



CIDAN CAPITAL MFL

ACCOUNT OPENING FORM

BRANCH **HAATSO** **TEMA**

Account Type **Ahotor** **Adehye**

Applicant Details

Surname: * First Name(s): *

Other name: * Maiden name:

Marital status: * Single Married Divorced Common law

Title: Mr. Mrs. Miss Master Other Nationality:

Gender: * Male Female Hometown:

Place of Birth: * Date of Birth: *

Mother's Maiden Name (Full Name): *

Identification Type: Passport Driver's License Voter's ID NHIS ID National ID

Date of issue: * Date of expiry: *

ID number: * Country of issue: *

Postal Address: *

Tel: * E-mail address:

Occupation:

Foreign Nationals

Nationality: * Non-citizen Ghana card number: *

Date of issue: * Date of expiry: *

Country of issue: * Permit type:

Permit issue date: Permit expiry date:

Second Applicant Details (In case of joint/In-trust)

Surname: First Name(s):

Title: Mr. Mrs. Miss Master Other Nationality:

Gender: Male Female

Place of Birth: Date of Birth:

Identification Type: Passport Driver's License Voter's ID NHIS ID National ID

Date of issue: Date of expiry:

ID number: Country of issue:

Postal Address:

Tel: E-mail address:

Occupation:

Residential Details (Ghanaian/Foreign national)

Residential Address/Gps code: *

Close Landmark: *

City/Town: Mailing address:

MMDA: Email address:

Proof of Address: Utility Bill Tenancy Agreement

Employer Details (First Applicant)

Employment status: Employed Self-employee Unemployed retired Student

Current Employer: Employer's address:

Position or Job Title: Working Since:

Previous Employer (If any):

Salary/Expected business Income period: * Weekly Biweekly Monthly

Salary/Expected Business Income: Less than GHS 1,000 GHS 1,000-GHS5,000 GHS 5,001-GHS10,000

GHS10,000-GHS50,000 More than GHS50,000

Nearest Landmark: * Nature of Business: *

EMERGENCY CONTACT PERSON

Title: Mr. Mrs. Miss Master Other Nationality:

Gender: * Male Female Relationship: *

Surname: * First Name(s): *

Other name: * Phone number: *

GENERAL ACCOUNT INFORMATION

Account Type: *

Purpose of Account: *

Account Number: *

Currency Type: *

How did you hear about CIDAN?:

CIDAN Official Advertisement Recommendation from Customer Recommendation from relative or friend

Other (Please specify):

Please indicate if you like to receive a text message notification.

YES NO (Monthly charges may apply for SMS notifications)

By signing this form, I (we) agree to the terms and conditions of the selected account and also declare that the Information provided above is accurate.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

DISCLOSURE FOR CREDIT BUREAUS

The Bank will obtain information about you from the credit reference bureaus to check your credit status and identity. The bureaus will record our enquiries which may be seen by other institutions that make their own credit enquiries about you.

The Bank shall also disclose your credit transactions to credit reference bureaus in accordance with the Credit Reporting Act, 2007 (Act 726)

Name

Signature

Date:

.....

.....

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For Official Use:

Officer's name and Position:	Signature:
Date:	Official Stamp:

CIDAN CAPITAL MICROFINANCE LIMITED

KNOW YOUR CUSTOMER FORM

Customer Profile

Branch _____

Date _____

Name _____

Nationality _____

Business Address _____

Place of Birth _____

Postal Address _____

Telephone _____

Nature/Line of Business _____

Who introduced you to CIDAN Investments Ltd?

Self Employed? YES NO Job Title _____

Monthly Income

GH¢ _____

Client's Funds Information

Type and source of Funds to operate account

Type of Funds Cash Cheque Inward Remittance

Source of Funds

If Individual	Expected Amount (Monthly)
Salary <input type="checkbox"/>	
Business Income <input type="checkbox"/>	
Sale of Properties <input type="checkbox"/>	
Others <input type="checkbox"/>	

If Corporate/Sole Proprietor	Expected Amount (Monthly)
Trading <input type="checkbox"/>	
Retailing <input type="checkbox"/>	
Wholesale <input type="checkbox"/>	
Others <input type="checkbox"/>	

Account Activity

	Amount
Value of Deposits	
Number of Deposits	
Value of Withdrawals	
Number of Withdrawals	

Other Source of Funds Other Than Occupational Income

Investments Director's fees Dividend

Expected Account Transactions

Product	Expected Amount (Monthly)
Provident /Welfare Funds <input type="checkbox"/>	
Corporate Funds <input type="checkbox"/>	
Institutional Managed Accounts <input type="checkbox"/>	
Individual Managed Accounts <input type="checkbox"/>	
Equities <input type="checkbox"/>	
Fixed Deposits <input type="checkbox"/>	
Mutual Funds <input type="checkbox"/>	

ANTI-MONEY LAUNDERING RISK ASSESSMENT

- Is the Customer;
 - A Public Figure? YES NO
 - Expected to handle account by self? YES NO
 - Expected to use High Risk Investment products? YES NO

- Is the Customer's Core Business activity considered as "High Risk Business"?

YES NO

- If Yes, Which?

High Risk Industry Risk of Financial Failure

- Remarks/Comments

- Classification of Risk

Low Moderate High

Accounts Officer
Name

Signature

Date

Compliance Officer/Relationship Manager
Name

Signature

Date
