

**ACCOUNT OPENING FORM  
CORPORATE ACCOUNT**





**ACCOUNT WITH OTHER BANKS**

1 Name of the bank and Branch  
[Grid for Name of the bank and Branch]  
Account number  
[Grid for Account number]  
Account name  
[Grid for Account name]  
Status  
Active  Dormant

2 Name of the bank and Branch  
[Grid for Name of the bank and Branch]  
Account number  
[Grid for Account number]  
Account name  
[Grid for Account name]  
Status  
Active  Dormant

3 Name of the bank and Branch  
[Grid for Name of the bank and Branch]  
Account number  
[Grid for Account number]  
Account name  
[Grid for Account name]  
Status  
Active  Dormant

4 Name of the bank and Branch  
[Grid for Name of the bank and Branch]  
Account number  
[Grid for Account number]  
Account name  
[Grid for Account name]  
Status  
Active  Dormant

**DETAILS OF PARTNERS / PROPRIETOR / DIRECTORS / EXECUTIVES/ TRUSTEES/  
PROMOTERS/ADMINSTRATORS**

**1**

Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Director  ACTIVE  INACTIVE Occupation

Job Title/ Position  Gender Male  Female

**2**

Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Director  ACTIVE  INACTIVE Occupation

Job Title/ Position  Gender Male  Female





**KEY CONTACTS PERSON(S) / PRINCIPAL OFFICER(S)**

**1** Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Mother's Maiden name

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Persons  ACTIVE  INACTIVE Occupation

Job Title/ Position  Gender Male  Female

**2** Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Mother's Maiden name

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Persons  ACTIVE  INACTIVE Occupation

Job Title/ Position  Gender Male  Female







**OTHERS PERSONS WITH CONTROL OVER THE ACCOUNT NOT LISTED IN REGISTRATION DOCUMENT**

**3** Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Mother's Maiden name

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Persons  ACTIVE  INACTIVE Occupation

Job Title/ Position  Gender Male  Female

**4** Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Mother's Maiden name

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Persons  ACTIVE  INACTIVE Occupation

Job Title/ Position  Gender Male  Female

**DETAILS OF SHAREHOLDERS (Shares of 10% and above)**

Auditor Name

Name of Secretary

Number of Shareholders

**1** Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Mother's Maiden name

Residence Permit Number for Non-Ghanaian (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Shareholder  Occupation

Job Title/ Position  Gender : Male  Female

Registration Certificate No. (Corporate Shareholder)

Country of incorporation (if corporate shareholder)

Name of Beneficial Owner(s) (If corporate shareholder)

Percentage of Shareholders  %

**DETAILS OF SHAREHOLDERS (Shares of 10% and above)**

2 Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Mother's Maiden name

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Shareholder  Occupation

Job Title/ Position  Gender : Male  Female

Registration Certificate No. (Corporate Shareholder)

Country of incorporation (if corporate shareholder)

Name of Beneficial Owner(s) (If corporate shareholder)

Percentage of Shareholders  %

**DETAILS OF SHAREHOLDERS (Shares of 10% and above)**

3 Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Mother's Maiden name

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Shareholder  Occupation

Job Title/ Position  Gender : Male  Female

Registration Certificate No. (Corporate Shareholder)

Country of incorporation (if corporate shareholder)

Name of Beneficial Owner(s) (If corporate shareholder)

Percentage of Shareholders  %

**DETAILS OF SHAREHOLDERS (Shares of 10% and above)**

4 Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Mother's Maiden name

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Shareholder  Occupation

Job Title/ Position  Gender : Male  Female

Registration Certificate No. (Corporate Shareholder)

Country of incorporation (if corporate shareholder)

Name of Beneficial Owner(s) (If corporate shareholder)

Percentage of Shareholders  %

**DETAIL OF SIGNATORIES**

1 (WHERE SIGNATORIES ARE DIFFERENT FROM PARTNERS/PROPRIETOR/ DIRECTOR/ EXECUTIVES)

Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Mother's Maiden name

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Shareholder  Occupation

Job Title/ Position  Gender : Male  Female

2 -----

Name

Contact number (s)

Email Address

Res. Address

City/Town/Region

Date of Birth  Nationality

Mother's Maiden name

Residence Permit Number for Non-Ghanaian) (if applicable)

Type of Identification

ID No.

ID Issue Date  ID Expiry

Status of Shareholder  Occupation

Job Title/ Position  Gender : Male  Female









**PURPOSE FOR ACCOUNT**

Savings  Business Operation  Loan Service/Debt Repayment  Other please specify

**SOURCE OF FUNDS**

Source of funds passing through the account (Please tick where applicable)

Proceeds from Business  Investment Proceeds (please specify)  
 Donations & Gifts  Members Contributions/Dues  Other, please specify

**ANNUAL TURNOVER**

GH¢ 0-9999  GH¢10, 000-49,999  GH¢50,000-99,000  GH¢100,000 and above

Is your company listed on any stock exchange? Yes  No

If yes: Name of Stock Exchange

Ref No.

**Anticipated volume and type of transaction** *(Please provide answers to the questions below)*

**Anticipated No. Of Transactions per Month**

|             | Frequency            | Amount               |
|-------------|----------------------|----------------------|
| Deposits    | <input type="text"/> | <input type="text"/> |
| Withdrawals | <input type="text"/> | <input type="text"/> |











2

Name of U.S Shareholder/Partner:

Address of U.S. Shareholder/Partner:

Tax Identification Number of U.S Shareholder/Partner (TIN)

Percentage of shares of U.S Shareholder/Partner  %

Name of U.S Shareholder/Partner:

Address of U.S. Shareholder/Partner:

Tax Identification Number of U.S Shareholder/Partner (TIN)

Percentage of shares of U.S Shareholder/Partner  %

We,  hereby confirm that the information provided above is true, accurate and complete.

We further consent to notify the Bank within a period of 60 days of any changes to the entity's circumstances, which may include but not limited to ownership, nature of business, business location, mailing address, and contact telephone numbers of the company.

Signature: ----- Signature: -----

Date

(To be signed by all new clients)

Date

**Undertaking**

*(To be signed by only clients that answered yes to the above questions)*

Subject to applicable local laws, we hereby give our consent for CAL Bank Limited (the Bank) or any of its subsidiaries to share the entity's information with domestic or overseas (U.S.) tax authorities where necessary to establish the entity's tax liability in any jurisdiction.

Where required by domestic or overseas (U.S.) regulators or tax authorities, we consent and agree that the Bank may withhold from any account(s) such amount as may be required according to applicable laws, regulations and directives.

Signature:..... Signature:.....



### STATEMENT REQUEST FORM

#### Bank on Our Service

Dear Valued Customer,

Thank You for choosing CAL Bank as your preferred bank. To better serve you and continuously update you with your account statement, we are offering you the opportunity to choose between our two modes of sending account statements, either by e-mail or through the post.

We will be grateful if you can indicate the mode of preference by way of receiving your statements by ticking the boxes provided below

#### ACCOUNT DETAILS

ACCOUNT NAME

ACCOUNT NUMBER

BRANCH

#### MODE OF SENDING STATEMENTS

E – MAIL

KINDLY STATE YOUR CURRENT E-MAIL ADDRESS:

MOBILE/CELL NUMBER (FOR PERSONAL ACCOUNTS ONLY):

GHANA POST

KINDLY STATE YOUR CURRENT MAILING ADDRESS:

AUTHORISED SIGNATURE (1)

AUTHORISED SIGNATURE (2)

Name 1

Name 2

#### For Internal Use

CERTIFIED BY (Client Service Officer):

BATCH NO:

NAME

STATEMENT PRINT OUT DEACTIVATED Y / N

SIGNATURE.....

BRANCH STAMP

**TERMS AND CONDITIONS FOR E-STATEMENT**

All users (including individuals, corporation, association, company or any other entity)of this service here by agree and accept the following conditions of use of this service:

You agree to indemnify, defend and hold CAL Bank limited (the bank), or its affiliate and subsidiaries, and their agents and privies harmless from and against any and all claims, liability, losses, costs and expenses incurred by it in connection with any use or alleged use of your service under your password by any person whether or not authorised by you. The bank reserves the right, as its own expense, to assume the exclusive defense and control of any matter otherwise subject to indemnification by you and in such case, you are agree to cooperate with CAL Bank limited defense such claim.

