



ACCOUNT OPENING APPLICATION

PERSONAL (Individual / Joint)

ACCOUNT OPENING REQUIREMENTS

The following documentation is required by law to open and operate a personal bank account in Ghana:

1. Duly completed account opening form
2. Duly completed specimen signature card
3. Recent passport photo (an electronic passport photo is acceptable if the picture is taken by an officer of the Bank)
4. Proof of identity (Ghana Card / Passport / Non-Citizen Card)
5. Residence permit (for non-Ghanaians)
6. Reference letter
7. Proof of address (utility bills, tenancy agreement etc. certified true copies are acceptable if an original is not held)
8. Letter from employer / school (for salary and student account only)

ACCOUNT SERVICES REQUIRED

Please indicate your preferences by ticking the appropriate boxes for your desired services. **Please cross out the check boxes for services you DO NOT wish to subscribe presently.**
You may add extra services to your current preferences by making a written request to First Atlantic Bank.

Card Preferences:	MasterCard Debit	<input type="checkbox"/>	MasterCard Prepaid	<input type="checkbox"/>	Visa Debit	<input type="checkbox"/>	Visa Prepaid	<input type="checkbox"/>	AMEX Card	<input type="checkbox"/>	Other Please specify	<input type="text"/>
Electronic Banking Preferences:	Atlantic Web	<input type="checkbox"/>	Atlantic Mobile	<input type="checkbox"/>	Other Internet Services	<input type="checkbox"/>						
Transaction Alerts Preferences:	Email Alert	<input type="checkbox"/>	SMS Alert	<input type="checkbox"/>								
Statement Preferences:	Email	<input type="checkbox"/>	Collection at Branch	<input type="checkbox"/>								
Statement Frequency:	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi - annually	<input type="checkbox"/>	Annually	<input type="checkbox"/>
Chequbook Requisition:	25 Leaves	<input type="checkbox"/>	50 Leaves	<input type="checkbox"/>								

CHEQUE CONFIRMATION

Will you like to pre-confirm your cheques? Yes No

Please note that all cheques value GHS3,000.00 or more will be confirmed before payment. The Bank reserves the right to change the threshold without recourse to you.

ACCOUNT OPENING APPLICATION

PERSONAL (Individual / Joint)

Branch

AFFIX RECENT
PASSPORT
PHOTO HERE

Please indicate the category and type of account to be opened by ticking the appropriate box below

Account Type: Atlantic Save Atlantic Target Save Atlantic Young Save Atlantic Flex Individual Atlantic Current Account

Official use only
Account 1

Currency GHS USD GBP EURO OTHER

Purpose of Account 1 _____

Official use only
Account 2

Currency GHS USD GBP EURO OTHER

Purpose of Account 2 _____

1. PERSONAL DETAILS (Please complete in BLOCK LETTERS and tick as appropriate)

Title _____ Surname _____
First Name _____ Gender: Male Female
Other Names _____
Maiden Name (if applicable) _____
Marital Status (Please tick) Single Married Divorced Common Law Other (Please Specify) _____
Place of Birth _____
Date of Birth D D M M Y Y Y Y
Mother's Full Name _____ Hometown _____
Nationality _____

2. IDENTIFICATION DETAILS

Ghana Card Number _____ Country of Issue _____
Date of Issue D D M M Y Y Y Y Expiry Date D D M M Y Y Y Y
For Foreign Nationals:
Nationality _____ Date of Issue _____ Country of Issue _____
Non-Card # _____ Date of Expiry _____ Permit Type _____
Passport Number _____ Permit Issue Date D D M M Y Y Y Y
Permit Expiry D D M M Y Y Y Y

3. CONTACT DETAILS

For Ghanaians

Residential address/GPS Code* _____
Proof of Address _____
(Indicate Type & Serial #) _____
Mobile # _____
City / Town / Suburb _____ Nearest Landmark _____
Metropolitan, Municipal District Assembly (MMDA) _____ Region _____
Email Address _____
Mailing Address (P.O. Box) _____

For Foreign Nationals:

Ghana Residential address/GPS Code: _____ City/Town _____ Nearest Landmark _____
Phone # in Home Country _____
Metropolitan, Municipal District Assembly (MMDA) _____ Region _____
Email Address _____
Mailing Address (P.O. Box) _____

4. EMERGENCY CONTACT PERSON

Title	Surname _____		
Middle Name	_____		
First Name	Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship	_____		
Phone # 1	Phone # 2 _____		
Residential Address	_____		

