

**NZEMA MANLE RURAL BANK LTD
ACCOUNT OPENING FORM
PERSONAL ACCOUNT**



NZEMA MANLE RURAL BANK LTD.

Date of Birth

D	D	M	M	Y	Y	Y	Y

 Place of Birth

Mother's Maiden Name

Nationality Resident Permit No.

Permit Issue Date

D	D	M	M	Y	Y	Y	Y

 Permit Expiry Date

D	D	M	M	Y	Y	Y	Y

Tax Identification Number (TIN) Region

Purpose of Account (Please Tick)
Salary Savings Business Other, Specify

2. CONTACT DETAILS

Residential Address

City / Town / Village Nearest Landmark

Proof of Address (Indicate type and Serial Number)

Metropolitan, Municipal, District Assembly Area (MMDA)

Mailing Address

Phone Number 1 Phone Number 2

Email Address

3. VALID MEANS OF IDENTIFICATION

National ID Card Driver's License Passport Voter's ID

ID No.

ID Issue Date

D	D	M	M	Y	Y	Y	Y

 Expiry Date

D	D	M	M	Y	Y	Y	Y

4. EMPLOYMENT DETAILS

Employed Self Employed Unemployed Retired Student Others (Pls Specify)

Date of Employment (If Employed)

D	D	M	M	Y	Y	Y	Y

Annual Salary / Expected Annual Income
Annual Salary Less than GHC5,000 GHC5,001 – 10,000 GHC10,001 – 20,000 More than GHC20,000

Employer's Name

Employer's Address

Nearest Landmark

City / Town / Village

Region

Nature of Business/Occupation

Office Phone Number

Mobile Number

Email Address

5 DETAILS OF NEXT OF KIN

Title

Gender

M

F

Surname

First Name

Middle Name(s)

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship

Phone Number (1)

Phone Number (2)

Residential Address

Region

6. ADDITIONAL DETAILS

Name of Beneficial Owner(s) of the Account

Spouse's Name

Spouse's Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's Occupation

Sources of Funds to the Account 1

Sources of Funds to the Account 2

Level of Deposits

Frequency of Deposits

Expected Annual Income from other sources

Sources of Funds to the Account 1

Name of Associated Business(es) 1

Name of Associated Business(es) 2

Name of Associated Business(es) 3

Type of Business

Business Address

7. ACCOUNTS WITH OTHER BANKS

NO.	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS ACTIVE/DORMANT
1.				
2.				
3.				
4.				
5.				

8. ACCOUNT MANDATE

(Please tick as appropriate)

Mandate authorization (Please tick as appropriate)

Sole Signatory Either to Sign Both to Sign

Name: _____

Surname _____

Other Name _____

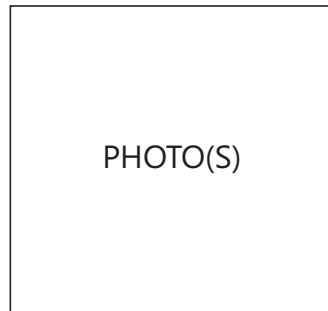
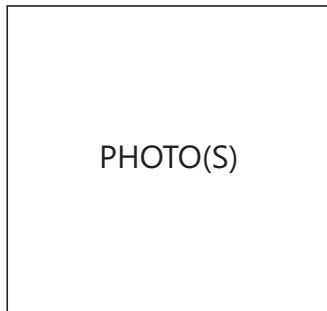
Class of Signatory _____

Identification Type _____

Identification No. _____

Telephone Number _____

Signature and Date _____



FOR BANK USE ONLY

Name Signature

FOR BANK USE ONLY

Name Signature

Head Office:
AIYINASI
P. O. Box 43
Aiyinasi, Ellembelle District, W/R
+233 (0) 31 209 2369
www.nzemamanleruralbank.com
info@nzemamanleruralbank.com

AGENCIES:

AIYINASI 020 22 293 28
AWIEBO 020 22 239 20
AXIM 020 22 293 31
ASASETRE 020 22 239 23

ELUBO 020 22 239 17
BOINSO 020 22 239 26
JEMA 027 22 799 95