



Hse# D921/3, Adjacent (AMA), Asafoatse Netey Street, Post Office Square
P.O. Box GP 14198, Accra, Ghana. Tel: (0302) 669372 - 5, Fax: (0302) 669371, Website: sdcgh.com

KNOW YOUR CLIENT FORM (CORPORATE)

Name of Institution (as it appears on Certificate of Registration)

Date of Incorporation (dd/mm/yy)

Country of Registration

Nature of Business

Registration Number

Telephone

Email

Office Location

Office Address

City

Country

Name of Contact Person

Telephone

Mobile

Email

Fax

BANK ACCOUNT DETAILS

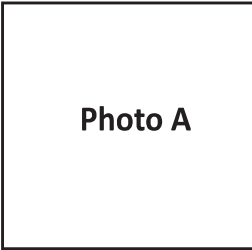
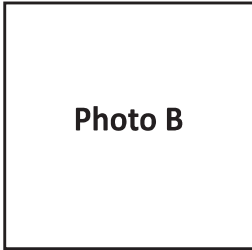
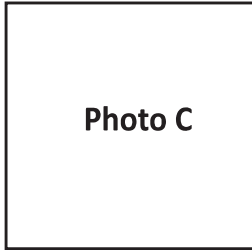
Bank Name

Branch

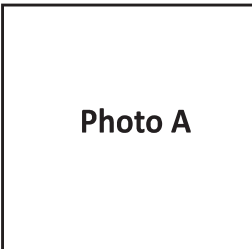
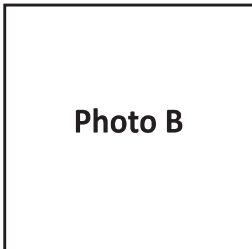
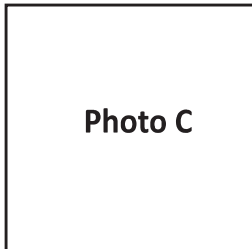
Account Name

Account Number

Directors

| | Name | Signature | ID Type and Numbers |
|---|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| A | | | |
| B | | | |
| C | | | |
| |  Photo A |  Photo B |  Photo C |

Authorized Signatories (Applicable If Different from Directors)

| | Name | Signature | ID Type and Numbers |
|---|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| A | | | |
| B | | | |
| C | | | |
| |  Photo A |  Photo B |  Photo C |

Two To Sign At A Time

A With Either B or C

Company Seal/Stamp

OFFICIAL USE ONLY

Documentation Checklist:

- Proof of Photo ID Received
- Board Resolution Received
- Proof of Residential Address Received
(Copy of Utility Bill or Tenancy Agreement)
- Auditors / Solicitors Introductory Letter (Optional)

Documentation Status:

- Complete
- Incomplete Reasons for Incomplete Documents.....
- Resolved Unresolved
- AML Risk Rating: High Low Medium
- New Account KYC Update

Receiving Officer:..... Authorized Officer:.....

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