



Branch _____ Account Number _____ Customer ID _____

1. ACCOUNT TYPE (tick appropriate option)

Please open: Current Account Call Account Others (specify) _____

Currency: GHS USD GBP EUR Others (specify).....

Purpose of account opening: Transactional Investment Others (specify) _____

Source of funds _____

2. BUSINESS DETAILS

Business Name _____ Date of Registration ___/___/___ (DD/MM/YYYY)

Legal form Sole Proprietor Partnership Limited Liability MMDAs Charity Others _____

Nationality _____ Bus. Registration No. _____ Place of Incorporation _____

Business Commencement Date ___/___/___ Legal situation _____

Tax Identification number _____ Issued on ___/___/___ (DD/MM/YYYY) Country of tax payment.....

Parent Company _____ Place of registration _____

No of Partners/Directors ___/___/___ Apex Holding Company _____

Permits and Certification/License

Are regulatory permits needed for the running of the business? Yes No

If yes, what stage has application reached? Granted Applied for Not yet applied for

Please indicate: Name of competent authority..... Permit No.

Profession (Business Activity)

- Agric Trade Managers & Professionals Distribution Entertainment Hospitality Industries
 Fashion Work Services Non Profit Enterprise Construction Manufacturing Education Health

3. CONTACT INFORMATION

Business Location/Registered Office _____

Town/ City _____ Region _____ Country _____

Permanent Mailing Address _____

Fax Numbers	Phone Numbers (Fixed Lines)	Phone Numbers (Mobile)	Website
_____	_____	_____	_____

E-mail Address 1 _____
 E-mail Address 2 _____

4. EXECUTIVES/DIRECTORS/ /PROMOTERS/EXECUTORS

A. Title _____ Surname _____ First Name _____ Middle Name _____

Job Title/Position Held _____ Occupation _____ Date of Birth ___/___/___ (DD/MM/YYYY)

Place of Birth _____ Gender _____ Marital Status _____

Residential status _____ Mother's Maiden name _____ Nationality _____

Residential Permit No _____ Form of identification _____ ID Number _____

Issuing Office _____ Place issue _____ Date of Issue ___/___/___ Expiry Date ___/___/___ (DD/MM/YYYY)

Residential Address _____ Landmark _____

City/Town _____ Metropolitan/District _____ Region _____

Telephone number _____ E-mail _____

Form of Address verification Utilities Bill Tenancy Agreement Employers Letter Others _____

Document Number _____ Issuing Office _____ Date of Issuing ___/___/___ (DD/MM/YYYY)

Status as director: Chairman Managing Director Executive Director Non-Executive Director

Others _____

B.

Title _____ Surname _____ First Name _____ Middle Name _____
 Job Title/Position Held _____ Occupation _____ Date of Birth ____/____/____ (DD/MM/YYYY)
 Place of Birth _____ Gender _____ Marital Status _____
 Residential status _____ Mother's Maiden name _____ Nationality _____
 Residential Permit No _____ Form of identification _____ ID Number _____
 Issuing Office _____ Place issue _____ Date of Issue ____/____/____ Expiry Date ____/____/____ (DD/MM/YYYY)
 Residential Address _____ Landmark _____
 City/Town _____ Metropolitan/District _____ Region _____
 Telephone number _____ E-mail _____
 Form of Address verification: Utilities Bill Tenancy Agreement Employers Letter others _____
 Document Number _____ Issuing Office _____ Date of Issuing ____/____/____ (DD/MM/YYYY)
 Status as a director: Chairman Managing Director Executive Director Non-Executive Director
 Others _____

C.