5. EMPLOYMENT DETAILS

Employer's/Business Name _____		Employer's/Business Address* _____				
<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired			
<input type="checkbox"/> Student	Salary/Expected Business Income [Period] (Weekly/Biweekly/Monthly)* _____					
Length of Service with Current Employer		<input type="checkbox"/> Years	<input type="checkbox"/> Months			
Salary/Expected Business Income		<input type="checkbox"/> < GHS1,000	<input type="checkbox"/> GHS 1,000 - 5,000	<input type="checkbox"/> GHS5,001 - 10,000	<input type="checkbox"/> GHS10,000 > GHS50,000	<input type="checkbox"/> > GHS50,000
Weekly	<input type="checkbox"/>	Bi-weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	

Nature of Business _____	
City / Town / Suburb	Nearest Landmark _____
Region _____	
Office Phone #	Mobile Phone # _____
Employer's Email Address _____	

6. EXPECTED ACCOUNT ACTIVITY

Sources of Funds to the Account	1. _____
	2. _____
Value (Amt) of Deposits	_____
Number of Deposits	_____
Value of Withdrawals (Amount)	_____
Number of Withdrawals	_____
Names of other Businesses (if applicable)	_____
Name of Associated Business	1. _____
Name of Associated Business	2. _____
Types of Associated Business	_____
Address of Associated Business	_____

7. ACCOUNTS HELD WITH OTHER BANKS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE /DORMANT

8. TERMS AND CONDITIONS (FRAUD TIPS, DATA PRIVACY, DORMANT ACCOUNT PRINCIPLES AND OTHER COMMERCIAL AGREEMENTS)

1. I/We hereby authorize First Atlantic Bank to debit my/our account directly with all transactions undertaken on my/our account using my Corporate Pay credentials and I/we take full responsibility for these transactions.
2. I/We also agree to accept First Atlantic Bank's transaction notifications as conclusive and binding.
3. First Atlantic Bank is authorized to debit my/our account with a monthly fee for the service.
4. I/We understand that the authorization matrix at the branch level does not automatically apply on the online platform hence the need to emphatically state on the form.
5. First Atlantic Bank is authorized to debit my/our account with Transaction fees for performing certain transaction(s) on the Online Platform.
6. First Atlantic Bank and its agent reserves the right to ask for proof of a First Atlantic Bank Online Banking User's identity. This procedure may be followed from time to time in order for First Atlantic Bank to protect its esteemed customers against the possibility of fraud.
7. I/We undertake not to use or attempt to use this service without sufficient funds in my/our account to cover the transaction amount.
8. First Atlantic Bank reserves the right to terminate the services stated herein at any time without incurring any liability whatsoever. Customers will however be duly informed of the termination of the service herein stated.
9. I/We undertake not to use this service after the Bank has notified me/us of its cancellation or revocation.
10. I/We understand that I/We are liable for any loss resulting from transaction(s) that occur(s) on my/our account prior to reporting the loss of my/our login credentials.
11. I/We undertake to immediately inform First Atlantic Bank, when my/our access is stolen/compromised, giving details of the loss/compromise. I/We understand that if I/we fail to so inform First Atlantic Bank I/We may increase the chances of the occurrences of fraud on my/our account, and First Atlantic Bank would not be responsible in any way or whatsoever for any unauthorized transactions on my/our account during the period.
12. Under no circumstance will I/We disclose my/our login credentials to anybody, including family members, business colleagues and First Atlantic Bank Staff, and First Atlantic Bank will not accept any liability should I/We disclose my/our credentials to another person.
13. That if the cheques credited to my/our current account is returned, dishonoured, the same may be transmitted to me/us through my/our last known address either by bearer or by post.
14. That the bank will accept no liability whatsoever for funds handed to members of the staff outside banking hours or outside the bank's premises, unless by specific agreement in writing with the bank.
15. That my attention has been drawn to the necessity of safeguarding my/our cheque books so that unauthorized person are unable to gain access to it as failure or negligence on my/our part may lead to any loss being charged to my/our account.
16. That the bank is under no obligation to honour any cheque(s) drawn on this account unless there is sufficient funds in the account to cover the value of the said cheques. I/We understand and agree that any such cheque may be returned to me/us unpaid but if paid, I/We are obliged to repay the bank on demand the principal amount as well as any interest and/or charges that the bank may prescribe.
17. That any sum standing to the debit of the current account shall be liable to interest charge at the rate determined by the bank from time to time. To authorize the bank to debit the account with the usual banking charges, interest, commissions and fees as may be determined by management from time to time.

