DATE OF BIRTH: MARITAL STATUS:
DAY MONTH YEAR SINGLE MARRIED DIVORCE

NAME OF SPOUSE: NUMBER OF DEPENDANTS:

NATIONALITY: SOURCE OF FUNDS:

OFFICIAL USE

CONTACT AND OTHER DETAILS

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

TELEPHONE:

EMAIL ADDRESS:

BUS/OCCUPATIONAL ADDRESS:

EMPLOYER'S NAME:

NEXT OF KIN: RELATIONSHIP:

TELEPHONE:

ACCOUNT TYPE: Albrim Savings Albrim "Ghana Man" Savings Albrim "Meba Daakye" Albrim Platinum Savings

3 months 6 months 1 year Others

FIXED DEPOSIT:

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

SIGNATURE OF CUSTOMER(S)..... /

DATE:.....

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 CUSTOMER(S)..... /

DATE:.....

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 Signature:		

Low Risk High Risk

Approved by:.....