Title _____ Surname _____ First Name _____ Middle Name _____
 Job Title/Position Held _____ Occupation _____ Date of Birth ____/____/____ (DD/MM/YYYY)
 Place of Birth _____ Gender _____ Marital Status _____
 Residential status _____ Mother's Maiden name _____ Nationality _____
 Residential Permit No _____ Form of identification _____ ID Number _____
 Issuing Office _____ Place issue _____ Date of Issue ____/____/____ Expiry Date ____/____/____ (DD/MM/YYYY)
 Residential Address _____ Landmark _____
 City/Town _____ Metropolitan/District _____ Region _____
 Telephone number _____ E-mail _____
 Form of Address verification: Utilities Bill Tenancy Agreement Employers Letter others _____
 Document Number _____ Issuing Office _____ Date of Issuing ____/____/____ (DD/MM/YYYY)
 Status as a director: Chairman Managing Director Executive Director Non-Executive Director
 Others _____

5. SHAREHOLDERS-10% and above**A.**

Title _____ Surname _____ First Name _____ Middle Name _____
 % of shares held _____ Nationality _____ Address _____
 Status.....Tax Identification No..... Country of tax payment,.....
 Mobile number _____ Email Address _____
 Registration Certificate [if corporate shareholder] _____
 Country of incorporation [if corporate shareholder] _____
 Name of beneficiary owner(s) (if any) _____

B.

Title _____ Surname _____ First Name _____ Middle Name _____
 % of shares held _____ Nationality _____ Address _____
 Status.....Tax Identification No..... Country of tax payment,.....
 Mobile number _____ Email Address _____
 Registration Certificate [if corporate shareholder] _____
 Country of incorporation [if corporate shareholder] _____
 Name of beneficiary owner (s) (if any) _____

C.

Title _____ Surname _____ First Name _____ Middle Name _____
 % of shares held _____ Nationality _____ Address _____
 Status.....Tax Identification No..... Country of tax payment,.....
 Mobile number _____ Email Address _____
 Registration Certificate [if corporate shareholder] _____
 Country of incorporation [if corporate shareholder] _____
 Name of beneficiary owner(s) (if any) _____

D.

Title _____ Surname _____ First Name _____ Middle Name _____
 % of shares held _____ Nationality _____ Address _____
 Status.....Tax Identification No..... Country of tax payment,.....
 Mobile number _____ Email Address _____
 Registration Certificate [if corporate shareholder] _____
 Country of incorporation [if corporate shareholder] _____
 Name of beneficiary owner(s) (if any) _____

Name of affiliated Company/Body

1. _____
2. _____
3. _____

Consent of Directors /Partners

Specimen Signatures

- | | |
|----------|---------------------------|
| 1) _____ | (<i>Chairman</i>) _____ |
| 2) _____ | (<i>Managing</i>) _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |

6. KEY CONTACT PERSONS

A.

Title _____ Surname _____ First Name _____ Middle Name _____
 Job Title/Position Held _____ Occupation _____ Date of Birth ____/____/____ (DD/MM/YYYY)
 Place of Birth _____ Gender _____ Marital Status _____
 Residential status _____ Mother's Maiden name _____ Nationality _____
 Residential Permit No _____ Form of identification _____ ID Number _____
 Issuing Office _____ Place issue _____ Date of Issue ____/____/____ Expiry Date ____/____/____ (DD/MM/YYYY)
 Residential Address _____ Landmark _____
 City/Town _____ Metropolitan/District _____ Region _____
 Telephone number _____ E-mail _____
 Form of Address verification: Utilities Bill Tenancy Agreement Employers Letter others _____
 Document Number _____ Issuing Office _____ Date of Issuing ____/____/____ (DD/MM/YYYY)

B.