8. TERMS AND CONDITIONS (cont'd)

18. That the Bank may close at any time and from time to time any of my/our accounts with the bank by giving 7 days notice in writing to me/us at my/our correspondence address.
19. That the Bank may act on any instruction to counter and/or revoke any cheque, draft, or other instruments before payment is effected.
20. 1/We also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law, you may at any time and without notice to me/us combine or consolidate all or any of my/our accounts with liabilities to you and set off or transfer any sum or sums standing to my/our credit in any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets with you or any other respect whether such liabilities be actual or contingent primary collateral and several or joint.
21. For Joint Accounts, we agree that, in the event of the death of either or both of us, the bank is to pay or deliver to or to the order of the survivor or survivors of us, all money, deeds, securities and other property whatsoever standing to the credit or held by the bank for any account or accounts in our joint name.
22. First Atlantic Bank will not be responsible for any loss of funds deposited with it arising from any future court order, government order, levy, tax, embargo, moratorium, exchange restriction or any other cause beyond its control.
23. Foreign currency /foreign exchange accounts) cash withdrawals from my/our account(S) shall be subject to availability.
24. The Bank has an obligation to comply with any payment order issued by any court of competent jurisdiction in Ghana to the debit of the customer without recourse to the customer.
25. In accordance with the Bank of Ghana's Dormant Account Directive and relevant provisions of the Banks and Specialized Deposit-Taking Institutions Act, 2016 (Act 930), an account shall be classified as dormant if there has been no customer-initiated transaction (deposits or withdrawals) for a period of two (2) years.
26. Upon classification, the account shall be transferred to the Bank's dormant account register, and the Customer shall be notified in writing. Regulated procedures for contacting the Customer, including use of recorded contact details, shall be followed. Accounts in the dormant register shall not attract service charges or accrue interest.
27. Where a dormant account remains inactive on the dormant register for a further three (3) years, and after required publication in at least two daily newspapers and on the Bank's website, the balance shall be transferred to an account earmarked for that purpose at the Bank of Ghana.
28. Customers or their legal representatives may at any time apply to reactivate dormant accounts or claim funds transferred to the Bank of Ghana by presenting relevant identification and documentation. The Bank shall comply with these regulatory requirements in managing dormant accounts.
29. The Customer shall keep all security credentials (PINs, passwords, OTPs and personal details) confidential and must not disclose them to anyone, including persons claiming to be from the Bank. The Customer agrees to verify all communications, avoid clicking on suspicious links, and use secure devices and networks when accessing banking services.
30. The Customer shall regularly monitor account activity and promptly report any suspicious or unauthorized transactions to the Bank. The Bank shall not be liable for losses arising from the Customer's failure to take reasonable steps to prevent fraud.

8. TERMS AND CONDITIONS (cont'd)

FIXED DEPOSIT

1. First Atlantic Bank must be notified before any investment under this fund is assigned, transferred or negotiated to any other person other than the investor and the Bank reserves the right to dishonour any instruction from any third party other than the investor if it is not notified before the assignment, transfer or negotiation.
2. The Certificate must be surrendered to the Bank at maturity/withdrawal of investment or any portion thereof.
3. The investment will be placed on call after the date on which it becomes repayable unless prior arrangement for its repayment has been made with the Bank
4. Rates may be adjusted in line with market realities.

