



GUIDE TO OPENING YOUR ACCOUNT

Please complete all relevant portions of the application form and account opening mandate card and return this package along with the originals (for sighting only) and copies of the following documents:

1. Completed signature/mandate card
2. Valid identification of signatory to the account (International Passport/Driver License/Voter ID/NHIS/National Identification)
3. One passport size photograph of signatory to the account
4. Proof of address (utility bill in customer's name or directional map)
5. Residence/Work Permit (for foreign nationals only)

Additional requirement for GT Crea8

1. Valid ID and school introductory letter
OR
Valid ID and School ID

Additional requirements for Smart Teens and Smart Kids Accounts

1. ID of minor (if applicable)
2. Birth Certificate of minor

"CAUTION"

* Kindly note that the use of correction fluid renders this form invalid

GENERAL ACCOUNT INFORMATION



TICK AS APPLICABLE:

Account Type: Savings GT Crea8 Smart Teens Smart Kids
Individual Joint

Account Name: _____

Account Number: _____ Branch: _____

Details of Minor Gender: M F

Name _____
Surname _____

First Name _____ Other _____

Date of Birth (DD/MM/YY) _____ Place of Birth _____ Hometown _____

Region _____ Country of Origin _____ Nationality _____

Identification

Please State _____

ID No. _____ Date of Issue (DD/MM/YY) _____ Expiry Date (DD/MM/YY) _____ Country of Issue _____

Details of Account Holder/Parent/Guardian

Title: Mr Mrs Other (specify) _____

Gender: M F Marital Status: Married Single Other _____

Name _____
Surname _____

First Name _____ Other _____

Previous Name (If applicable) _____

Mother's Maiden Name _____

Date of Birth (DD/MM/YY) _____ Place of Birth _____ Hometown _____

Region _____ Nationality _____ Country of Origin _____

Country of Residence _____ Resident Permit No. if applicable _____ Permit Issue Date (DD/MM/YY) _____

Permit Expiry Date (DD/MM/YY) _____ Place of Issue _____ SSNIT No: _____

Profession/Occupation: _____ Name & Occupation of Spouse _____

Identification

National ID Card DVLA Passport Voter's ID NHIS

 ID No. Date of Issue (DD/MM/YY) Expiry Date (DD/MM/YY) Country of Issue

 Relationship with minor (if applicable) Account No. of Parent/Guardian in GTBank (if applicable)
 Date Opened: DD/____MM/____YY/____

Contact Details

Residential Address _____

City/Town _____ Nearest Landmark _____

Metropolitan , Municipal District Assembly Area (MMDA) _____

Proof of Address _____

(Indicate Type & Serial No.where applicable) _____

Mobile No. _____ Telephone (Home): _____

Email Address _____ Mailing Address _____

Employment

Employed Self Retired Student Others(please specify) _____

Profession/Occupation: _____

Name of Employer/Institution _____

Employer/Institution Address _____

 Nearest Landmark City/Town MMDA

 Telephone No Fax Email Address

Nature of Business _____

How long have you been with current employer/institution _____

Monthly Salary: Less than GHS 1000 1001-5000 Other (specify) _____

Purpose of Account Savings Investment other (specify) _____

Source of Funds Investment Salaries Other (specify) _____

Expected Monthly Account Activity

Transaction Types	Anticipated No. of Transactions	Anticipated Amount of Transactions (GHS)
Deposits	0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> above 50 <input type="checkbox"/>	0-5,000 <input type="checkbox"/> 5,001- 10,000 <input type="checkbox"/> above 10,000 <input type="checkbox"/>
Withdrawals	0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> above 50 <input type="checkbox"/>	0-5,000 <input type="checkbox"/> 5,001- 10,000 <input type="checkbox"/> above 10,000 <input type="checkbox"/>

2ND APPLICANT PERSONAL DATA (JOINT ACCOUNT)



TICK AS APPLICABLE:

Account Type: Savings GT Crea8 Smart Teens Smart Kids
Individual Joint

Account Name: _____

Account Number: _____ Branch: _____

Additional account to be opened (If applicable) Target Others (Please specify) _____

Customer Details

Title: Mr Mrs Other (specify) _____

Gender: M F Marital Status Married Single Other _____

Name _____
Surname _____

First Name _____ Other _____

Previous Name (If applicable) _____

Mother's Maiden Name _____

Date of Birth (DD/MM/YY) _____ Place of Birth _____ Hometown _____

Region _____ Nationality _____ Country of Origin _____

Country of Residence _____ Resident Permit No. (If applicable) _____ Permit Issue Date (DD/MM/YY) _____

