FOR BANK USE ONLY							
	ount opening form card duly completed tograph ernational passport, Dr I Voters ID Card (Origin non – Liberians) hers)		cional Health	CHECKED No High Risk	DEFERRED	WAIVED	N/A
SIGNAT							
SIGNAT			D	D M M	Y Y Y Y		
SIGNAT			D	D M M	Y Y Y Y		
For higher risk category, (Head				DATE	Y Y Y Y D D M N	1 Y Y Y	Y

ACCOUNT OPENING FORM – ENTITIES (Incorporated and Non-Incorporated) (Please indicate the category and type of account to open by ticking the applicable box below)				
Category of Business Limited Liability Company Partnership Sole proprietorship MMDA'S Charities Others				
Account Type Current Account Fixed Deposit Account Currency USD LRD				
BRANCH ACCOUNT NO (For official use only)				
1. COMPANY DETAILS (Please complete in BLOCK LETTERS and tick where necessary)				
Company/Business Name				
Certificate of Incorporation Registration Number				
Date of Incorporation/Registration D D M M Y Y Y Y Jurisdiction of Incorporated/Registration				
Parent Company's Country of Inc. Source of Funds				
Type/Nature of Business				
Sector/Industry				
Operating Business Address 1				
Operating Business Address 2				
Corporate Business Address/ Registered office (if different				
from above)				
Email address				
Website (if any)				
Phone Number (1) Phone Number (2)				
Tax Identification Number Other Reference Number Other Specify Certificate to Commence Business Pls Specify				
2. ANNUAL TURNOVER a. USD 0 – 9,999 USD10,000 – 49,999 USD 50,000 – 99,000 USD 100,000 above				
3. ACCOUNT SERVICE(S) REQUIRED				
Card Preferences: ATM Card Master Card Visa Card Others				
Internet Banking Preferences: Internet Banking Mobile Banking Other Internet Banking Statement Preferences: Email Post Collection at Branch Statement Frequency: Monthly Quarterly Semi Annually Annually				
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					
First Name					
Other Name					
D D M M Y Y Y					
Date of Birth Gender M F Mother's Maiden Name					
Nationality RESIDENT PERMIT NO					
Means of Identification ID Number					
D D M M Y Y Y Y					
ID issue Date ID Expiring Date					
Occupation Control Con					
Job Title					
Position / Office of the Officer					
Residential Address					
Nearest Landmark					
City Town					
District					
County					
Phone Number (1) Other Number					
Email Address					
6. ACCOUNT SIGNATORY'S DETAILS					
Surname Surname					
First Name					
Other Name					
Date of Birth D D M M Y Y Y Y Gender M F Mother's Maiden Name					
RESIDENT Nationality					
Means of Identification D Number D Number					
ID Issue Date D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y					

Occupation Control Con
Job Title
Position / Office of the Officer
Residential Address Residential Address
Nearest Landmark 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 Gender M F Mother's Maiden Name
D D M M Y Y Y
Nationality
Nationality Means of Identification ID Number
Means of Identification ID Number
Means of Identification ID Number ID Number
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Means of Identification ID Number ID Number ID Number ID ID ID Number ID
Means of Identification ID Number ID Issue Date D D M M Y Y Y Y ID Expiring Date Occupation Job Title Position / Office of the Officer Residential Address Nearest Landmark City / Town

Phone Number (1) Other Number
Email Address
Class of Signatory (Please indicate class in the box provided) Signature Date D D M M Y Y Y Y D D M M Y Y Y Y
8. ACCOUNT SIGNATORY'S DETAILS (3)
Surname 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 Nationality (for Non-Liberians)
Means of Identification ID NUMBER
D D M M Y Y Y Y ID Issue Date D D M M Y Y Y Y ID Expiring Date
Occupation Control Con
Job Title
Position / Office of the Officer
Residential Address
Nearest Landmark Nearest Landmark
City / Town
District
County
Phone Number (1) Other Number
Email Address
Class of Signatory (Please indicate class in the box provided) Signature Date D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

