



# SIGNATURE CARD

Date:..... / ..... / .....  
dd mm yyyy

Account Name:.....

Account Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Account Type:..... Tel:..... / .....

| 1 | Name of Account holder or Authorized person | SPECIMEN SIGNATURE OR THUMBPRINT (LEFT) | Authorization Level |
|---|---------------------------------------------|-----------------------------------------|---------------------|
|   |                                             |                                         |                     |

Levels of Authorization:

A = Signs alone B = Signs with Another Account holder/Authoried person C = Authorized to collect information / documents on account

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## ACCOUNT OPENING FROM Private Individual Savings/Current/Susu Account

Branch: .....

Date: .....

Account Name: .....

Account Number: .....



### INFORMATION ON ACCOUNT HOLDER

Title: Mr. / Mrs. / Miss / Dr. / Rev. / Other ..... Sex: Male ☐ Female ☐

Surname: ..... First Name: ..... Others: .....

Date of Birth: ..... / ..... / ..... Place of Birth ..... Nationality .....

Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Country of Residence: ..... Postal Address: .....

Residential Address: .....

Home Phone: ..... Mobile: ..... E-mail: .....

### IDENTIFICATION DETAILS

Identification type: Passport ☐ Driver's License ☐ National ID ☐ NHIS ID ☐ Voters ID ☐

ID Number: ..... Place of Issue: ..... Date of Issue: ..... / ..... / .....

### EMPLOYMENT INFORMATION

Name of Employer: ..... Position Held: .....

Address of Employer: .....

Company Phone Number: ..... Fax Number: ..... E-Mail: .....

**SOURCE OF FUNDS:** Business Income ☐ Salary ☐ Others (Please Specify) .....

Regular Amount: ..... Irregular Amount: .....

Source of Irregular Amount: .....

### NEXT OF KIN

Name: ..... Sex: Male ☐ Female ☐

Date of Birth: ..... Relation to Client: .....

Address: ..... Tel No: .....

### CUSTOMER INTRODUCED BY:

Name of Client: ..... Account No: .....

Telephone Number: ..... Account Type: .....

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### DISCLOSURE OF OTHER BANKS RELATIONSHIP

In addition to the business relationship with UNION, the above named individual maintains the following accounts:

Account(s) held at: ..... / ..... / .....

Account type: ..... / ..... / .....

### TYPE OF ACCOUNT

Current Account: U - Flexi ☐ Cheque Book: ☐ (25 leaflets)  
 U - First ☐ Account Statement Delivery: ☐ By Mail E-mail: ..... @ .....  
☐ Collection in the branch  
 Savings Account: U - Save ☐  
 U - Save Plus ☐ Frequency: .....  
 U - Susu ☐ Total Deposit in GHS: .....

### INFORMATION ON AUTHORIZED PERSONS ON ACCOUNT

(Complete and "Account Authorization Form" for every authorized person on account)

Name of 1st Authorized Person: ..... Authorization Level: A - B - C

Name of 2nd Authorized Persons: ..... Authorization Level: A - B - C

### CUSTOMER DECLARATION

I hereby declare my decision to establish a business relationship with UNION Savings and Loans Company Ltd. I accept the terms and conditions set forth in the UNION Business Regulations and I further certify under penalty of perjury that all information contained within this application form is correct and complete. The account will be used for legal purposes only.

Place: ..... Date (dd/mm/yy): .....

Client's Signature: ..... Name of Staff: .....

Signature: .....

### FOR INTERNAL USE ONLY

|              | To be completed by supervisor:                                                                                                                         |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| ID's & Doc's | All copies in file <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                            |
| Sign Cards   | Signed by all signalories <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                     |
| Risk Profile | High / Low ( PEP/ risk country / funding from risk country) <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
| Cheques      | Cheques ordered <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                               |

SUPERVISORS SIGNATURE ..... DATE: .....

### ACCOUNT CLOSURE

Date Closed ..... Supervisors Signature .....

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Additional KYC/ Disclosure Form



**DISCLOSURE POLICY**

I/We hereby consent to the request for disclosure by Union Savings and Loans Company and / or any of its officers or employees for any purpose, of any information concerning my / our accounts(s), including without limitation, information relating to my/ our business, my / our accounts(s) held with Union Savings and Loans Company, or its relationship with Union Savings and Loans Company to any of the following:

1. Any office or branch of Union Savings and Loans Company Limited;
2. Any agent, contractor or third party service provided, or any professional adviser of Union Savings and Loans Company Limited;
3. Any guarantor , or third party security provider or the customer;
4. Any credit Reference Bureau or Rating Agency;
5. Any regulatory, supervisory, government or quasi-governmental authority, with jurisdiction over Union Savings and Loans Company Limited,
6. Any actual or potential participant in or assignee, transferee of, any of Union Savings and Loans' rights and/ or obligations in relation to the customers;
7. Any person whom Union Savings and Loans is required or authorized by law or court order to make such disclosure;
8. Any person who is under a duty of confidentiality to Union Savings and Loans;
9. Any bank or financial institution with which I /We have proposed to have dealings.

Name of Account Holder..... Account type:.....

.....  
Signature of client

.....  
Signature of USL Staff

Additional KYC/ Disclosure Form



(Location of Clients Business/ Residence)

Client Business ☐

Client Residence ☐

Location of your Business/ Residence: .....

Region: .....

Town/ Area: .....

Street: .....

Popular Land Mark: .....

Distance of Residence / Business from Land Mark: .....

Physical Description of Business/ Residence: .....

.....

***Kindly Sketch the direction to the location of your Business/ Residence (from Popular Land Mark mentioned)***

A large, empty rectangular box with a thin black border, intended for the client to sketch the direction to their business or residence from a popular land mark.