Permit Expiry Date (DD/MM/YY) _____ Place of Issue _____ SSNIT No: _____

Profession/Occupation: _____ Name & Occupation of Spouse _____

Identification

National ID Card DVLA Passport Voter's ID NHIS

ID No. _____ Date of Issue (DD/MM/YY) _____ Expiry Date (DD/MM/YY) _____ Country of Issue _____

Contact Details

Residential Address _____

City/Town _____ Nearest Landmark _____

Metropolitan , Municipal District Assembly Area (MMDA) _____

Proof of Address _____

(Indicate Type & Serial No.where applicable) _____

Mobile No. _____ Telephone (Home): _____

Email Address _____ Mailing Address _____

EmploymentEmployed Self Retired Student Others(please specify) _____

Profession/Occupation: _____

Name of Employer/Institution _____

Employer/Institution Address _____

Nearest Landmark	City/Town	MMDA
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Telephone No	Fax	Email Address
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Nature of Business _____

How long have you been with current employer/institution _____

Monthly Salary: Less than GHS 1000 1001-5000 Other (specify) _____**Purpose of Account**Savings Investment Other (please specify) _____**Source of Funds**Investment Salaries Other (please specify) _____**Expected Monthly Account Activity**

Transaction Types	Anticipated No. of Transactions	Anticipated Amount of Transactions (GHS)
Deposits	0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> above 50 <input type="checkbox"/>	0-5,000 <input type="checkbox"/> 5,001- 10,000 <input type="checkbox"/> above 10,000 <input type="checkbox"/>
Withdrawals	0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> above 50 <input type="checkbox"/>	0-5,000 <input type="checkbox"/> 5,001- 10,000 <input type="checkbox"/> above 10,000 <input type="checkbox"/>

Next of Kin

Name _____
Surname Forename

Relationship: _____

Telephone Number Mobile Home

Residential Address Region MMDA

Remarks (if necessary) _____

Additional Details

Full Name of Beneficiary: _____

Owner(s) of the Account (If applicable) _____

Name of Associated Account in GTBank (If applicable) _____

Type of Associated Account (If applicable) _____

Associated Account Number (If applicable) _____

Currency of Account requested in addition to Ghana Cedis (please tick where applicable; Savings and GT Crea8 Customers only)

US Dollar Pound Sterling Euro Others _____

Type of Account Foreign Forex

If foreign currency, kindly provide source of anticipated foreign funds _____

I/We hereby request you to establish a domiciliary account in the chosen currency and agree that:

1. Cash withdrawals from my/our account shall be subject to availability.
2. The Bank shall have no responsibility/liability for the following:
 - (i) Any diminution due to taxes, charges or depreciation in the value of funds credited to the account which funds may be deposited by you in your name and subject to your name and subject to your control.
 - (ii) The unavailability of such funds due to restrictions on convertible, requisitions, involuntary transfers, distrains of any character, exercise of military, or usurped power or other similar causes beyond your control
3. The operation of this account is subject to the laws and regulations at any time existing in the Republic of Ghana.

10.Accounts Held with other Banks

S/N	NAME OF BANK	BRANCH	ACCOUNT NAME	ACCOUNT NUMBER

Card Preference and Account Information (Tick as applicable)

Visa MasterCard Prepaid (Visa/MasterCard) Other (Please specify) _____

Internet Banking:

Transaction Notification: SMS/Gens By Email

Please provide email address _____

Statement Frequency: Monthly Quaterly Semi Annually Annually

ACCOUNT MANDATE

TO: Guaranty Trust Bank (Ghana) Limited

I hereby request and authorize you to open a savings account (“the account”) in my name or my child’s/ward’s name

I certify that the above particulars are true and correct

I agree

1. To guard against access to my withdrawal slip by unauthorised person(s.)
2. To act as sole/co-signatory to the account. (Delete as appropriate)
3. That interest will be paid on the account at ruling and subject to prevailing conditions
4. That all sums for the credit of the account shall be accompanied by a pay-in-slip showing the name and number of the account to be credited.
5. That withdrawals can only be made by the account holder/signatory.
6. That any change in the address of the account holder/signatory shall immediately be communicated to Guaranty Trust Bank at the branch where the account was opened.

