ADDITIONAL INFORMATION FORM



JOINT ACCOUNT

1. SECOND APPLICANT PERSONAL INFORMATION				
Title Surname Surname				
First Name				
Middle Name				
Marital Status (Please tick) Single Married Others Gender M F Date of Birth D M M Y Y				
Place of Birth Nationality				
Mother's Maiden Name Resident Non Resident Non Resident				
Residence Permit No Suse Date D D M M Y Y Expiry Date D D M M Y Y				
Tax Identification Number (TIN)				
If US Citizen, please provide Social Security Number:				
For Smart Kids/Smart Teens Save, provide name of minor Date of D D M M Y Y				
2. CONTACT DETAILS				
Residential Address				
City/Town Nearest Landmark				
Metropolitan, Municipal District Assembly Area (MMDA)				
Mailing address				
Mobile Number Telephone Number				
E-mail address				
3. MEANS OF IDENTIFICATION				
National ID Driver's License Passport Voter's ID SSNIT ID NHIS				
ID Number ID Issue Date D D M M Y Y ID Expiry Date D D M M Y Y				
4. EMPLOYMENT DETAILS				
Employment Status Employed Self Employed Unemployed Retired Student Others				
Employer's Name Date of Employment (if employed) Date of Employment (if employed)				
Employer's Address				
City/Town Region				
Nature of Business / Occupation E-mail				
Office Phone Number Mobile Number				
Monthly Salary/Income: Less than GH¢ 5,000 GH¢ 5,001 - 10,000 GH¢ 10,001 - 20,000 More than GH¢ 20,000				
5. DETAILS OF NEXT OF KIN				
Surname Middle Name First Name				
Date of Birth D D M M Y Y Gender M F Title (specify) Relationship				
E-mail Address Mobile Number				
House Number Street Name				
City / Town MMDA				

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6. ALTERNATE CONTACT PERSON (16 and above)				
Surname	Other Name		Date of DDMMYY	
Gender M F Relationship		Mobile Number		
E-mail	Address			
7. DECLARATION				
I/We hereby apply for the opening of account(s) with Guaranty Trust Bank (Ghana) Limited. I/We understand that the information given herein and the document supplied are the basis for opening such account(s) and I/we therefore warrant that such information is correct.				
I/We agree to be bound by the 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: D D M M Y Y	
8. DATA PROTECTION CONSENT				
To enable Guaranty Trust Bank Ghana Limited. ("the Bank"), its affiliates and its contracted agents in managing and administering my/our account with the Bank, I/We hereby fully authorize the Bank and its affiliates and contracted agents, to share all information relating to me/us and my/our accounts, including, without limitation, any personal information, reference provided and other credit information maintained with or obtained by the Bank and its affiliates (including those obtained from credit reference agencies). I/We further authorise the Bank, its affiliates and its contracted agents to use, store, process, share, disclose and transfer (whether within or outside				
the jurisdiction concerned) all information (including, without limitation, information relating to the debts), relating to me/us, as they shall consider necessary in connection with administering my account.				
I/We acknowledge and agree that any such sharing or transfer of information will be on a confidential basis and that the Bank, its affiliates or other third party service providers, may disclose information if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud.				
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 contained in the Bank's account opening form.				
Name:	Signature:		Date: D D M M Y Y	
9. JURAT (For non-literate and blind customers only)				
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 /Thumbprint	Mark of Interprete /Thumbprint	r	Date: D D M M Y Y	
Name & Address of Interpreter		Lai	nguage of Interpretation	