

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



ACCOUNT OPENING FORM

Legal Entity Account

Branch:.....

Date:.....

Account Name:.....

Account Number:.....

Select by ticking (✓) the Company Type:

Sole Proprietorship		Partnership
• Certificate of Registration • Annual Renewal Notice (Form 16) • Form A		• Certificate of Incorporation • Partnership Agreement • Resolution to Open Account • Annual Renewal Notice (Form 8)
Limited Liability		Trust/Society/Club
• Certificate of Incorporation • Certificate to Commence Business • Regulations of Company • Form 3		• Certificate of Registration • Regulations (if any) • Resolution to open account • Annual Renewal Notice (Form 16)

INFORMATION ON LEGAL ENTITY

Name of Entity..... Registration No (RG).....

Place of Registration..... Date of Registration (dd/mm/yy).....

GRA registered ☐ Yes ☐ No

Tax Identification No.....

Registered Office Address

Postal Address.....

Nature / purpose of business.....

Area (e.g. Dzorwulu):..... Business Phones No:.....

Phone No Fax No Email.....

ACCOUNTS WITH OTHER BANKS

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

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

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

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ACCOUNTS TYPE

Current Account: U - Flexi

☐Cheque Book: ☐ (50 leaflets)

U - First

☐Account Statement Delivery: ☐ By Mail E-mail:@.....

Savings Account : U - Save

☐☐ Collection in the branch

U - Save Plus

☐

Frequency

Complete an "Account Authorisation Form" for every signatory and/or representative

Name of 1st Legal Representative..... Authorization Level A - B - CName of 2nd Legal Representative..... Authorization Level A - B - CName of 3rd Legal Representative..... Authorization Level A - B - CName of 4th Legal Representative..... Authorization Level A - B - CName of 5th Legal Representative..... Authorization Level A - B - CName of 1st Authorized person..... Authorization Level A - B - CName of 2nd Authorized persons..... Authorization Level A - B - C**DECLARATION OF AUTHORISED PERSONS**

We, the signatories of the above mentioned organisation, hereby declare on behalf of the aforementioned organisation, the formal decision to establish a business relationship with UNION Savings and Loans Company Ltd. Henceforth the company specified herein shall accept the terms and conditions set forth in the UNION Business Regulations and under penalty of perjury we certify that the opening of this account has been acknowledged and approved by all company directors and that all information contained within this application form including all furnished company documentation is correct and complete. The account will be used for legal purposes only.

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

Signature 1st Legal Rep Signature 2nd Legal Rep.....Signature 3rd Legal Rep..... Signature 4th Legal Rep.....Signature 5th Legal Rep..... Name of Staff.....

Signature.....

FOR INTERNAL USE ONLY

	To be completed by supervisor:
ID's & doc's	All copies in file O Yes O No
Sign cards	Signed by all signatories O Yes O No
Risk Profile	High / Low (PEP/risk country / funding from risk country) O Low O Medium O High
Cheques	Cheques ordered: O Yes. O No

SUPERVISORS SIGNATURE DATE:.....

ACCOUNT CLOSURE

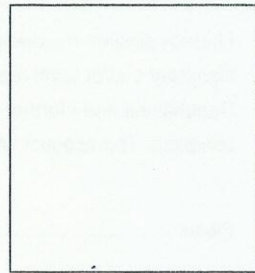
Date Closed..... Supervisors Signature.....

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LEGAL REPRESENTATIVE/ ACCOUNT AUTHORIZATION FORM

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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DECLARATION OF AUTHORISED PERSON

I hereby declare my decision to establish a business relationship with UNION Savings and Loans Company Ltd. as an authorised signatory and/or legal representative on the aforementioned account. 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).....

Signature of Legal Rep/ Authorized Person

Responsible staff Signature

APPROVAL FROM ACCOUNT HOLDER/ OWNER OF COMPANY

I, the Account Holder, authorise the person mentioned above as an: ☐ authorised signatory ☐ legal representative ☐ authorised signatory and legal representative, according to the conditions stipulated in the account opening form.

Place:

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

Signature Account Holder/Owner of Company

Name of Staff

Signature.....

INTERNAL USE ONLY

	To be completed supervisor:
I D's doc's	All copies in file ☐ Yes ☐ No
Sign Cards	Signed by all signatories ☐ Yes ☐ No
Risk Profile	High / Low (PEP / risk country / funding from risk country) ☐ Low ☐ Medium ☐ High
Cheques	Cheques ordered; ☐ Yes ☐ No

SUPERVISOR'S SIGNATURE

DATE.....

ACCOUNT CLOSURE

Date Closed.....

Supervisors Signature.....

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.