Dated this _____ day of _____ 20_____

Name: _____ Signature: _____

Name: _____ Signature: _____

Parent’s/Guardian’s name and signature

Child’s/Ward’s name and signature (where applicable)

Additional Account Opening Information

2nd Applicant Personal Data (Joint Account)

Are you a U.S citizen YES NO

Are you a U.S citizen YES NO

Do you hold a U.S passport YES NO

Do you hold a U.S passport YES NO

Do you hold a US green card YES NO

Do you hold a US green card YES NO

If you have answered YES to any of the above questions, please provide the following information.

Full name _____

US residential address _____

US place of Birth _____

US mailing address _____

US Telephone number _____

US Tax Identification Number _____

Full name _____

US residential address _____

US place of Birth _____

US mailing address _____

US Telephone number _____

US Tax Identification Number _____

Undertaking

(To be signed by only clients who answered YES to any of the questions above)

Subject to the applicable local laws, I hereby give my consent for Guaranty Trust Bank (Ghana) Ltd (the Bank) or any of its subsidiaries to share any information with foreign (U.S) tax authorities where necessary to establish my tax liability.

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

Signature.....

Date.....
(DD/MM/YY)

DECLARATION



I/We hereby apply for the opening of account(s) with Guaranty Trust Bank (Ghana) Ltd. I/We understand that the information given herein is the basis for opening such account(s) and therefore warrant that such information is correct.

I/We agree to be bound by terms and conditions governing the operations of the account(s).

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.

Name Signature Date

Name Signature Date

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).

Name Signature Date

Name Signature Date

JUDRAT (For non-literate and blind customers only)

I (name of client) hereby confirm that the content herein have been read and explained to me in the language by(state name and relation) and I perfectly understand and approve of and in testimony of which I hereby set my mark below;

.....
(Thumbprint/signature/ mark of client)

.....
(Thumbprint/signature/ mark of interpreter)

.....
(Thumbprint/signature/ mark of client)

.....
(Thumbprint/signature/ mark of interpreter)

INTERNET BANKING APPLICATION FORM



Account Number: _____ Other Accounts to be profiled _____

Please list the name(s) of Person(s) authorized to use this service

Name(s) ₁ :	E-mail Address:	Transactions allowed (as per list below)	Signature:
Name(s) ₂ :	E-mail Address:	Transactions allowed (as per list below)	Signature:
Name(s) ₃ :	E-mail Address:	Transactions allowed (as per list below)	Signature:
Name(s) ₄ :	E-mail Address:	Transactions allowed (as per list below)	Signature:

Please profile my/our account(s) for the services (please tick as appropriate)

Category A

- Own Account Transfer
- Pre-registered Transfer
(Kindly request for a pre-registered transfer account form)
- Transfer to any GTBank Account
(3rd Party)
- Cash in Transit
- Draft in Transit
- Pending Transfers
- Transfer to Other Banks

Category B

- Confirm Cheque
- Stop Cheque
- Standing Order to GTBank Account
- Cancel Standing Order

Category C

- View Account Balance only
- Account Statement
- Deposit Rate

Please issue me a token to enhance the security of my Internet banking transactions

Pick up option

Self Courier delivery (outside Ghana only):

Proxy (The customer should send the proxy with a duly signed letter of authorization)

Delivery address	Customer's Signature:	Date
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Customer Responsibility

You agree to take responsibility for protecting and ensuring safety of your user login profile (user ID and password) at all times. Registration for the Internet Banking services is for a single user only; you must not permit other persons to use your user login profile nor disclose your details to third parties. GTBank will not be liable for any losses arising from unauthorized access to, or use of your account arising from your negligence or failure to safeguard and protect your user login profile or any other customer information protection device or functionality provided by the bank to facilitate safety, confidentiality, integrity and accuracy of your data and online transactions.

Service Access

Your access to the internet banking service may be suspended at any time without notice to maintain the integrity of this service or in instances of system maintenance or failure, or for any reasons beyond GTBank's control. GTBank also reserves the right to temporarily or permanently change, modify or discontinue this service at any time without notice. You hereby agree that GTBank will not be liable to you or any third party for the exercise of these rights of suspension, modification or discontinuation.

SMS GeNS Request

Customer Name _____

Mobile Phone Number: _____

Account(s) to receive SMS Gens on: _____

Savings	GT Crea8	Smart Teens	Smart Kids
Individual <input type="checkbox"/> Joint <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Specify) _____

(Please Tick as applicable)

Do you want to receive notification on all transaction? Yes No.

If No, please specify Debits only: Credits only:

Do you want to set a limit on transaction amounts to be notified? Yes No.