Title _____ Surname _____ First Name _____ Middle Name _____
 Job Title/Position Held _____ Occupation _____ Date of Birth ___/___/___ (DD/MM/YYYY)
 Place of Birth _____ Gender _____ Marital Status _____
 Residential status _____ Mother's Maiden name _____ Nationality _____
 Residential Permit No _____ Form of identification _____ ID Number _____
 Issuing Office _____ Place issue _____ Date of Issue ___/___/___ Expiry Date ___/___/___ (DD/MM/YYYY)
 Residential Address _____ Landmark _____
 City/Town _____ Metropolitan/District _____ Region _____
 Telephone number _____ E-mail _____
 Form of Address verification: Utilities Bill Tenancy Agreement Employers Letter others _____
 Document Number _____ Issuing Office _____ Date of Issuing ___/___/___ (DD/MM/YYYY)

7. BUSINESS AND FINANCIAL INFORMATION

Networth of Company _____ Last Financial Info. Update date ___/___/___ (DD/MM/YYYY)
 Authorized Capital _____ Paid Up Capital _____ Net Profit /Loss Last Year _____
 Net Profit/Loss Year before _____ Source of funds _____
 Annual Turnover: GHS 0 - 9,999 GHS 10,000 - 49,999 GHS 50,000 - 99,000 GHS 100,000 above
 Is the Company on Stock Exchange? Yes No Ref No..... Statutory Auditors:.....

DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

S/N	NAME AND ADDRESS OF BANK /BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE /DORMANT
1				
2				
3				
4				
5				

8. DETAILS OF AUTHORIZED SIGNATORIES

A.

Title _____ Surname _____ First Name _____ Middle Name _____
 Job Title/Position Held _____ Occupation _____ Date of Birth ___/___/___ (DD/MM/YYYY)
 Place of Birth _____ Gender _____ Marital Status _____
 Residential status _____ Mother's Maiden name _____ Nationality _____
 Tax Identification No..... Country of tax Payment..... Residential Permit No _____
 Form of identification _____ ID Number _____ Issuing Office _____ Place issue _____
 Date of Issue ___/___/___ Expiry Date ___/___/___ (DD/MM/YYYY)
 Residential Address _____ Landmark _____
 City/Town _____ Metropolitan/District _____ Region _____
 Telephone number _____ E-mail _____
 Form of Address verification: Utilities Bill Tenancy Agreement Employers Letter others _____
 Document Number _____ Issuing Office _____ Date of Issuing ___/___/___ (DD/MM/YYYY)
 Class of signatory _____ Do you have an existing Bank Account? Yes No If yes, please provide:
 Bank address: _____ Account Number _____ Branch _____

Do you want to open an account with us? Yes No

PHOTOGRAPH

THUMBPRINT

(SIGNATURE)

(DATE)

B.

Title _____ Surname _____ First Name _____ Middle Name _____
 Job Title/Position Held _____ Occupation _____ Date of Birth ____/____/____ (DD/MM/YYYY)
 Place of Birth _____ Gender _____ Marital Status _____
 Residential status _____ Mother's Maiden name _____ Nationality _____
 Tax Identification No..... Country of tax Payment.....Residential Permit No _____
 Form of identification _____ ID Number _____ Issuing Office _____ Place issue _____
 Date of Issue ____/____/____ Expiry Date ____/____/____ (DD/MM/YYYY)
 Residential Address _____ Landmark _____
 City/Town _____ Metropolitan/District _____ Region _____
 Telephone number _____ E-mail _____
 Form of Address verification: Utilities Bill Tenancy Agreement Employers Letter others _____
 Document Number _____ Issuing Office _____ Date of Issuing ____/____/____ (DD/MM/YYYY)
 Class of signatory _____ Do you have an existing Bank Account? Yes No If yes, please provide:
 Bank address: _____ Account Number _____ Account Number _____
 Do you want to open an account with us? Yes No

PHOTOGRAPH



THUMBPRINT



(SIGNATURE)

(DATE)

C.

Title _____ Surname _____ First Name _____ Middle Name _____
 Job Title/Position Held _____ Occupation _____ Date of Birth ____/____/____ (DD/MM/YYYY)
 Place of Birth _____ Gender _____ Marital Status _____
 Residential status _____ Mother's Maiden name _____ Nationality _____
 Tax Identification No..... Country of tax Payment.....Residential Permit No _____
 Form of identification _____ ID Number _____ Issuing Office _____ Place issue _____
 Date of Issue ____/____/____ Expiry Date ____/____/____ (DD/MM/YYYY)
 Residential Address _____ Landmark _____
 City/Town _____ Metropolitan/District _____ Region _____
 Telephone number _____ E-mail _____
 Form of Address verification: Utilities Bill Tenancy Agreement Employers Letter others _____
 Document Number _____ Issuing Office _____ Date of Issuing ____/____/____ (DD/MM/YYYY)
 Class of signatory _____ Do you have an existing Bank Account? Yes No If yes, please provide:
 Bank address: _____ Account Number _____ Branch.....
 Do you want to open an account with us? Yes No

PHOTOGRAPH



THUMBPRINT



(SIGNATURE)

(DATE)

D.

Title _____ Surname _____ First Name _____ Middle Name _____
 Job Title/Position Held _____ Occupation _____ Date of Birth ___/___/___ (DD/MM/YYYY)
 Place of Birth _____ Gender _____ Marital Status _____
 Residential status _____ Mother's Maiden name _____ Nationality _____
 Tax Identification No. Country of tax Payment.....Residential Permit No _____
 Form of identification _____ ID Number _____ Issuing Office _____ Place issue _____
 Date of Issue ___/___/___ Expiry Date ___/___/___ (DD/MM/YYYY)
 Residential Address _____ Landmark _____
 City/Town _____ Metropolitan/District _____ Region _____
 Telephone number _____ E-mail _____
 Form of Address verification: Utilities Bill Tenancy Agreement Employers Letter others _____
 Document Number _____ Issuing Office _____ Date of Issuing ___/___/___ (DD/MM/YYYY)
 Class of signatory _____ Do you have an existing Bank Account? Yes No If yes, please provide:
 Bank address: _____ Account Number _____ Bank.....
 Do you want to open an account with us? Yes No

PHOTOGRAPH

THUMBPRINT

(SIGNATURE)

(DATE)

9. ACCOUNT SERVICE REQUIRED

A. Account Statements

Account statements are sent monthly by email as password-protected pdf attachments, unless otherwise specified. Please provide up to two email addresses which should receive statements and mobile number to receive your password. (passwords are communicated by SMS)

Email 1:

Email 2:

Mobile Number:

Hold Statement at my branch

B. Cheque Book Open Cheque Crossed Cheque No. of leaves 25 leaves 50 leaves 100 leaves

Cheque confirmation will you like to pre-confirm your cheques? Yes No

If yes, please specify the threshold: _____

C. Online Banking- Sogecashnet

Please complete the attached Sogecashnet subscription forms to enable us set you up for online banking

10. EMAIL INDEMNITY

	Account Name	Account Currency	E-mail address	Fax No
1				
2				
3				

I / WE _____ (hereinafter called "the Client") fully aware of the risks associated with communication by email requests **SOCIETE GENERALE GHANA LIMITED** (hereinafter called "the Bank") of P. O. Box 13119, Accra to act on instructions transmitted via the above mentioned e-mail address for Account Number(s) _____
The Bank is ready to act on the instructions received via e-mail address(ess) stated above.

Authorized Signature of the Customer/Representative

(SIGNATURE) _/ _/ _ (DD/MM/YYYY) (DATE) _____
(SIGNATURE) (DATE) (SIGNATURE) (DATE) _____
(SIGNATURE) (DATE) (SIGNATURE) (DATE) _____
(SIGNATURE) (DATE) (SIGNATURE) (DATE) _____

11. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE

We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Registrar General's Department or relevant agency / authority.

Authorized Signature of the Customer/Representative

(SIGNATURE) _/ _/ _ (DD/MM/YYYY) (DATE) _____
(SIGNATURE) (DATE) (SIGNATURE) (DATE) _____

(SIGNATURE) _/ _/ _ (DD/MM/YYYY) (DATE) _____
(SIGNATURE) (DATE) (SIGNATURE) (DATE) _____

12. SET-OFF OF BALANCE ON ACCOUNT

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 my / 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.

Authorized Signature of the Customer/Representative

(SIGNATURE) _/ _/ _ (DD/MM/YYYY) (DATE) _____
(SIGNATURE) (DATE) (SIGNATURE) (DATE) _____

(SIGNATURE) _/ _/ _ (DD/MM/YYYY) (DATE) _____
(SIGNATURE) (DATE) (SIGNATURE) (DATE) _____

13. DECLARATION

I/We _____ hereby declare that the above information is correct and accurate in all respects. I / We confirm that I / We have read, understood this application, the terms and conditions of the service(s) and agree to be bound by these terms and conditions.

14. 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).

Authorized Signature of the Customer/Representative

(SIGNATURE)

__/__/____ (DD/MM/YYYY)
(DATE)

(SIGNATURE)

__/__/____ (DD/MM/YYYY)
(DATE)

(SIGNATURE)

__/__/____ (DD/MM/YYYY)
(DATE)

(SIGNATURE)

__/__/____ (DD/MM/YYYY)
(DATE)

IN THE PRESENCE OF:

Name _____

Address _____

Occupation _____

(SIGNATURE)

__/__/____ (DD/MM/YYYY)
(DATE)

Tax residency self-certification form – Entity

Tax Regulations require Societe General Ghana Limited (hereinafter called 'SG Ghana') to collect and report certain information about the Entity associated with a financial account. The term 'Tax Regulations' refers to regulations created to enable the automatic exchange of information and includes the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information ('CRS'), as implemented in the relevant jurisdictions.

To enable SG Ghana to comply with its reporting obligations, you are required to provide information about the Entity's tax residence, tax identification numbers, classification under the Tax Regulations and details about controlling persons (where applicable).

Please be advised that in certain circumstances (including if we do not receive a valid self-certification for the Entity), we may be required to disclose information on the Entity's account (including but not limited to details about the legal entity, the beneficial owners and controlling persons, as well as transactional and other financial account information and/or documentation) to any government, regulatory body, agency, tax authority or other relevant authority to comply with regulatory obligations as implemented under local law.

Please note:

- **You are required to provide the Entity classification under all sections of this form**, i.e. for the purposes of all two reporting regulations, regardless of whether the same entity classification applies.
- **The term "Entity"** means a legal person or a legal arrangement such as a corporation, a partnership, a trust, a foundation and branches which are treated as "Entities" under the Tax Regulations. A branch includes a unit, business or office.
- **Please refer to the instructions** for the related definitions of each field.
- **Do not use this form if the account holder is an individual.** Instead please complete the 'Tax residency self-certification form – Individual'.
- **SG Ghana is not allowed to fill this form on your behalf.** If you have any questions on how to complete this form, how to determine the Entity's tax residence or how to classify the Entity under each section, you should consult with your tax or legal advisor.

Section 1: Entity details

- 1.1 Legal Name of Entity/Branch (in full)*:
- 1.2 Country of incorporation or organisation:

Section 2: Current Permanent Residence Address

2.1 Entity's current permanent residence address*:

- Line 1 (e.g. Number and Street)
- Line 2 (e.g. Town/City)*
-
- Country*

2.2 Entity's mailing address (if different from above):

- Line 1 (e.g. Number and Street)
- Line 2 (e.g. Town/City/)
-
- Country

Section 3: Country of Residence for Tax Purposes

3.1 Entity's country of residence for tax purposes*:

3.2 Does the country of tax residence issue a TIN (Tax Identification Number)* to its entities?

Yes

No

If yes,

3.3 I further certify that the TIN in the country of residence is*: _____

3.4 Or I am otherwise unable to provide a TIN (tick box if relevant)

Please provide the reason why the TIN is unavailable:

3.5 Confirmation of Sole Residency for Tax Purposes:

I further certify that the account holder is not resident in any other country for tax purposes

(If ticking this statement please proceed to Section 4 otherwise please proceed to Section 3.6 of this form.)