9. DETAILS OF THE DIRECTORS / EXECUTIVES / TRUSTEES / PROMOTER / EXECUTOR / ADMINISSTARTORS ETC
Surname Surname
First Name
Other Name
Date of Birth D D M M Y Y Y Y Gender M F Mother's Maiden Name
RESIDENT PERMIT NO Nationality (for Non-Liberians)
Means of Identification ID Number
Means of identification
ID Issue Date D D M M Y Y Y ID Expiring Date D D M M Y Y Y Y III III III III III III III
Occupation Control Con
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
10. DETAILS OF THE DIRECTORS / EXECUTIVES / TRUSTEES / PROMOTER / EXECUTOR / ADMINISSTARTORS ETC
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 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 Nationality (for Non-Liberians)			
Means of Identification ID Number ID Number			
ID Issue Date D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y III III III III III III III II			
Occupation Control Con			
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 City / Town					
Region Phone Number (T) Email Address 12. DETAILS OF THE DIRECTORS/EXECUTIVES / TRUSTEES / PROMOTER / ADMINISTRATORS ETC Surname First Name Other Name Date of Birth D M M V Y V V Gender M F Mother's Moiden Name Nationality (for Non-Liberians) Means of identification ID Issue Date D M M V Y V V Occupation Job Title Status as a Director (PIs tick as appropriate) Chairman Managing Director / Chief Executive Chief Financial Officer (Specify) Position / Office of the Officer Residential Address Nearest Landmark City / Town Region	Nearest Landmark Nearest Landmark				
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Phone Number (1) Citer Number					
Phone Number (1) Citer Number	Region				
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12. DETAILS OF THE DIRECTORS/EXECUTIVES / TRUSTEES / PROMOTER / ADMINISTRATORS ETC 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) Means of Identification ID Issue Date D D M M Y Y Y Y Occupation Job Title Status as a Director (PIs tick as appropriate) Chairman Managing Director / Chief Executive Executive Director Non Executive Director Chief Financial Officer Residential Address Nearest Landmark City / Town Region					
First Name Other 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) Means of Identification ID Issue Date D D M M Y Y Y Y Occupation Job Title Status as a Director (Pis tick as appropriate) Chairman Managing Director / Chief Executive Executive Director Non Executive Director Chief Financial Officer Residential Address Nearest Landmark City / Town Region	Email Address				
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Date of Birth D D M M Y Y Y Y Sender M F Mother's Maiden Name RESIDENT PERMIT NO Means of Identification ID Number ID Issue Date D D M M Y Y Y Y Occupation Job Title Status as a Director (PIs tick as appropriate) Chairman Managing Director / Chief Executive Director Non Executive Director Chief Financial Officer Residential Address Nearest Landmark City / Town Region					
Nationality (for Non-Liberians) Means of Identification ID Issue Date D D M M Y Y Y Y Occupation Job Title Status as a Director (Pls tick as appropriate) Chairman Managing Director / Chief Executive Executive Director Position / Office of the Officer Residential Address Nearest Landmark City / Town Region					
Means of Identification ID Number ID Expiring Date Occupation Job Title Status as a Director (PIs tick as appropriate) Chairman Managing Director / Chief Executive Executive Director Non Executive Director Chief Financial Officer C (Specify) Position / Office of the Officer Residential Address Nearest Landmark City / Town	Date of Birth D D M M Y Y Y Y Gender M F Mother's Maiden Name				
Means of Identification ID Number ID Expiring Date D D M M Y Y Y Y Occupation Job Title Status as a Director (PIs tick as appropriate) Chairman Managing Director / Chief Executive Executive Director Non Executive Director Chief Financial Officer C (Specify) Position / Office of the Officer Residential Address Nearest Landmark City / Town					
Occupation Job Title Status as a Director (Pls tick as appropriate) Chairman Managing Director / Chief Executive Executive Director Non Executive Director Chief Financial Officer Chief Financial Officer Residential Address Nearest Landmark City / Town Region					
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Position / Office of the Officer Residential Address Nearest Landmark City / Town Region Chief Financial Officer Chi					
Residential Address Nearest Landmark City / Town Region					
Residential Address Nearest Landmark City / Town Region					
Nearest Landmark City / Town Region	Position / Office of the Officer				
City / Town Region	Residential Address				
City / Town Region					
Region	Nearest Landmark				
Region	City / Town				
Phone Number Other Number	Region				
	Phone Number Other Number				
Email Address	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 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 Address				
Status Percentage Holding				
Mobile Number Nationality				
Email Address 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 Percentage Holding				
Mobile Number Nationality 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 Percentage Holding				
Mobile Number Nationality 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 Percentage Holding				
Mobile Number Nationality 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 Address				
Status Percentage Holding 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)				