If yes, please state amount in figures: _____

I agree to pay a monthly service fee for this service

Customer's Signature _____

Date: _____

Customer's Signature _____

Date: _____



Guaranty Trust Bank (Ghana) Ltd.
RC C-68,758

Release & Indemnity of Telephone/Fax/Email

A. **WHEREAS** I/We (name of individual, company, business name or partnership)

of (Insert location or address/principal place of business) have requested Guaranty Trust Bank (Ghana) Limited (the Bank) to act on instructions transmitted by me/us to it by Facsimile/E-mail/ Telephone.

B. **AND WHEREAS** the Bank has informed me/us that it is prepared to act on faxed/e-mailed/ telephone instructions [**delete inapplicable options**] which purport to emanate from me/us if it receives a suitable release and indemnity against all claims, losses, damages, demands and actions howsoever sustained as a result of honoring such instructions.

C. **AND WHEREAS** I/We(name of individual, company, business name or partnership) are prepared to and have agreed to give such release and indemnity,

D. **NOW THEREFORE** I/We,(name of individual, company, business name or partnership)

represented by (**insert names of authorized signatory/signatories as per Mandate on file**)

with GTBank customer Number (six digit number)at the

.....Branch hereby irrevocably authorize the Bank to honor instructions transmitted by me/us to the Bank via:

Facsimile

Email

Telephone

[Please provide details of chosen mode of electronic communication to be used for transmitting instructions electronically]

Email address:

Telephone number:

Fax number:

Details of Type of transaction(s) to be undertaken by the customer

Cash Withdrawal	<input type="checkbox"/>	A/c to A/c Trf	<input type="checkbox"/>	Draft Request	<input type="checkbox"/>
Purchases/sale of FX	<input type="checkbox"/>	Swift trf	<input type="checkbox"/>	Stmnt Printing	<input type="checkbox"/>
E-banking Services	<input type="checkbox"/>	VISA/MasterCard Related Issues	<input type="checkbox"/>	Cheque Book Request	<input type="checkbox"/>
Others	<input type="checkbox"/>	Please Specify;			

.....

.....

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.....

I/WE DO HEREBY:

1. Acknowledge that it is not practicable for the Bank to establish the authenticity of all telefaxed/e-mailed/telephone instructions communicated to the Bank which purports to emanate from me/us.
2. Agree that all telefaxed/emailed/telephone instructions, mandates, consents, commitments and the like which purport to emanate from me/us (“purported faxed/e-mail/telephone instruction”) shall be deemed to have been given by me/us in the form actually received by the Bank and I/we shall be bound thereby.
3. Release the bank from all claims, demands, actions, losses and damages of whatsoever nature which may be brought against me/us or which I/we may suffer or incur as a result of the Bank acting or for reasonable cause, not acting on any purported faxed/e-mailed/telephone instructions.
4. Agree to implement and adhere to any procedures and/or restrictions imposed on me/us by the Bank from time to time regarding the sending of faxed/e-mailed/telephone instructions to the Bank;
5. Agree that it is not my/our intention that the instruction given by me/us should be confirmed in writing and I/we hereby ratify and confirm that all that the Bank shall do on my/our behalf by virtue of such instructions provided only that the Bank acted in good faith.
6. Agree that the Bank will not be obliged to act on any purported faxed/e-mailed/telephone instructions and that it may at any time request verification of documents and instructions received by such means or withdraw from the arrangements envisaged in this document.
7. Agree that the Bank may at any time and without notice to me/us set off for transfer any sum or sums standing to the credit of any one or more of my accounts with it in or towards the satisfaction of my/our liabilities to it arising out of its honoring the instructions on my/our behalf.

8. Agree that if I/we fail to pay on demand any sums payable hereunder, that interest shall accrue thereon from the date of such demand until judgment and full liquidation at the Bank's Lending Rate or at a rate to be advised by the Bank from time to time.
9. Agree that no delay or omission or granting of any indulgence on the Bank's part in exercising any right, power, privilege or remedy in respect of this indemnity shall be construed as a waiver thereof, nor shall any single or partial exercise of any other right, power, privilege or remedy preclude any further exercise of any right, power, privilege or remedy. The rights, powers or remedies provided in this indemnity are cumulative and not exclusive of any rights, powers or remedies provided by law.
10. Agree that this release and indemnity will not be affected by any failure by the Bank to impose any or sufficient procedures or restrictions or to ensure that any, or all of them are adhered to;
11. Release and indemnify the Bank and hold it harmless from all claims, demands, actions, losses and damages of whatsoever nature howsoever incurred or which may be brought against the Bank or which it may suffer or incur arising from the honoring of my/our purported faxed/ emailed/telephone instruction received by the Bank or out of the malfunction, failure or unavailability of any facsimile transceiver/email/telephone, the loss or destruction of any data, the failure, interruption or distortion of communication links, or the reliance by any person on any incorrect, incomplete or inaccurate information or data contained in any purported faxed/e-mailed/telephone instruction received by the Bank.

SIGNED atthis.....day of/.....
(Month) (Year)

NAME

SIGNATURE

.....

.....

1. ON THESE TERMS AND CONDITIONS
 - (a) “You” means the individual named overleaf, where two individuals are named, either or both of those individuals,
 - (b) “We” “Us” and “Our” refers to Guaranty Trust Bank Ghana Limited’s Service,
 - (c) “Service” means the Guaranty Trust Short Message Service (SMS) Banking Service,
 - (d) “PASSCODE” means the code you use to access the system,
 - (e) “Accounts” means a current, savings or all account maintained with us at any of our branches in Ghana,
 - (f) “Mailing Address” means your mailing address in our records.
2. This service will allow you to issue instructions by the use of a mobile phone in conjunction with your PASSCODE. The instructions, which can be given in this way, are set out in the attached brochure. We will endeavor to carry out your instructions promptly. You can not use this service to transfer funds or transact a business which attracts a fee unless you have sufficient available fund in that account.
3. If you want to use the service, you must have
 - (a) An account with us,
 - (b) A Passcode,
 - (c) A mobile phone on a GSM network
4. You must not allow anyone else to have access to your account through this service.
5. You must understand your PASSCODE is used to give instructions. You must not disclose your PASSCODE to anyone. You must not write your PASSCODE down. You instruct us to comply with any instruction given to us through the use of the service, if we are given instructions by means of your PASSCODE. You must change your PASSCODE immediately if it becomes known to anyone else.
6. We shall not be liable for complying with instructions given with your PASSCODE if it is disclosed to a third party. You should also inform us if your PASSCODE is forgotten so that we can re-create another PASSCODE for you.
7. You must read the brochure and familiarize yourself with its content before using the service. You must also understand that giving your PASSCODE shall be sufficient confirmation of the authenticity of any instruction given.
8. You are responsible for any information given by means of your PASSCODE. This means that we would not be responsible for any fraudulent, duplicate or erroneous instruction given to us by means of your PASSCODE.
9. We will not be liable for any failure to provide the service or to comply with these terms and conditions for any cause that is beyond our reasonable control.
10. We may, for any valid reason, alter suspend or terminate the service without giving you notice. We shall not be liable for doing this.
11. We may, for any reason, vary these terms and conditions
12. We can send you notifications using the address we have in our records.
13. These terms and conditions will be governed by laws of Ghana.

The website under the domain name www.gtbgghana.com (“Guaranty Trust Website”) is operated by Guaranty Trust Bank, Ghana (“Guaranty Trust”). The Guaranty Trust Website is operated on behalf of Guaranty Trust and its related bodies corporate (together called the “Guaranty Trust Group”). Your use of the Information, graphics and materials on the Guaranty Trust Website (“Material on this web site”) are governed by these Terms of Use and the Privacy and Security Statement. In addition to the terms contained in this document, there are also specific terms, which form part of the Terms of Use and govern your use of, and access to, certain sections of the Guaranty Trust Website. Since you are also bound by these additional terms, you should review them wherever they are accessible by you on the Guaranty Trust Website.

Links to Other Website

The Guaranty Trust Website may contain links to other websites operated by third parties (“third party Websites”). Guaranty Trust does not endorse, or approve of the operators of Third Party Websites, or the information, graphics and material on those third Party websites (“Third Party Material”). Guaranty Trust makes no warranties or representations:

Regarding the quality, accuracy, merchantability or fitness for purpose of Third Party Material or products or services available through Third Party Websites; or that third party material does not infringe the intellectual property rights of any person. Guaranty Trust is not authorizing the reproduction of Third Party Material by linking material on this website to Third Party Material. When you follow a link on the Guaranty Trust Website, material at a Third Party website may be displayed in your browser framed by material on this website. The material so displayed is also Third Party Material for the purpose of these Terms of Use.