3.6 Additional Countries of Residence for Tax Purposes (if applicable)

I certify that in addition to the country set out in Section 3.1 the Entity is tax resident in the following countries and the Entity's TIN in each additional country is set out below or I have ticked the box to indicate that a TIN is unavailable (use a separate sheet if the Entity is tax resident in more than four additional countries):

Country*:	_____	TIN*:	_____	or TIN Unavailable:	<input type="checkbox"/>
Country*:	_____	TIN*:	_____	or TIN Unavailable:	<input type="checkbox"/>
Country*:	_____	TIN*:	_____	or TIN Unavailable:	<input type="checkbox"/>
Country*:	_____	TIN*:	_____	or TIN Unavailable:	<input type="checkbox"/>

If you have ticked the boxes above, please provide the reason why the TIN is unavailable:

Section 4: Entity's classification under OECD CRS

Please tick the **only** relevant box that applies:

4.1 If the Entity is a Financial Institution, please tick the relevant box that applies:*

- i. Reporting Financial Institution
- ii. Non-Reporting Financial Institution

4.2 If the Entity is a Non-Financial Entity ('NFE'), please tick the relevant box that applies:*

- i. Active NFE – Publicly traded NFEs and related entities, Governmental entities, Int. organizations, central banks or their wholly owned entities
- ii. Active NFE – Other
- iii. Passive NFE – Non active NFE (please complete Section 5)
- iv. Passive NFE – Investment entity that is not a Participating Jurisdiction FI¹ (please complete Section 5)

Section 5: Passive NFE Controlling Persons

5.1 Controlling Persons information of non resident persons for CRS

Please list below each Controlling Person (or Beneficial Owner) information for **non resident** person for CRS, confirming ALL countries of tax residence and ALL Tax Identification Numbers for EACH Controlling Person.

Or by checking this box, I certify that I have attached self-certifications forms executed by Controlling Persons of the entity identified in this form.

	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4
Full Name* (First and last name)				
Date of Birth* (DD/MM/YYYY)				
Country of Birth*				
Full Address* (House No, Street, City, Country, Post Code)				
Country(s) of Tax Residence(s)* (Do Not Abbreviate)				
Associated TIN(s) or reason of unavailability*				

Please note that if the related jurisdiction becomes a Participating jurisdiction, the status of the entity will automatically be charged to Reporting F1. Therefore, a new self-certification may be requested.-

Type of Controlling Person* (please see instructions)				
-----------------------------------------------------------------	--	--	--	--

Please attach additional sheets if necessary.

Declaration*

- I confirm that all information and statements made in this form are to the best of my knowledge and belief, correct and complete. I confirm the details of each non resident controlling person have been correctly completed when applicable.
- I authorize SG Ghana to provide a copy of this self-certification, filled out and transmitted by me or by any controlling person of the entity, or any other information necessary for establishing my tax status to any competent tax authority, any authority empowered to audit or control SG Ghana for tax purposes as well as any entity, which, at the time of disclosure, belongs to the Société Générale Group.
- I agree that any information contained in this self-certification including information on controlling persons and any information regarding his/her current and future financial account(s), including their balance(s) and income revenues transactions, may be reported to (i) any authority to which SG Ghana is required to provide tax-related information, (ii) any other parties SG Ghana considers as relevant in order to comply with the applicable CRS regulation and to prevent its potential violation and (iii) any entity to whom SG Ghana decided to entrust all or part of its CRS reporting obligations, including any company that, at the time of disclosure, belongs to the Société Générale Group.
- I agree that I will submit a new self-certification form to SG Ghana within 90 days if any information on this self-certification form changes or becomes incorrect including for controlling persons.
- I will inform each beneficial owner of the entity (current and future) of the requirements under CRS legislation. I will guarantee to SG Ghana that I obtained the express consent of such persons, in compliance with all applicable regulations regarding the protection of personal data and/or professional secrecy, so that information concerning them referred to in 5.1, their links (direct or indirect) with the entity and any relevant information or documentation under CRS, can be collected and transmitted to the above mentioned authorities and entities. I undertake to submit to the SG Ghana , upon its first request, those consents.

