



ST. MARTIN DE-PORRES CO-OPERATIVE CREDIT UNION (SMDPCCU LTD)

ATONSU - AGOGO

Date : ____ / ____ / _____

ACCOUNT OPENING FORM

MEMBER SAVINGS

YOUTH SAVINGS

BUSINESS ACCOUNT

GROUP/ JOINT ACCOUNT

Account Profile

Account Name : _____

Account No. : _____

Staff Handling Application : _____

Initial Share Deposit (GHS) : _____

Initial Savings Deposit (GHS) : _____

PERSONAL INFORMATION

TITLE : Dr Mr Mrs Miss Other

FULL NAME : _____

NATIONALITY : _____

DATE OF BIRTH : ____/____/____. GENDER : Male Female

MARITAL STATUS : Single Married Seperated Widowed

CONTACT DETAILS

RESIDENTIAL ADDRESS: _____

CITY / TOWN : _____ REGION : _____

POSTAL CODE : _____ PHONE : _____

NEARESRT LANDMARK: _____

EMAIL : _____

IDENTIFICATION*

ID TYPE : National ID Passport Voter's ID NHIS Driver's Liscence

ID NUMBER : _____

Issue Date: ____/____/____.

Expiry Date: ____/____/____.

SOURCE OF FUNDS

Salary Personal Savings Investments

Other (Specify) : _____

EMPLOYMENT / INCOME DETAILS

EMPLOYMENT STATUS : Employed Unemployed Self-employed Student

EMPLOYER / BUSINESS NAME : _____

POSITION / OCCUPATION : _____

NO. OF YEARS WITH CURRENT EMPLOYER : _____ YEARS

MONTHLY SALARY/AVERAGE MONTHLY INCOME (GHS): Less than 2,000 2,000 - 5,000 More than 5,000

EMERGENCY CONTACT

FULL NAME : _____

RELATIONSHIP : _____

CONTACT NUMBER : _____

ADDRESS : _____

BENEFICIARY DETAILS

FULL NAME : _____

RELATIONSHIP : _____

CONTACT NUMBER : _____

ADDRESS : _____

DECLARATION

I hereby declare that the information provided is true and correct to the best of my knowledge . I agree to notify the credit union of any changes in the information provided herein

Signature : _____

Date : ____/____/____

FOR OFFICIAL USE ONLY

ACCOUNT NUMBER : _____

VERIFIED BY

APPROVED BY

NAME : _____

NAME : _____

POSITION : _____

POSITION : _____

SIGNATURE : _____

SIGNATURE : _____

DATE : ____/____/____

DATE : ____/____/____

FOR JOINT , GROUP AND BUSINESS ACCOUNT ONLY

This section should be completed by applicants opening a joint , group or business account with the credit union . Please ensure all fields are filled-out clearly and accurately .

Joint Savings Account

For two individuals wishing to operate a joint savings account .

ACCOUNT NAME : _____

ACCOUNT NO. : _____ DATE OPENED : ____/____/____

ACCOUNT MANDATE : Sole Signatory Either To Sign Both To Sign

If **Sole Signatory**, specify Name : _____

Signature : _____

SOURCE OF FUNDS : _____

PURPOSE OF ACCOUNT : _____

EXPECTED MONTHLY INCOME : _____

ACCOUNT HOLDERS INFORMATION

Account Holder 1

Full Name : _____

Ghana Card No. : _____ Contact : _____

Occupation : _____ Residential Address : _____

Email : _____

Signature : _____

Account Holder 1

Full Name : _____

Ghana Card No. : _____ Contact : _____

Occupation : _____ Residential Address : _____

Email : _____

Signature : _____

NOMINEES

Nominee for Account Holder 1

Full Name : * _____ *

Relationship : _____

Contact Address : _____

Phone Number : +233 _____

Nominee for Account Holder 2

Full Name : _____

Relationship : _____

Contact Address : _____

Phone Number : +233 _____

BUSINESS SAVINGS ACCOUNT

For registered businesses , enterprises or companies .