All offers to sell and statements relating to goods and services available on third party websites are the responsibility of and given by the third party website operator, in so far as such offers and statements are made on the Guaranty Trust Website, expressly disclaims acting in any capacity on behalf of Third Party website operators. Guaranty Trust shall be at liberty to use for any purpose, any idea concept, know how or technique contained in any material delivered to Guaranty Trust Website by a visitor and Guaranty Trust shall not be subject to any obligations of confidentiality regarding such material except as required by law in relation to information supplied by customers. Guaranty Trust Product Information and Supply Material on this Website may contain general information about Guaranty Trust products and services. Unless expressly stated otherwise, this information:

Does not constitute an offer or inducement to enter into a legally binding contract; and
Does not form part of the terms and conditions for Guaranty Trust products and services.

For further information about a particular product or service please complete the e-form on the product or service page. All applications for credit are subject to the Guaranty Trust’s normal credit approval criteria.

Unless expressly agreed otherwise:

Products and service discussed in the section of the Guaranty Trust Website which refers to the Ghana operations of any Guaranty Trust member (the “Ghanaian Section”) will be provided only to Ghanaian residents. These products and services are generally not available to non-Ghana residents because they may not comply with non -Ghana laws. Again, product and services discussed in the sections of the Guaranty Trust Website which refer to the various non-Ghana operations of any Guaranty Trust member or discussed in websites operated by any Guaranty Trust member outside Ghana and linked to the Guaranty Trust Website (the “International Sections”) will be provided only to residents of the jurisdiction to which a particular International Section applies, and only to the extent those products and services comply with the laws of that jurisdiction.

Internet Banking

To have access to this service you must be a Guaranty Trust customer. The service grants you access to all the functions listed in this brochure, through the use of your Account Number and Passcode. Your passcode is used to give instructions and initiate transactions on your account. Do not disclose your passcode to anybody. If your passcode becomes known to a third party, you must immediately change it. You must inform us if your passcode is forgotten so that we can re-create another one for you.

You must understand that giving your Account Number/Passcode shall be sufficient confirmation of the authenticity of any instruction given or transaction initiated. Therefore, Guaranty Trust will assume that any instruction given with your Account Number/Passcode is originating from you. This means that we will not be responsible for any fraudulent, duplicate or erroneous instruction given to us or any such transaction initiated by means of your Account Number/passcode. Also note that we shall not be liable for complying with instructions given with your passcode if it is disclosed to a third party.

Please read the Internet Banking Brochure before using the service. We will not be liable for any failure to provide the service or to comply with these terms and conditions for any cause that is beyond our reasonable control.

Warranties

While we have made every effort to ensure that information is free from error, the Guaranty Trust does not warrant the accuracy, adequacy or completeness of material on this web site. No warranty of any kind, implied, express or statutory, including but not limited to the warranties of non-infringement of third party rights, title, merchantability and fitness for particular purpose if given with materials on the Guaranty Trust Website, all information is subject to change without notice. Guaranty Trust recommends that you seek independent advice before acting upon Material on this Website or Third Party Material. Guaranty Trust does not guarantee that the Guaranty Trust Website or Third Party Websites will be free from viruses, or that access to the Guaranty Trust Website or Third Party Websites will be uninterrupted.

Termination

These Terms of Use (and agreement constituted by your use of the information, graphics and materials on the Guaranty Trust Website) and your access to the Guaranty Trust Website may be terminated at any time by Guaranty Trust without notice. All disclaimers and limitations of liability by Guaranty Trust will survive termination.

Jurisdiction

Unless expressly agreed otherwise:

The Ghanaian section is provided for use only by Ghanaian residents. The law applicable to use of the Ghanaian section and to disputes arising out of the Ghanaian section is the law of the Republic of Ghana; and each International Section is provided for use only by residents of the jurisdiction to which that International Section applies. The law applicable to use of each International Section and to disputes arising out of the International Section is to the extent possible, the law of the Republic of Ghana, and otherwise, the law of the jurisdiction in question.

Linking to Guaranty Trust Website

Please contact Guaranty Trust if you would like to place a link to any part of the Guaranty Trust Website

Acceptance and Changes to Terms of Use

You acknowledge and accept that your use of the Guaranty Trust Website indicates your acceptance of these Terms of Use and the Privacy and Security Statement. These are the current Terms of Use. They replace any other terms of use for the Guaranty Trust Website published on the Guaranty Trust Website to date. Guaranty Trust may at any time vary the Terms of Use by publishing the varied Terms of Use on the Guaranty Trust Website. You accept that by doing this, Guaranty Trust has provided you with sufficient notice of the variation.