EBANKING

1. I/We hereby authorize First Atlantic Bank to debit my/our account directly with all transactions undertaken using my/our Card(s)/Internet/Mobile Banking credentials and I/ we take full responsibility for these transactions.
2. I/we also agree to accept First Atlantic Bank's transaction reference numbers, receipt of withdrawals and transactions as conclusive and binding.
3. First Atlantic Bank is authorized to debit my/our account with fees in respect of monthly usage of Card(s)/Internet/Mobile Banking services.
4. First Atlantic Bank and its agents reserve the right to ask for proof of a First Atlantic Bank Cardholder's identity if the First Atlantic Bank Card is presented at its teller counters or Merchant points. This measure may be followed from time to time in order for First Atlantic Bank to protect its esteemed customers against the possibility of fraud
5. First Atlantic Bank is authorized to debit my/our account with fees in respect of the issuance, usage and renewal of the Bank's Cards, and also for providing the services stated herein.
6. I /We understand that the First Atlantic Bank Card remains the property of First Atlantic Bank and I/we will surrender it unconditionally and without reservation upon demand by First Atlantic Bank.
7. I/ We undertake not to use or attempt to use the Card/Internet/Mobile Banking services without sufficient funds in my/our account to cover the transactions.
8. First Atlantic Bank reserves the right to terminate the services stated herein at any time without incurring any liability (ies) whatsoever. Customers will however be duly informed of the termination of the services herein stated.
9. I/We undertake not to use or attempt to use my/our card or access after the Bank has notified me/us of its cancellation/revocation.
10. I/We understand that First Atlantic Bank may decline my/our application without any reasons given to me/us.
11. I/We understand that I am/we are liable for any transaction(s) that occur(s) on my/our account prior to reporting the compromise/ loss of my/our Card or internet credentials to First Atlantic Bank.
12. I/We undertake to promptly return all found Cards, previously reported by me/us as lost, stolen or misplaced, to First Atlantic Bank in the event that I/ we do find them

8. TERMS AND CONDITIONS (cont'd)

13. I/We undertake to immediately inform First Atlantic Bank, when the Card is lost, stolen or misplaced, giving details of the loss, theft or misplacement. I/We understand that if I/we fail to so inform First Atlantic Bank, I/we may increase the chances of the occurrence of fraud on my/our account, and First Atlantic Bank would not be responsible in any way or whatsoever for any unauthorized transaction(s) on my/our account during this period.

14. Under no circumstances will I/we disclose my/our Personal Identification Number (PIN)/Password to anybody, including family members, business colleagues and First Atlantic Bank staff, and First Atlantic Bank will not accept any liability should I/we disclose my/our PIN/Password to another person

15. I/We recognize that I am/we are not allowed to give my/our card to anyone except those involved in any Point of Sale transactions. The Card issued to you is owned by First Atlantic Bank and has been given to me/us in trust and is therefore not transferable.

16. I/We undertake to immediately inform First Atlantic Bank, when my/our access is stolen/compromised, giving details of the loss/compromise. I/We understand that if I/we fail to so inform First Atlantic Bank, I/we may increase the chances of the occurrence of fraud on my/our account, and First Atlantic Bank would not be responsible in any way or whatsoever for any unauthorized transaction(s) on my/our account during this period.

17. First Atlantic Bank reserves the right to vary these terms and conditions at its sole discretion and without notice to the applicant

DATA PROTECTION CONSENT

I/We fully authorize First Atlantic Bank, its affiliates and contracted agents to share any or all information relating to me/us and my/our bank account including without limitation, any personal information, reference provided and other credit information maintained with or obtained by the Bank and affiliates (including those obtained from credit reference agencies).

I/We authorize the Bank and its agents and affiliates to use, store, process, share, disclose and transfer (whether in or outside the jurisdiction of the Republic of Ghana) all information (including without limitation, information relating to my/our accounts, loans, debts etc.) as they may consider necessary in the administration of my/our accounts. I/We also agree that any information shared will be on confidential basis and that the Bank and its affiliates, agents third party service providers may disclose the information if necessary or permitted by law or requested by the Courts or any public regulatory authority for any reason.

I/We acknowledge that this consent does not limit any consent I/We have given or may give to the Bank to process or disclose my/our personal details.

I/We agree that the consent above is to be read in conjunction with the terms and conditions in the account opening form.

RIGHT OF SET – OFF

The Bank shall be entitled (but shall not be obliged) at any time and without notice to the Borrower to combine, consolidate or merge all or any of the Borrower's accounts and liabilities, with and to the Bank anywhere whether in or outside the Republic of Ghana and may transfer or set off any sums in credit in such accounts in or towards satisfaction of any of the Borrower's liabilities whether actual or contingent, primary or collateral notwithstanding that the credit balances on such accounts and the liabilities on any other accounts may not be expressed in the same currency and the Bank is hereby authorised to effect any necessary conversions at the Bank's own rate of exchange then prevailing.

DEFERRED DOCUMENTATION

I/We hereby undertake to provide all documents deferred within thirty (30) days from the date of account opening and authorize the Bank to post a no debit instruction on my/our account in the event that I/We fail to provide the documents within the thirty (30) day period

I/We further undertake to indemnify the Bank from and against all actions, proceedings, damages, claims, costs, demands or expenses, which may be suffered, incurred or sustained by reason or on account of the restriction placed on the account.