BUSINESS / COMPANY NAME : _____

TRADING NAME (if different) : _____

BUSINESS REGISTRATION NO. : _____

Date Of Registration : _____ / _____ / _____

NATURE OF BUSINESS : _____

TIN : _____ BUSINESS ADDRESS : _____

CONTACT : _____ POSTAL CODE : _____

EMAIL : _____

Account Mandate

Sole Signatory

All to Sign

Any Two To Sign

Two Specific Signatories (Specify Below)

If **Sole Signatory** , specify Name :

Signature : _____

NAME : _____

Signature : _____

NAME : _____

Signature : _____

SOURCE OF FUNDS : _____

PURPOSE OF ACCOUNT : _____

EXPECTED MONTHLY TURNOVER : _____

Authorized Signatories

Signatory 1:

FULL NAME : _____

POSITION : _____

GHANA CARD NO. _____ CONTACT : _____

Signature : _____

Signatory 2:

FULL NAME : _____

POSITION : _____

GHANA CARD NO. _____ CONTACT : _____

Signature : _____

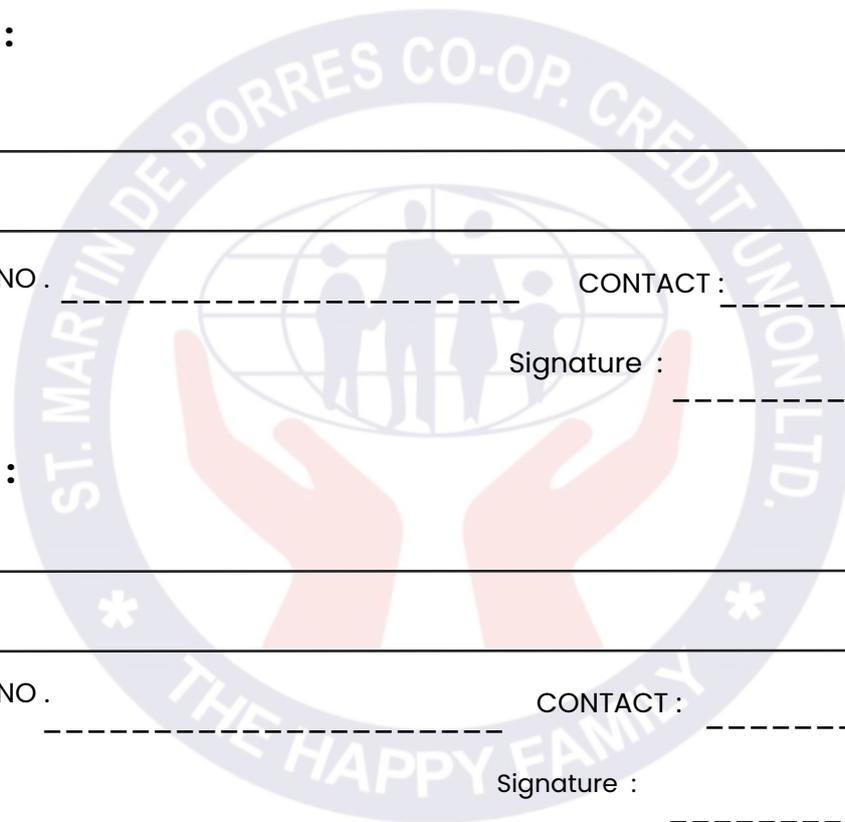
Signatory 3:

FULL NAME : _____

POSITION : _____

GHANA CARD NO. _____ CONTACT : _____

Signature : _____



GROUP SAVINGS ACCOUNT

For welfare groups , associations or unions .

GROUP NAME : _____

GROUP TYPE : _____

CONTACT NUMBER : _____

EMAIL : _____

Account Mandate

Sole Signatory

All to Sign

Any Two To Sign

Two Specific Signatories (Specify Below)

If **Sole Signatory** , specify Name : _____

Signature : _____

NAME : _____

Signature : _____

NAME : _____

Signature : _____

SOURCE OF FUNDS : _____

PURPOSE OF ACCOUNT : _____

EXPECTED MONTHLY INFLOWS : _____

Group Executives / Signatories

Chairperson

FULL NAME : _____

GHANA CARD NO . _____ CONTACT : _____

Signature : _____

Secretary

FULL NAME : _____

GHANA CARD NO . _____ CONTACT : _____

Signature : _____

Treasurer

FULL NAME : _____

GHANA CARD NO . _____ CONTACT : _____

Signature : _____

FOR OFFICIAL USE ONLY

Verified By : _____

Signature : _____

Approved By : _____

Signature : _____

Date Approved : ____ / ____ / 20 ____