

**PERSONAL / JOINT ACCOUNT OPENING FORM**



**WWB GHANA**

Branch \_\_\_\_\_

Account No. \_\_\_\_\_

Account Name \_\_\_\_\_

Customer ID No. \_\_\_\_\_



### PERSONAL / JOINT OPENING FORM

PLEASE COMPLETE THIS SECTION WITH ANY ORDINARY PEN

**1<sup>ST</sup> APPLICANT**

Type of Account Savings  Current

Mode of Operation: Joint  Individual

Title: (Mr. / Mrs. / Miss / Rev. / Prof. / Dr.) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Type of ID  Passport  Voter's ID  Driver's License  Other (Specify) \_\_\_\_\_

ID Number \_\_\_\_\_ Date of Issue \_\_\_\_\_

Postal Address (P.O.Box) \_\_\_\_\_ City \_\_\_\_\_ Region \_\_\_\_\_

Residential Address \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Postal Address \_\_\_\_\_

Office Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Age \_\_\_\_\_

Children's Names & Ages:

	Name	Age
1)	_____	_____
2)	_____	_____
3)	_____	_____

Next of Kin (Beneficiary) \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Communication Address  Postal  Location  Email

Please list the accounts you have with WWBG and other Banks

Account Number	Bank	Branch

2<sup>nd</sup> Applicant

Type of Account Savings  Current

Mode of Operation: Joint  Individual

Title: (Mr. / Mrs. / Miss / Rev. / Prof. / Dr.) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Type of ID  Passport  Voter's ID  Driver's License  Other (Specify) \_\_\_\_\_

ID Number \_\_\_\_\_ Date of Issue \_\_\_\_\_

Postal Address (P.O.Box) \_\_\_\_\_ City \_\_\_\_\_ Region \_\_\_\_\_

Residential Address \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Postal Address \_\_\_\_\_

Office Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Age \_\_\_\_\_

Children's Names & Ages:

	Name	Age
1)	_____	_____
2)	_____	_____
3)	_____	_____

Next of Kin (Beneficiary) \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Communication Address  Postal  Location  Email

Please list the accounts you have with WWBG and other Banks

Account Number	Bank	

How did you hear about WWB Ghana?  Radio  TV  Newspaper  Friend  Other (Specify)

**V-BANKING CARD**

You are entitled to the use of our Point of Sale terminal (POS) for your transactions once you open an account for cash withdrawals, balance enquiries, transfer etc.

Would you like to be provided with a swipe card?  Yes  No

**DECLARATION**

I /We confirm that:

The information I /We have provided herein and the disclosures made are true. I also confirm that I and my insured family members are in good health and free from any adverse medical condition.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

**FOR BANK USE ONLY**

Name of Staff opening account \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**INITIAL DEPOSIT:** \_\_\_\_\_

I confirm that I have checked that all the above details have been completed in accordance with KYC procedures and that the relevant documents are attached.

Branch Manager \_\_\_\_\_ Signature \_\_\_\_\_  
WRITE NAME

DATE

**DOCUMENTS REQUIRED CHECK LIST**

- |  |  |
|--|--|
| <input type="checkbox"/> Original ID sighted           | <input type="checkbox"/> Specimen Signature obtained |
| <input type="checkbox"/> ID copies obtained            | <input type="checkbox"/> Cheque book ordered         |
| <input type="checkbox"/> Application Details completed | <input type="checkbox"/> Mandate forms completed     |