I certify that I am the Account Holder (or authorized to sign for the Account Holder) of all the accounts to which this form relates.

By checking this box, I certify that I have capacity to sign for the Entity identified in this form.

Sign Here*: _____ Print Name: _____

Capacity: _____ Date (DD-MM-YYYY)*: _____

Personal data: The personal data collected in this document are compulsory to allow SG Ghana to determine with precision the status and the qualification of your fiscal status in accordance with any applicable regulation. These data, as well as those collected later, are protected by the Data Protection Act 2012 (Act 843), and the Banking Act, Act 673 of 2004 and the Banking(Amendment)Act, Act 738 of 2007 and may be used by SG Ghana for the management of the customer relation, and in particular for risk management, incident and fraud prevention, Know your customer and anti-money laundering purposes. These personal data may not be used by the Bank for direct marketing. They may, as expressly agreed upon and to the extent necessary to achieve the above purposes, be disclosed to other legal entities of the Société Générale Group, as well as, to competent authorities as fiscal authorities. These transfers take place under conditions and guarantees offering appropriate protection of your personal data. You may access your personal data and obtain rectification or erasure of incomplete or inaccurate data. You may also object on legitimate grounds to the processing of your data. Your rights may be exercised by applying to the service where your account is opened.

----- *Societe Generale Ghana internal use only below this line* -----

Account holder internal ID number: _____ Received (DD-MM-YYYY): _____

15. FOR BANK USE ONLY

A. REQUIREMENT CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Account opening form duly completed				
2	Specimen signature card duly completed				
3	Copy of Registrar General's Department Certificate				
4	Board Resolution				
5	Copy of Memorandum and Article of Association (certified true copy by the Registrar of Companies)				
6	Tax Clearance Certificate				
7	TIN Registration No				
8	Partnership Deed (where applicable)				
9	Approval Letter (MMDAs)				
10	Trust Deed				
11	Act /Gazette (for Government Agency) (where applicable)				
12	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
13	Introduction letter (where applicable)				
14	Status report from Banker (where applicable)				
15	Resident Permit (for non-Ghanaians)				
16	Evidence of Registration with Ghana Investment Promotion Centre (where applicable)				
17	Evidence of Registration with other Government Agency				
18	Search Report				
19	Power of Attorney (where applicable)				
20	Letter of indemnity				
21	Proof of Company Address				
22	Business Premises visitation certificate				
23	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms/ documents – NHIS, Passport, National Identity Card, National Driver's License and Voter's ID Card				
24	Proof of Address of all Signatories and Directors / Officers whose names appear on the account opening forms /documents – Utility bill (Certified true copy is acceptable if original is not held				
25	Two completed satisfactorily reference forms				
26	Copy of the audited Financial statements				
27	CRS self-certification completed and signed (to be provided by the bank)				
28	Other (Please specify)				

B. ATTRIBUTES

BRANCH..... Quality.....
 Account Officer..... Internal Category.....
 Profile Designation..... Segment.....
 Starting from..... Statistic identifier.....
 Sponsorship Customer.....
 Customer ID :..... Initial Deposit:.....
 Internal Credit Rating.....
 Date Opened :.....

C Authentication for politically exposed Person

Is any of the executives/signatories/shareholders/contact persons/Directors/Promoters Politically exposed persons?

Yes NO

If yes please complete the attached PEP forms and seek approval from Senior Management (MD/COO/COM)

D Customer classification according to AML-CFT risk:

Low Risk

- If the applicant or authorized signatories fall into any of the following categories,
- The applicant is an ordinary individual resident in Ghana but not associated with PEPs
 - The applicant does not reside or operate in high risk country
 - The applicant whose funding is sourced from normal activities
 - Regulated Business Banks, Insurance Companies
 - Corporate customer listed on Stock Exchange

Standard Risk

If the applicant or authorised signatories fall into any type of account that is not listed as either Low Risk or High risk.

