



# SDC FINANCE & LEASING COMPANY LIMITED

## INDIVIDUAL & JOINT ACCOUNT APPLICATION FORM

ACCOUNT TYPE: Individual Account  Joint Account  In-Trust-For

### PERSONAL DATA A

Mr / Ms / Mrs

Surname A: \_\_\_\_\_ Other Names A: \_\_\_\_\_

Date of Birth A: \_\_\_ / \_\_\_ / \_\_\_\_\_ Occupation: \_\_\_\_\_

ID Type:  Passport  Driver's License  Voter's ID  Others ID NO: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Nationality: \_\_\_\_\_

Residential Status:  Resident GH  Non Resident GH  Resident Foreigner  Non Resident Foreigner

Proof of Residence:  Utility Bill  Tenancy Agreement  Work / Resident / Refugee Permit

Marital Status:  Single  Married  Others

Postal Address A: \_\_\_\_\_

Residential Address A: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Photo

### PERSONAL DATA B (If any)

Mr / Ms / Mrs

Surname A: \_\_\_\_\_ Other Names A: \_\_\_\_\_

Date of Birth A: \_\_\_ / \_\_\_ / \_\_\_\_\_ Occupation: \_\_\_\_\_

ID Type:  Passport  Driver's License  Voter's ID  Others ID NO: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Nationality: \_\_\_\_\_

Residential Status:  Resident GH  Non Resident GH  Resident Foreigner  Non Resident Foreigner

Proof of Residence:  Utility Bill  Tenancy Agreement  Work / Resident / Refugee Permit

Marital Status:  Single  Married  Others

Postal Address A: \_\_\_\_\_

Residential Address A: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Photo

### EMPLOYER DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Office Location: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**NEXT OF KIN**

Name	%	Phone Number	Relationship

**REFERENCE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Contact Person at SDC (if any): \_\_\_\_\_

Electronic authorization: Do you wish to authorize transactions by email? YES  NO

\_\_\_\_\_

If yes please state email address explicitly

Please be advised that instructions from the above email address will be deemed valid henceforth until otherwise annulled by the account holder in writing.

I/We confirm that details provided above are true and accurate at the time of completing this form and it's my/our request for you to open an account(s) in respect with the particulars given above.

I/We agree to be bound by the Bank of Ghana rules for Finance Houses governing the relevant type of account (whether or not we shall have received notice of such rules or any alteration) and that the Finance House is entitled to be indemnified in such circumstance.

\_\_\_\_\_  
 Applicant's Signature (A)

\_\_\_\_\_  
 Applicant's Signature (B) (Joint Account only)

Mandate for Account:

Any one

A only

B only

A &amp; B

NB. Investment in deposits will be rolled over at a minimum of 0.5% plus the prevailing Treasury bill interest rate for the specified tenor of the initial investment if we do not hear from you five (5) clear working days to maturity. The investment will also attract a penal charge on the accrued interest when withdrawal is done before the investment maturity.

**INTERNAL USE ONLY**Client Status: New Client  Update 

\_\_\_\_\_  
 Client Account Number

\_\_\_\_\_  
 Client Account Code

Officer in charge: \_\_\_\_\_  
 Name

Approved By: \_\_\_\_\_  
 Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

Date:

Date: