

FOR BANK USE ONLY	
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S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Duly completed Account opening form				
2.	Specimen signature card duly completed				
3.	Recent passport photograph				
4.	Proof of identify: International passport, Driver's license or National Health Insurance card, Valid Voters ID Card (Original must be signed)				
5.	Resident Permit (for non – Liberians)				
8.	Reference Letter (Others)				

Is the Applicant a Politically Exposed Person?	Yes	No
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No

High Risk

10

□

[illegible][illegible]

D	D	M	M	Y	Y	Y	Y

[illegible]

D	D	M	M	Y	Y	Y	Y

[illegible]

D	D	M	M	Y	Y	Y	Y

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D	D	M	M	Y	Y	Y	Y

(Please indicate the category and type of account to open by ticking the applicable box below)

ACCOUNT NO (For official use only)

Cheque Book Requisition: Opened Cheque Crossed Cheque 25 Leaves 50 Leaves 100 Leaves

4. CHEQUE CONFIRMATION THRESHOLD

You will be required to pre confirm any cheque above USD/LRD _____

IF you would like to have a higher threshold pre – confirmation, please specify the amount (ie threshold above USD/LRD)

5. KEY CONTACT PERSONS / PRINCIPAL OFFICERS DETAILS

Surname	<input type="text"/>																																	
First Name	<input type="text"/>																																	
Other Name	<input type="text"/>																																	
Date of Birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>							Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name	<input type="text"/>																				
Nationality	<input type="text"/>													<div>RESIDENT PERMIT NO</div> <input type="text"/>																				
Means of Identification	<input type="text"/>													ID Number	<input type="text"/>																			
ID issue Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>							ID Expiring Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>																									
Occupation	<input type="text"/>																																	
Job Title	<input type="text"/>																																	
Position / Office of the Officer	<input type="text"/>																																	
Residential Address	<input type="text"/>																																	
	<input type="text"/>																																	
Nearest Landmark	<input type="text"/>																																	
City Town	<input type="text"/>																																	
District	<input type="text"/>																																	
County	<input type="text"/>																																	
Phone Number (1)	<input type="text"/>													Other Number	<input type="text"/>																			
Email Address	<input type="text"/>																																	

6. ACCOUNT SIGNATORY'S DETAILS

Surname	<input type="text"/>																																	
First Name	<input type="text"/>																																	
Other Name	<input type="text"/>																																	
Date of Birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>							Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name	<input type="text"/>																				
Nationality	<input type="text"/>													<div>RESIDENT</div> <input type="text"/>																				
Means of Identification	<input type="text"/>													ID Number	<input type="text"/>																			
ID Issue Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>							ID Expiring Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>																									

Occupation

Job Title

Position / Office of the Officer

Residential Address

Nearest Landmark

City / Town

District

County

Phone Number (1) Other Number

Class of Signatory

(Please Indicate class in the box provided)

Signature _____ Date

7. ACCOUNT SIGNATORY'S DETAILS (2)

First Name

Other Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender M ☐ F ☐ Mother's Maiden Name

Nationality

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Means of Identification ID Number

ID Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID Expiring Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation

Job Title

Position / Office of the Officer

Residential Address

Nearest Landmark

City / Town

District

County

[illegible]

Class of Signatory

Signature _____ Date _____

D	D	M	M	Y	Y	Y	Y

[illegible][illegible][illegible]

Date of Birth

D	D	M	M	Y	Y	Y	Y

Gender M ☐ F ☐

Mother's Maiden Name

Nationality (for Non-Liberians)

[illegible]

RESIDENT PERMIT NO

--	--	--	--	--	--	--	--

[illegible][illegible]

ID Issue Date

D	D	M	M	Y	Y	Y	Y

ID Expiring Date

D	D	M	M	Y	Y	Y	Y

[illegible]

Job Title

Position / Office of the Officer

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[illegible][illegible][illegible][illegible]

District

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County

[illegible][illegible][illegible]

Class of Signatory

(Please indicate class in the box provided)