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14. DETAILS OF ACCOUTN HELD WITH OT8HER BANKS BY THE PROSPECTIVE CUSTOMER S/N NAME AND ADDRESS OF **ACCOUNT NAME ACCOUNT NUMBER** STATUS. ACTIVE / BANK / BRANCH **DORMANT** 1 2 3 4 5 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

18. ACCOUNT OPENING MANDATE					
(Please tick as appropriate) a) Category of Account Joint Account Account Type Current Account Fixed Deposit Account Savings Account					
	b) Account Name				
c) Account Number					
	d) Mandate authorization / Combination Rule (Please tick as appropriate)				
	Sole Signatory Two or more If two or more are to sign, please specify				
	e) Signatories				
Firs Oth Clas Ide Tele	Name: name st Name ner Name ss of Signatory ntification No ephone Number nature and Date			РНОТО	
	FOR BANK USE ONLY		FOR BANK USE ONLY		
	Name	Signature	Name	Signature	
Firs Oth Clas Ide Tele	Name: name st Name ner Name ss of Signatory ntification No ephone Number nature and Date			РНОТО	
	FOR BANK USE ONLY		FOR BANK USE ONLY		
	Name	Signature	Name	Signature	
Firs Oth Clas Ide Tele	Name: name st Name ner Name ss of Signatory ntification No ephone Number nature and Date			РНОТО	
	FOR BANK USE ONLY		FOR BANK USE ONLY		
	Name	Signature	Name	Signature	
_					

19. TERMS AND CONDITIONS					
Financial Institutions are permitted to insert their terms to reflect unique business operations					
20. DECLARATION					
CUSTOMER INFORMATION					
I/We hereby apply for the opening of account(s) with the documents supplied are the basis for opening such ac					
I/We further undertake to indemnify the Bank for any los provided to the Bank.	s suffered as a result of any false information of	or error in the information			
DISCLOSURE TO CREDIT REFERENCE The Bank will obtain information about you from the Cenidentity. The Bank shall also disclose your credit transactions.					
Name	Signature	Date			
Name	Signature	Date			
Name					
Status					
Signature	_ Date				
Name	D D	M M Y Y Y Y			
Status					
Signature	_ Date				
	D D	M M Y Y Y Y			
Comp	any Seal Here				
21. IN THE PRESENCE OF:					
Address					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Occupation Occupation					
Signature	Date D D M I	M Y Y Y Y			