Signature _____

D D M M Y Y Y Y
Date _____

9. ACCOUNT MANDATE (SIGNATURE MANDATE)

Mandate Authorization
(Please Tick As Appropriate)

Sole Signatory

Either to Sign

Both to Sign

First Person
(Full Name)

Second Person
(Full Name)

Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

Signature

Signature

* In the case of joint accounts, the second applicant is required to complete the additional information sheet and attach herewith

10. DECLARATION

I/We _____ hereby apply for the opening of account(s) with First Atlantic Bank. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct. 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 TO CREDIT REFERENCE 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).

I/We (the undersigned) declare that I/we have read and agree with the terms and conditions governing the operation of this (these) account(s)

DISCLOSURE FOR DORMANT ACCOUNT

In accordance with the Banks and Specialised Deposit-Taking Institutions Act, 2016 (Act 930) and the Bank of Ghana Unclaimed Balances and Dormant Accounts Directive, customer deposit accounts with no customer-initiated transactions for a continuous period of two (2) years are classified as dormant.

Dormant accounts are transferred to a Dormant Accounts Register and are not subject to interest charges, fees or penalties. Withdrawals from such accounts are restricted and are processed only after appropriate verification and approval. Where a dormant account remains inactive on the dormant register for a further three (3) years, the balance is transferred to the Bank of Ghana after due notification and publication. Amounts transferred remain claimable by the original account holders or their legal representatives upon satisfactory identification and validation.

DISCLOSURE ON GHANA DEPOSIT PROTECTION SCHEME

First Atlantic Bank is a member of the Ghana Deposit Protection Corporation (GDPC).

Deposits placed with the Bank are protected under the Ghana Deposit Protection Scheme (GDPS), in accordance with applicable laws and regulations. The Scheme provides protection to eligible depositors up to the prescribed coverage limit in the event of the failure of a member institution. Further information on the Ghana Deposit Protection Scheme may be obtained from the Bank or directly from the Ghana Deposit Protection Corporation.

Name

Name

Signature

Signature

Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

13. FOREIGN ACCOUNT TAX COMPLIANCE ACT DECLARATION

Are you a US resident?

Yes

No

Are you a US citizen?

Yes

No

Do you hold a
US Permanent Resident Card (Green Card)?

Yes

No

Tax Identification Number

I hereby confirm the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for First Atlantic Bank or any of its affiliates to share my information with domestic or overseas tax authorities where necessary to establish my tax liability in any jurisdiction.

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

I further consent to notify the Bank within a period of 30 days of any changes to my personal circumstances which includes but is not limited to citizenship, marital status, residential and mailing address and contact telephone numbers

Signature

Date D D M M Y Y Y Y

14. JURAT (TO BE COMPLETED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

Mark of Customer

Signature / Thumbprint

Mark of Interpreter

Signature / Thumbprint

Date

D D M M Y Y Y Y

Name & Address of Interpreter

Language of Interpretation

15. PERSONS WITH DISABILITY INFORMATION

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me

FAB INFORMATION REQUEST ON PERSONS WITH DISABILITY	RESPONSES
Please select to provide your consent to collect information on persons with disability.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please select disability type:	<p>Visual Impairment <input type="checkbox"/></p> <p>Hearing Impairment <input type="checkbox"/></p> <p>Physical Disability <input type="checkbox"/></p> <p>Others (Please specify).....</p>

SELF ATTESTATION FORM - COMMON REPORTING STANDARD

DECLARATION OF TAX RESIDENCY (Tick as applicable)

I hereby confirm that I am not, for tax purposes, resident in any other country aside from Ghana.

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and tax reference number applicable in each country)

Country/Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

Please indicate 'not applicable' if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent.

If applicable, please specify the reason for non-availability of a tax reference number:

I declare that the information provided regarding my tax residency is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise First Atlantic Bank Limited promptly and provide an update within 30 days where any change in circumstances occurs which causes any of the information contained in this declaration of tax residency to be inaccurate or incomplete.

Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

I acknowledge that it is an offence to make a self-certification that is false in a material particular.

DATE: _____

SIGNATURE: _____



**GHANA
DEPOSIT
PROTECTION
CORPORATION**



CONFIRMATION OF RECEIPT OF LEAFLET AND VERBAL EXPLANATION ON THE GHANA DEPOSIT PROTECTION SCHEME

I hereby certify to have received from First Atlantic Bank verbal explanations and the leaflet on informing clients on deposit protection in Ghana.