Signature _____ Date _____

D	D	M	M	Y	Y	Y	Y

Surname																															
First Name																															
Other Name																															
Date of Birth	<div style="background-color: black; color: white; padding: 2px;">D D M M Y Y Y Y</div>							Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mother's Maiden Name																		
Nationality (for Non-Liberians)																<div style="background-color: black; color: white; padding: 2px; text-align: center;">RESIDENT PERMIT NO</div>															
Means of Identification																ID Number															
ID Issue Date	<div style="background-color: black; color: white; padding: 2px;">D D M M Y Y Y Y</div>							ID Expiring Date	<div style="background-color: black; color: white; padding: 2px;">D D M M Y Y Y Y</div>																						
Occupation																															
Job Title																															
Status as a Director (Pls tick as appropriate) Chairman <input type="checkbox"/> Managing Director / Chief Executive <input type="checkbox"/> Executive Director <input type="checkbox"/> Non Executive Director <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Other (Specify) <input style="width: 100px;" type="text"/>																															
Position / Office of the Officer																															
Residential Address																															
Nearest Landmark																															
City / Town																															
Region																															
Phone Number (1)																Other Number															
Email Address																															

Surname																									
First Name																									
Other Name																									
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender M		F		Mother's Maiden Name												
Nationality (for Non-Liberians)																	RESIDENT PERMIT NO								
Means of Identification																	ID Number								

Occupation

Job Title

Status as a Director (Pls tick as appropriate) Chairman ☐ Managing Director / Chief Executive ☐
Executive Director ☐ Non Executive Director ☐ Chief Financial Officer ☐ Other (Specify)

Position / Office of the Officer

Residential Address

Nearest Landmark

City / Town

Region

Phone Number (1) Other Name

Email Address

11. DETAILS OF THE DIRECTORS/ EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS ETC (3)

Surname

First Name

Other Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender M ☐ F ☐ Mother's Maiden Name

Nationality (for Non-Liberians)

RESIDENT PERMIT NO							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Means of Identification ID Number

ID Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 ID Expiring Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation

Job Title

Status as a Director (Pls tick as appropriate) Chairman ☐ Managing Director / Chief Executive ☐
Executive Director ☐ Non Executive Director ☐ Chief Financial Officer ☐ Other (Specify)

Position / Office of the Officer

Residential Address

Nearest Landmark

City / Town

Region

Phone Number (1)

Other Number

Email Address

12. DETAILS OF THE DIRECTORS/EXECUTIVES / TRUSTEES / PROMOTER / ADMINISTRATORS ETC

Surname

First Name

Other Name

Date of Birth

Gender M ☐

F ☐

Mother's Maiden Name

Nationality (for Non-Liberians)

RESIDENT PERMIT NO

Means of Identification

ID Number

ID Issue Date

ID Expiring Date

Occupation

Job Title

Status as a Director (Pls tick as appropriate)

Chairman ☐

Managing Director / Chief Executive ☐

Executive Director ☐

Non Executive Dire ☐

Chief Financial Officer ☐

(Specify)

Position / Office of the Officer

Residential Address

Nearest Landmark

City / Town

Region

Phone Number

Other Number

Email Address

13. ADDITIONAL DETAILS

1. Name of affiliated Company/Body

1

2

3

II. PRINCIPAL SHAREHOLDERS (Shareholding of 10% and above)

a. Full name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Number

Registration Certificate (if a corporate shareholder)

Country of incorporation (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

b. Full name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

c. Full Name of Shareholder

Address

Status

Percentage Holding

Mobile Number

Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

d. Full Name of Shareholder

Address

Status Percentage Holding

Mobile Number Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial Owner(s) (if any)

e. Full name of Shareholder

Address

Status Percentage Holding

Mobile Number Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporate (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

f. Full Name of Shareholder

Address

Status Percentage Holding

Mobile Number Nationality

Email Address

Registration Certificate (if a corporate shareholder)

Country of Incorporate (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

14. DETAILS OF ACCOUNTS HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

S/N	NAME AND ADDRESS OF BANK / BRANCH	ACCOUNT NAME	ACCOUNT NUMBER										STATUS. ACTIVE / DORMANT	
1														
2														
3														
4														
5														

(Title) _____

..... Bank
.....
.....

LETTER OF SET – OFF

I/We agree that you (in addition to any general lien or similar right to which you as my / our banker may have at any time and without notice to me/us) combine or consolidate all or any of the company's accounts with liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of me / our liabilities to you or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

Bank should be permitted to insert their term and condition for operation

Authorized signature of the Customer / Representative & Date

Authorized Signature of the Customer / Representative & Date

16. LETTER OF SET – OFF

Financial Institutions are permitted to insert their terms to reflect unique business operations

17. LETTER OF INDEMNITY

Financial Institutions are permitted to insert their terms to reflect unique business operations

CUSTOMER INFORMATION

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.

The Bank will obtain information about you from the Central Bank of Liberia and other commercial banks check status and identity. The Bank shall also disclose your credit transaction bureaus in accordance with the Credit Reporting Act, 2007 (Act 726).

Name Signature Date.....

[illegible]

Signature		Date	
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[illegible][illegible]

Signature _____ Date

D	D	M	M	Y	Y	Y	Y

Company Seal Here

[illegible][illegible][illegible]

Signature _____ Date _____

D	D	M	M	Y	Y	Y	Y

FOR BANK USE ONLY**1. REQUIREMENTS CHECKLIST**

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Account opening form duly completed				
2	Specimen signature card duly completed				
4	Board Resolution				
5	Copy of Memorandum and Article of Association (Certified true copy)				
6	Tax Clearance Certificate				
7	TIN Registration No				
8	Partnership Deed (Where applicable)				
10	Trust Deed				
11	Act/Gazette (for Government Agency) (Where applicable)				
12	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
13	Introduction letter (where applicable)				
15	Resident Permit (for non – Liberians)				
19	Power of Attorney (where applicable)				
23	Proof Of Identity Of All Signatories And Directors / Officers Whose Names Appear On The Account Opening Forms/ Documents – Passport, National Identity Card, National Driver's License And Voter's ID Card				
24	Proof Of Address Of All Signatories And Directors / Officers Whose Names Appear On The Account Opening Forms / Documents – (Certified true copy is acceptable if original is not held.				
25	Two completed satisfactorily reference forms				
27	Others (please specify)				

Please tick appropriate risk profile

Low

Medium

High

Indicate which Director, Executive,, Trustee, Promoter, Executor or Administrator is a PEP
Name

Position

2. KYC PROFILE☐☐☐

A. ACCOUNT OPENED BY:

[illegible]

Signature _____ Date

--	--	--	--	--	--	--	--

[illegible]

Signature _____ Date

--	--	--	--	--	--	--	--

B. DEFERRAL / WAVER OF DOCUMENTS (IF ANY) AUTHORISED BY:

Name _____

Signature _____ Date _____

[illegible]

Signature _____ Date

--	--	--	--	--	--	--	--

C. ADDRESS VERIFICATION CARRIED OUT BY:

[illegible]

Signature _____ Date _____

[illegible]

Signature _____ Date

--	--	--	--	--	--	--	--

COMMENT(S): (Address description and Result Findings)

D. ACCOUNT OPENING AUTHORIZED / APPROVED BY:

[illegible]

Signature _____ Date

--	--	--	--	--	--	--	--

[illegible]

Signature _____ Date

--	--	--	--	--	--	--	--

13. DECLARATION

I/We hereby apply for the opening of account(s) with Bank. I understand that the information given herein and the documents supplied are the basis for opening such account(s) which 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 CORRECT REFERENCE

The Bank will obtain inform about you from the Central Bank of Liberia to check your credit status and identity.

Name..... Signature Date.....

Name..... Signature Date.....

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

MARK OF CUSTOMER /
THUMBPRINT / SIGNATURE

MARK OF INTERPRETER
THUMBPRINT / SIGNATURE

DATE

NAME & ADDRESS OF INTERPRETER

LANGUAGE OF INTERPRETATION

D	D	M	M	Y	Y	Y	Y

(if applicable)

[illegible]

Business

[illegible]

Business Address

10. ACCOUNTS HELD WITH OTHER BANKS

[illegible]

11. TERMS AND CONDITION

12. ACCOUNT OPENING MANDATE

Mandate authorization (Please tick as appropriate)



Sole Signatory



Either to Sign



Both to Sign



a) Signatory

Name:

Surname

First Name

Other Name

Class of Signatory

Identification No

Telephone Number

Signature and Date

SIGNATORY

Name _____

Signature