

## Customer Update Form

### General Account Information (Complete in block letters and tick where applicable)

Account Branch	<input type="text"/>	Date	<input type="text" value="D D M M Y Y Y Y"/>
Account Number	<input type="text"/>		
Account Name	<input type="text"/>		
Tick applicable update			
<input type="checkbox"/> Personal Details	<input type="checkbox"/> Employment Details	<input type="checkbox"/> Signature & Mandate	<input type="checkbox"/> Expected Account Activity

### Personal Details

Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Other
Surname	<input type="text"/>				
First Name	<input type="text"/>				
Other Name(s)	<input type="text"/>				
Maiden Name (if applicable)	<input type="text"/>				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
No. of Dependants	<input type="text"/> Children	<input type="text"/> Others			
Place of Birth	<input type="text"/>	Date of Birth	<input type="text" value="D D M M Y Y Y Y"/>		
Nationality	<input type="text"/>				
Profession/Occupation	<input type="text"/>	Hometown	<input type="text"/>		
Educational Level	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Not literate	
SSNIT Number	<input type="text"/>	TIN	<input type="text"/>		
Mobile No.	<input type="text"/>	Telephone No.	<input type="text"/>		
Email	<input type="text"/>	Country of Residence	<input type="text"/>		
<b>For Foreign Nationals</b>					
Resident Permit No.	<input type="text"/>	Permit Issue Date	<input type="text" value="D D M M Y Y Y Y"/>		
Place of Issue	<input type="text"/>	Permit Expiry Date	<input type="text" value="D D M M Y Y Y Y"/>		
Residential/Permanent Address					
Res. Address	<input type="text"/>	Street Name	<input type="text"/>		
Landmark	<input type="text"/>				
City/Town	<input type="text"/>	Digital Address/ GPS	<input type="text"/>		
Metropolitan, Municipal and District Assembly <input type="text"/>					
Title to Residence	<input type="checkbox"/> Outright Ownership	<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Rented		
	<input type="checkbox"/> Lease	<input type="checkbox"/> Others (specify)	<input type="text"/>		
Proof of Address	<input type="checkbox"/> Electricity Bill	<input type="checkbox"/> Telephone Bill	<input type="checkbox"/> Water Bill		
	<input type="checkbox"/> Others (specify)	<input type="text"/>			
Proof of Address Serial Number	<input type="text"/>	Issue Date	<input type="text"/>		
Postal Address	<input type="text"/>				

**Residential Address Abroad (If Applicable)**

House No.  Street Name

City/Town  Suburb

Post Code  Country

**Contact Person's Details**

Name

Employment Details

Mobile No.  Relationship

**Employment Details**

Employment Status  Employed (Public)  Employed (Private)  Unemployed

Self Employed  Retired  Other (specify)

Number of Years with Current Employer:  Mode of Salary payment:  Cash  Cheque  Direct Credit

Wage/Monthly Salary (GH¢):  Less than 1,000  1,000 - 5,000  5,001 - 10,000  More than 10,000

Employer's Name

Nature of Business

Employer's Address

Landmark

Region /City/Town

Phone Number.

Employer's Email

**Valid Means of Identification (Please tick and provide relevant details)**

NHIS  Issue Date  Expiry Date

Driver's License  Issue Date  Expiry Date

Passport  Issue Date  Expiry Date

Voter's ID  Issue Date  Expiry Date

Others (Specify)  Issue Date  Expiry Date

**Tax Identification No.  Social Security No.**

**Expected Account Activity**

Transaction Type	Expected No. of Transactions Per Month	Expected Amount Per Month
Deposits (Funds inflow) Account	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 & Above	<input type="checkbox"/> 1-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001 plus
Withdrawals (Funds outflow) Account	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 & Above	<input type="checkbox"/> 1-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,001 plus

**Declaration**

I/We hereby apply for update of account(s) with ABii National ..... branch. I/ We understand that the information given herein and the documents supplied are the basis for updating such account(s) and I/We therefore warrant that such information is correct.

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

**Customer's Specimen Signature (Sign three times in the box below )**

SIGNATURE	RECENT PASSPORT-SIZED PHOTOGRAPH

**FOR BANK USE ONLY**

1. Authentication For Politically Exposed Persons

Is Applicant a PEP or associated with PEP ?  YES  NO

If Customer is closely associated with PEP, state relationship .....

Source of wealth (If a PEP or associated with a PEP) .....

2. KYC/Risk Profile  Low Risk  Medium Risk  High Risk

3. Data Input By :

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

4. Document Verification Carried Out By :

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

Comments .....

5. Update Authorized/Approved By :

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

6. For PEP and Other High Risk Customers, Refer to the Managing Director /Head Business Banking for Approval

Name ..... Designation .....

Signature ..... Date .....