(Name of the officer)

(Signature of the officer)

(Name of the client)

(Signature of the client)

(venue and date)

FOR BANK USE ONLY

A. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Duly completed Account Opening Form				
2	One (1) recent passport photograph				
3	Proof of identity: Passport / Ghana Card / Non- Citizen Card				
4	Resident Permit (for non-Ghanaians)				
5	Proof of Address: Utility Bills				
6	Letter from Employer / School				
7	Reference Letters (Others)				

B. CUSTOMER RISK RATING/AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

1. Customer Risk Rating	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> Medium High Risk	<input type="checkbox"/> High Risk
2. Authentication for PEPs and High-Risk Customers				
i. Is the Customer a PEP?	(Yes) <input type="checkbox"/>	(No) <input type="checkbox"/>	Type of PEP:	
ii. Is the Customer High-Risk?	(Yes) <input type="checkbox"/>	(No) <input type="checkbox"/>	Type of High-Risk (Refer to Guideline):	

C. DEFERRAL OF DOCUMENTS - AUTHORISED BY

Name: _____

Signature: _____ Date: D D M M Y Y Y Y

Relationship Manager / Officer's Name: _____

MIS Code: _____

D. CUSTOMER SCREENING

Comments: _____ Y _____

Account screened by: _____ Name: _____ Signature: _____ Date: D D M M Y Y Y Y

E. ACCOUNT SOURCED BY

Name: _____ Signature: _____ Date: D D M M Y Y Y Y

F. ACCOUNT OPENED BY

Name: _____ Designation: _____
Signature: _____ Date: D D M M Y Y Y Y

G. DOCUMENT VERIFICATION CARRIED OUT BY

Name: _____
Signature: _____ Date: D D M M Y Y Y Y
Comments: _____

H. ACCOUNT OPENING AUTHORISED / APPROVED BY:

Name: _____
Signature: _____ Date: D D M M Y Y Y Y

I. APPROVAL FOR HIGH RISK ACCOUNTS

I.1 COMPLIANCE OFFICER'S COMMENT

Name _____

D D M M Y Y Y Y

Signature _____

Date _____

I.2. HEAD OF COMPLIANCE CONCURRENCE

Signature _____

D D M M Y Y Y Y

I.3. CHIEF OPERATING OFFICER

Name _____

D D M M Y Y Y Y

Signature _____

Date _____

ADDITIONAL INFORMATION

Branch Locations

Accra (Head Office)

Atlantic Place, No. 1 Seventh Avenue
Ridge West, Accra, Ghana
Tel: +233 (0)30 268 2203,
+233 (0) 30 268 0825
+233 (0) 30 268 2204
Fax: +233 (0)30 267 9245
Email: info @ firstatlanticbank.com.gh

Accra Central

Accra Central Branch
Atlantic Plaza, #D916/3 Pagan Road
Ridge West, Accra, Ghana
Central Business District, Accra
Tel: +233 (0) 30 267 1543 / 03022671552
Fax: +233 (0) 30 267 1983
Email: makola @ firstatlanticbank.com.gh

Abeka Lapaz

Fraga Oil Premises
Off N1 Highway,Lapaz,Accra
Tel: +233 (0) 30 707 9311
Email: lapaz@firstatlanticbank.com.gh

Airport Branch

47 Patrice Lumumba Road
Airport Residential Area
(Opp. National Service Secretariat)
Tel: +233 (0) 30 279 7984
Email: airport @ firstatlanticbank.com.gh

Abossey Okai

B424/6 Abossey Okai
Obetsebe Roundabout
Korle-Bu Road, Accra
Phone: +233 (0)30 707 9270 / 707 9269
Email: abosseyokai@ firstatlanticbank.com.gh

Dzorwulu

House Number 30/14, Blohum Street,
Dzorwulu-Accra
Tel: +233 (0) 307010386 / 0307010380
Email: dzorwulu@firstatlanticbank.com.gh

East Legon (Main)

Lagos Avenue,
Opposite DNR Turkish Restaurant
Tel: +233 (0) 577687187/8
Email: eastlegon@firstatlanticbank.com.gh

East Legon

Ebenezer Tsatsu Quarmyne Commercial
Building,
American House Junction, East Legon
Tel: +233 (0) 30 397 0082
Email: eastlegon @ firstatlanticbank.com.gh

Kantamanto

Tarzan House
No. D6/4 Mamleshie Road, Korle-Dudor
Tel: +233 (0)30 268 5574/5
Fax: +233 (0)30 268 1205
Email: kantamanto @ firstatlanticbank.com.gh

Kotobabi

Kotobabi Highway Next to
the shell Filling Station
Tel: +233 (0) 577687181
Email: kotobabi@firstatlanticbank.com.gh

Madina

House No. 239 , Madina – Accra
Tel: +233 (0)302507670/ 0302507671
Email: madina@firstatlanticbank.com.gh

Marina Mall

(ATM Site)

Max Mart 37
37 Liberation Road
First Floor Maxmart Building
Near DVLA, Accra
Tel: +233 (0)30 707 9310
Email: maxmart37@firstatlanticbank.com.gh

North Industrial Area

Plot No.18, Kaneshie North Industrial Area,
Dadebene Road, Accra
Tel: +233 (0)30 707 9299
+233 (0)30 707 9300
Email: nia @ firstatlanticbank.com.gh

North Ridge

No.3 Dr. Insert Rd
North Ridge, Accra
Tel: +233 (0)30 221 8039
Fax: +233 (0) 30 221 8035
Email: northridge @ firstatlanticbank.com.gh

Osu Oxford Street

No 39, Cantonments Road,
Osu - Accra Opposite KFC Restaurant
Tel: +233 (0) 30 702 1260/ 0307021259
Osu - Oxford Street
Email: osu@firstatlanticbank.com.gh

Ring Road

Randolph House, House No. 920/3, Asylum
Down, Ring Road- Accra.
Tel: +233 (0) 0303973317
Email: ringroad@firstatlanticbank.com.gh

Sakaman

Sakaman Total Filling Station, 612
Accra West Region. Dansoman District
Tel: +233 (0) 302218052/3
Email: sakaman@firstatlanticbank.com.gh

Sakumono

Sakumono Junction,
Opposite Total fuel station
Tel: +233 (0) 577687189
Email: sakumono@firstatlanticbank.com.gh

Spintex Road

Adjacent Finatrade Building near Coca Cola
Roundabout
Tel: +233 (0) 30 703 8381 / 030 703 8382
Email: spintex @ firstatlanticbank.com.gh

Tema Community 1

Ground Floor
Efua Halam House Tema, Accra
Phone: +233 (0)30 320 7639 / 320 7591
Fax: +233 (0)30 320 7580
Email: comm1@firstatlanticbank.com.gh

Tema Central Mall

Heavy Industrial Area- Sanyo Road
Plot # IND/A/24/2. Tema
Tel: +233 (0) 30 313 3712 / 3

Tema Oil Refinery

On the premises of TOR
Tel: +233 (0)30 - 221 8056/57
Email: tor@firstatlanticbank.com.gh

Weija

Hse No. S.V. 18A,
Sampaman off Winneba - Accra Road
Weija - Accra
Tel: +233 (0) 302218050/1
Fax:+233 (0) 307021267
Email: weija@firstatlanticbank.com.gh

Kasoa

Latex Foam House, Bojoase Rd,
Opposite Datus Preparatory
Tel: +233 (0) 577708153
Email: kasoa@firstatlanticbank.com.gh

Takoradi

Far West Premises Plot A,
Market Circle - Takoradi
Tel: +233 (0) 3120 03355 / 66
Email: takoradi@firstatlanticbank.com.gh

Adum

House No OTB, 123 Adum, Kumasi
Tel: +233 (0) 3820 95901 - 3
Email: adum@firstatlanticbank.com.gh

Nhyiaeso

No. 7 Ellis Avenue, Nhyiaeso, Kumasi
P. O. Box 7255, Adum-Kumasi
Tel: +233 (0)32 203 2106/ 203 2238
+233 (0)32 203 2105
Fax: +233 (0)32 203 2238/203 2106
Email: nhyiaeso@firstatlanticbank.com.gh

Suame

Plot No. 15 Tarkwa Maakro
Suame Magazine
Tel: +233 (0)32 208 3710/ 208 2348
Fax: +233 (0)32 208 3709
Email: suame@firstatlanticbank.com.gh

Techiman

Plot No.300, Block 'A' Sector 4n.
Techiman- Brong Ahafo
Tel: +233 (0)25 651 3516
Email: techiman@firstatlanticbank.com.gh