FOR BANK USE ONLY

Account opening form duly completed Specimen signature care duly completed Copy of Memorandum and Article of Association (Certified true copy) Tax Clearance Certificate Tin Registration No Partnership Deed (Where applicable) Trust Deed Act/Gazette (for Government Agency) (Where applicable) Trust Deed Through Copy assport sized photographs of each signatory to the account with name written on the reverse side Introduction letter (where applicable) 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 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. The Medium High Low Medium High dicate which Director, Executive,, Trustee, Promoter, Executor or Administrator is a PEP	S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
Specimen signature care duly completed Board Resolution Copy of Memorandum and Article of Association (Certified true copy) Tax Clearance Certificate Tix Registration No Partnership Deed (Where applicable) Trust Deed Tru	1					
Board Resolution Copy of Memorandum and Article of Association (Certified true copy) Tax Clearance Certificate TiN Registration No Partnership Deed (Where applicable) Trust Deed Trust Deed Act/Gazette (for Government Agency) (Where applicable) Two (2) passport sized photographs of each signatory to the account with name written on the reverse side Introduction letter (where applicable) Resident Permit (for non – Liberians) Power of Attorney (where applicable) Power of Attorney (where applicable) 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 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. The Certified true copy is acceptable if original is not held. Low Medium High Medicate which Director, Executive,, Trustee, Promoter, Executor or Administrator is a PEP mine Position	2					
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(Certified true copy) Tax Clearance Certificate Tix Registration No Partnership Deed (Where applicable) O Trust Deed Act/Gazette (for Government Agency) (Where applicable) Tivst Deed Tivst De	<u>. </u>					
Tax Clearance Certificate Tix Registration No Partnership Deed (Where applicable) Trust Deed Trust	•					
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Partnership Deed (Where applicable) Trust Deed Act/Gazette (for Government Agency) (Where applicable) Trust Deed Trust Dee	7					
Trust Deed Act/Gazette (for Government Agency) (Where applicable) Two (2) passport sized photographs of each signatory to the account with name written on the reverse side Introduction letter (where applicable) Resident Permit (for non – Liberians) Power of Attorney (where applicable) 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 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. To the completed satisfactorily reference forms Others (please specify) Dease tick appropriate risk profile Low Medium High dicate which Director, Executive,, Trustee, Promoter, Executor or Administrator is a PEP Position	8	-				
1. Act/Gazette (for Government Agency) (Where applicable) 2. Two (2) passport sized photographs of each signatory to the account with name written on the reverse side 3. Introduction letter (where applicable) 5. Resident Permit (for non – Liberians) 9. Power of Attorney (where applicable) 3. 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 4. 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. 5. Two completed satisfactorily reference forms 7. Others (please specify) Dease tick appropriate risk profile Low Medium High dicate which Director, Executive,, Trustee, Promoter, Executor or Administrator is a PEP Position						
Two (2) passport sized photographs of each signatory to the account with name written on the reverse side Introduction letter (where applicable) Resident Permit (for non – Liberians) Power of Attorney (where applicable) 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 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. Two completed satisfactorily reference forms Others (please specify) Passe tick appropriate risk profile Low Medium High dicate which Director, Executive,, Trustee, Promoter, Executor or Administrator is a PEP Position						
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A. ACCOUNT OPENED BY:	
Name Name	
Signature Date Date	Y Y Y
Name Name	
Signature Date Date	YYY
B. DEFERRAL / WAVER OF DOCUMENTS (IF ANY) AUTHORISED BY:	
Name Name	
Signature Date Date	YYY
Name Name	
D D M M Y Signature Date I <t< td=""><td>YYY</td></t<>	YYY
C. ADDRESS VERIFICATION CARRIED OUT BY:	
Name Name	
Signature Date Date Date	YYY
Name Name	
Signature Date Date	YYY
COMMENT(S): (Address description and Result Findings)	
D. ACCOUNT OPENING AUTHORIZED / APPROVED BY:	
Name D D M M Y	YYY
Signature Date	
Name D D M M Y	
Signature Date	

I/We hereby apply for the opening of herein and the documents supplied information is correct.	of account(s) withare the basis for opening such accou										
I / We further undertake to indemni information provided to the bank.	fy the Bank for any loss suffered as a	result of any false Informa	tion or error in the								
DISCLOSURE TO CORRECT REFEREN The Bank will obtain inform about ye	CE ou from the Central Bank of Liberia t	o check your credit status a	nd identity.								
Name	Signature										
Name	Signature	Da	ate								
I agree to abide by the content of the me by an interpreter. MARK OF CUSTOMER / THUMBPRINT / SIGNATURE		is has been truly and audib IARK OF INTERPRETER HUMBPRINT / SIGNATURE	ly read over and explained to								
	DATE										
NAME & ADDRESS OF INTERPRETER											
LANGUAGE OF INTERPRETATION	D D M M Y	Y Y Y									

Name of Associated Business(es) (if applicable)			1																												
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11. TERMS A	ND CO										•	•	•	•	•								•	•	•						
12. ACCOUN	T OPEN	IING	iN	1ANE	DATE																										
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Surname					_																										
First Name					_																										
Other Name					_																										
Class of Signatory																															
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Signature and	Date				_																										
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