Guaranty Trust reserves any rights not expressly granted in these Terms of Use.

1. I/We undertake that this application, signed by me/us, is for the issuance of a Guaranty Trust Bank (Ghana) Limited (GTBank) Card for myself/ourselves and that in doing so, I/We do not represent the interest of someone else.
2. I/We understand that GTBank may decline my/our application without any reasons given us.
3. I/We understand that the GTBank Card remains the property of GTBank and I/We will surrender it unconditionally and without reservation upon demand by GTBank.
4. I/We undertake not to use or attempt to use the Card without sufficient funds in my/our account to cover the ATM withdrawal or purchase transactions.
5. I/We undertake not to use or attempt to use the Card after the Bank has notified me/us of the cancellation or withdrawal.
6. I/We undertake to immediately advise GTBank, when the Card is lost, stolen or misplaced, giving details of surrounding circumstances. I/We understand that if I/we fail to do so, I/we may increase the chances of fraud occurring on my/our account, and the Bank would not be responsible in anyway whatsoever for any unauthorized transactions on my/our account during this period.
7. I/We understand that I am/we are liable for any transaction that occurs on my/our account prior to reporting loss of my GTBank Card to the Bank.
8. I/We undertake to promptly return all found cards, previously reported by me as lost, to GTBank in the event that I/we do find them.
9. Under no circumstances will I/we disclose my/our Personal Identification Number (PIN) to anybody, including family members, business colleagues and GTBank staff, and GTBank will not accept any liability should I/we disclose my/our PIN to another person.
10. I/We recognize that I am or we are not allowed to give my/our card to anyone except those involved when doing a Point of Sale transaction. The card is owned by GTBank and has been given to me/us in trust and is therefore not transferable.
11. I/We hereby authorize GTBank to debit my/our account directly with all transactions undertaken at the Point Of Sale Terminals at ATMs with my/our card and I/we take full responsibility for these transactions. I/we also agree to accept the Bank's receipt of withdrawals and transactions as conclusive and binding.
12. GTBank is authorized to debit my/our account with fees in respect of the GTBank Card, for issue, use, and renewal or for providing the service therein.
13. GTBank reserves the right to terminate the services at any time without notice to me/us and without any liability whatsoever.
14. GTBank reserves the right to vary these terms and conditions at its discretion without notice to the applicant.
15. GTBank and its agents reserve the right to ask for proof of a GTBank Cardholder's identity if the GTBank Card is presented at its teller counters or Merchant points. This measure may be followed from time to time in order for GTBank to protect its esteemed customers against any possible fraud.
16. These terms and conditions are governed by the laws of the Republic of Ghana.

GTBank Visa Card Application Form



Guaranty Trust Bank (Ghana) Ltd.
RC C-68,758

Date: _____

Branch _____

Please complete in block letters & tick where applicable.

PERSONAL INFORMATION	FIRST APPLICANT	SECOND APPLICANT (JOINT ACCOUNT)
Title (Mr./Mrs./Dr./Miss., etc.)		
Surname		
First name		
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Type of Identification	Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> DVL <input type="checkbox"/> Student ID <input type="checkbox"/>	Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> DVL <input type="checkbox"/> Student ID <input type="checkbox"/>
Identification Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother's Maiden Name		
ADDRESSES		
Street /House Address		
Postal Address		
E-mail Address		
Tel / Mobile Number (s)		
BANK INFORMATION		
Account Number	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Foreign
Other Accounts to be linked to card	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	
Account Name		
Is this your first Visa card	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please state why you are applying for a new card: _____		
<i>I/We confirm that I/ we have read and understood the terms and conditions overleaf</i>		
Signature		
Date		

(BANK USE ONLY)

Card Type: Visa Electron (D) <input type="checkbox"/> Visa Electron (I) <input type="checkbox"/> Visa Gold <input type="checkbox"/> Students Card <input type="checkbox"/>

Bank Official Details

Name _____ Signature _____

Authorised by _____ Date _____



Guaranty Trust Bank (Ghana) Ltd.
RC C-68,758

GTBank MasterCard Application Form

Date: _____

Branch _____

Please complete in block letters & tick where applicable.