The bank and all its affiliate, subsidiaries will accept no liability in any event including (without limitation) negligence for any damage all lost of any kind including (without limitation) direct, indirect accidental, special or consequential damages expense or losses arising out of, or in connection with any error, omissions, defect, computer virus or system failure, or lost of any profit, goodwill or reputation, even if expressly adviced of the possibility of such loss or damages, arising out of or connection with the access of, performance of, browsing in or linking to other sites from this service.

CAL Bank limited reserves the right to modify, suspend or discontinue temporarily or permanently, this service or any part of it, with or without notice, at anytime. All users agree that CAL Bank limited shallnot be liable to you all any third party for any such modification, suspension or discontinuance of the service.

**1. Authorized signature**

**2. Authorized signature**

\_\_\_\_\_

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**HOW DID YOU GET TO KNOW OF CAL BANK LIMITED**

TO: CAL BANK LIMITED  
23 INDEPENDENCE AVENUE  
P. O. BOX 14596  
ACCRA

EMAIL AND FAX INDEMNITY

We/I, [.....], of  
[.....] instruct and mandate CAL Bank Limited  
of 23 Independence Avenue P. O. Box 14596 Accra to deal with our/my bank account at CAL  
Bank and carry out all banking instructions given by us/me through e-mail via the following address  
[.....] or fax number [.....].

In the event that we/I send an e-mail or fax message to you that e-mail or fax message shall bear the  
signature and name of the signatory(s) of our/my bank account namely; []

That we/I shall call you on telephone and confirm our/my instructions to you within Twenty (20) minutes of  
giving banking instructions to you through e-mail via the following address [.....] or  
fax number [.....]. We/I instruct and mandate you after receiving  
our/my confirmation to deal with our/my bank account and carry out all banking instructions given to you  
by us/me through our/my said email address or fax number

That in dealing with our/my bank account and carrying out all banking instructions given to you through  
fax WE/I UNDERTAKE to completely indemnify and hold harmless and absolve you CAL Bank Limited  
from all forms of loss, liability, claim or damage that might be incurred by or made against you and / or  
us/me as a result of instructing you through my/our e-mail or fax.

We/I shall at our/my own expense defend any action or claim that any third party or person may bring  
against you in the event that you rely on our instructions and there is any loss.

DATED THIS ..... DAY OF ..... 2015

SIGNED AND DELIVERED BY

Name: .....

Address:.....

Occupation: .....



.....

Signature

IN THE PRESENCE OF

Name: .....

Address:.....

Occupation: .....



.....

Signature















**Head Office** – (233) 302 680068 / 680066 / 680079

**Ring Road West Branch** – (233) 302 241016

**Legon Branch** – (233) 028 9559112

**Graphic Road Branch** – (233) 302 678223 / 678241 / 678251

**Tema Comm. 1 Branch** – (233) 303 213382

**Spintex Road Branch** – (233) 302 815829 – 33

**Tema Main Branch** – (233) 303 310776 / 310777

**Derby Avenue Branch (Accra)** – (233) 302 662061 – 2 / 661336

**Kumasi Nhyiaeso Branch** – (233) 3220 26656 / 26658

**KNUST (Tech) Branch** – (233) 3220 64750 – 5

**Asafo Market Branch** – (233) 322049255/6, 0263 792763, 026 379 2747

**Suame Branch** – (233) 3220 83630 / 83633 / 8

**Kejetia Branch** – (233) 3220 49490 – 9

**Takoradi Harbour Branch** – (233) 3120 24412 / 24717

**Takoradi Market Circle Branch** – (233) 3120 25551 / 25589 / 25590

**Tarkwa Branch** – (233) 0323 21020, 233 31231018-20

**Weija Branch** – (233) 302 854058-9 / 854056-7

**Ring Road Central Branch** – (233) 0263 003925 / 026 300 8164

**Osu Branch** - 233-302 798 334-37 / 0302 798 341

**Achimota Branch** – (233) 54 434 1558 / 026 321 563

**Community 25 Branch** - (233) 26 379 3760 / 026 737 92750

**West Hills Mall** - (233) 540 110 941, 026 379 2745

**East Legon** - (233) 054 110 942 / 026 608 8998