PERSONAL INFORMATION	FIRST APPLICANT	SECOND APPLICANT (JOINT ACCOUNT)
Title (Mr./Mrs./Dr./Miss.,etc.)		
Last name		
First name		
Place of Birth		
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Identity		
ID number		
Mother's maiden name		
ADDRESS	FIRST APPLICANT	SECOND APPLICANT (JOINT ACCOUNT)
Street /House Address		
Postal Address		
E-mail Address		
Tel/Mobile Number		
BANK INFORMATION		
Account Number	_____ / _____ / / / (Primary Account)	
2 nd Account to be linked	_____ / _____ / / / kindly note that this account will only be accessible on GTBank ATMs	
Account Name		
I/We confirm that I/we have read and understood the terms and conditions overleaf		
Signature		
Date		

(BANK USE ONLY)

Verified By:

Name _____ Signature / Date _____

Approved By:

Name _____ Signature / Date _____

DIRECTIONAL MAP

KYC CHECKLIST – INTERNAL USE ONLY



(To be completed by Account Officer)

1. Customer Name: _____

2. Name of Signatory: _____

3. Account Type: _____

4. Accounts Number: _____

5. Identification of account holder verified? Yes No

a. ID Type: _____ b. ID Number: _____

6. Name, Date of Birth, Nationality Verified (Via Document Submitted) Yes No

7. Residential Address Confirmed (Via Tenancy Agreement, Utility Bills, Income Tax Certificate, and other Bank's Statement etc) Yes No

8. Is the purpose of the account confirmed by applicant? Yes No Please state _____

9. Has applicant indicated source(s) of fund? Yes No Please state _____

10. I have information on the applicant's expected volume and type of activity to be conducted across the Bank Yes No

11. Transaction Types:
Inward transfers/Deposits (cash/cheque /salary) Please state _____

Outward transfers / Withdrawals Please state _____

Expected No. of transaction(s) per month Please state _____

Expected amount of transaction(s) per month Please state _____

12. Is the applicant 18 year or above? Yes No

13. Is the applicant resident in Ghana? Yes No

14. Does the applicant reside in a High Risk Country? Yes No

15. The applicant's funding is sourced from his / her normal business? Yes No

16. Is the applicant a PEP? Yes No

17. If the applicant is a PEP, specify details of PEP position

18. If an overseas customer resides or operate in High Risk Country (NCCT) specify the country

19. Where the customer's business involves gambling, defence or money services, give details

20. Where a customer is a PEP, resides in or sources funds from NCCT, then provide as follows

a. Sources of wealth generation: _____

b. Person's estimated net worth: _____

c. Estimated annual income: _____

21. Where the customer is a PEP or relates or transacts business linked to NCCT, seek management approval (i.e. MD, GM, Head, Compliance or SYSCON) before completing the account opening process.

Account Officer's Name: _____ Reviewer's Name: _____

Designation / Signature: _____ Designation / Signature: _____

Date: _____ Date: _____

Comments: _____ Comments: _____

Account Opening Approval (For High Risk Customer Only)

SYSCON / Compliance Head Name: _____ MD/GM Name: _____

Designation: _____ Designation: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

DIRECTIONAL MAP

KYC CHECKLIST – INTERNAL USE ONLY



(To be completed by Account Officer)

1. Customer Name: _____

2. Name of Signatory: _____

3. Account Type: _____

4. Accounts Number: _____

5. Identification of Account holder verified? Yes No

a. ID Type: _____ b. ID Number: _____

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Designation / Signature: _____ Designation / Signature: _____

Date: _____ Date: _____

Comments: _____ Comments: _____

Account Opening Approval (For High Risk Customer Only)

SYSCON / Compliance Head Name: _____ MD/GM Name: _____

Designation: _____ Designation: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

FOR BANK USE ONLY

DOCUMENT OBTAINED - SAVINGS ACCOUNT (GTCREA8/SMART KIDS/SMART TEENS)

	YES	NO	N/A	DEFERRED	WAIVED
1. Complete signature/mandate Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. National ID Card of Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Passport Photograph of Minor/Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proof of Address (Current Utility Bill/ Tenancy Agreement) and Directional Map	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ID of Minor if Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Resident Permit (for foreign nationals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Birth Certificate of Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTATION CHECKED FOR;

- Scanned signature(s) and Scanned Picture(s)
- E-banking profiling (Internet Banking /SMS / GeNS/STMT)
- AML Profiling
- Other(s) _____

ACCOUNT OPENED BY

CIS _____
Name
Signature
Date

DEFERRAL /WAIVER OF DOCUMENT AUTHORISED BY:

Name
Signature
Date

APPROVED BY

Name
Signature
Date