High Risk

- If the applicant or authorised signatories fall into any of the following categories
- The customer is a PEP (for PEP customers seek approval from Head Compliance & MD).
 - An overseas customer residing or operating in high risk jurisdiction(e.g. FATF –Non Cooperative Countries & Territories and IBFS Country Risk Rating.
 - Individuals whose current status will change soon ie student, unemployed.
 - Vulnerable individuals such as pensioners and illiterates.
 - NGO's
 - Mining
 - Casinos

Any High Risk customer should have final sign off by Compliance/MD

E Foreign Account Tax Compliance Act (FATCA)/Common Reporting Standards (CRS)

Does customer have any US indicia? If yes, has relevant documents on FATCA been collected? (W-9 Form + Waiver) Yes No

If No Compliant Non US Person. If Yes Specified US Person if No Non documented person (US Ind)

Any other relevant information _____

CRS Status Tax Nonresident Tax Resident

C. ACCOUNT OPENED BY:

NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSITION _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SIGNATURE _____ DATE:

--	--	--	--	--	--	--	--

D. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY :

NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSITION _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SIGNATURE _____ DATE:

--	--	--	--	--	--	--	--

E. ADDRESS VERIFICATION CARRIED OUT BY:

NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSITION _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SIGNATURE _____ DATE:

--	--	--	--	--	--	--	--

COMMENTS _____

1) Definitions

- a. 'Accountholder' means a person (natural or artificial) who holds and maintains an account with the Bank.
- b) "The Bank" means Societe Generale Ghana Limited
- c) "Account" means a Bank account of any type opened and maintained by a customer.
- d) I/We refers to the account holder/s
- e) 'You/Your' refers to the accountholder/s

2) ACCOUNTS**2.1) Savings Account**

a) The Bank reserves the right to fix the minimum deposit amount that must be maintained by you. The Bank may close your account if you do not operate the account in a manner consistent with the operation of a savings account.

b) Smart Saver Account Insurance - You shall be entitled together with two nominated members of your family to an assured sum of GHS1,000.00 each in the event of permanent injury or death if you operate a smart saver account. The Bank shall bear the cost of fees for insurance cover.

2.2) Fixed deposit Account

The Bank may permit the withdrawal of funds from a fixed deposit account before maturity. You accept that in such instances you shall forfeit all accrued interest and shall be liable to pay any charges or penalties we shall impose.

2.3) Joint Accounts

Where two or more persons hold joint account, the following shall also apply:

a) In the event of the death of one accountholder, the Bank shall pay or deliver to the order of the surviving account holder all monies, documents and properties which remains unencumbered and held on any accounts in their joint names.

b) The holders of a joint account shall be jointly and severally liable for any liabilities that may accrue on that account

c) The Bank may act on the instructions of one party if agreed, however, if a holder of the joint account gives instructions which conflict with the instructions of the other holder, The Bank reserves the right to refuse to act on any instructions until the conflict has been resolved to the Bank's satisfaction.

2.4) Minor Accounts

The Bank shall act on instructions received from the minor's guardian named in the account opening forms regardless of the minor having attained the age of majority until the guardian sends a written notification to the Bank directing the Bank to cease from acting on the guardian's instructions and to commence acting on the account holder's instruction.

2.5) Bank accounts are not transferrable.

3) KIT**a) MY KIT****i) KIT COMPONENTS**

- Current Account
- Savings Account
- E-Channel services: Sikanet, Sikatext, Sikelat
- My Overdraft - 50% of his/her salary less loan installment
- Maximum overdraft amount is GHS7,500.00

II) ELIGIBILITY

- Both new and existing customers at the age of 18 years and above
- Individual local currency current account holders
- Salaried workers

III) OPERATIONS OF MY KIT

- Access to the bank's E-channel services at no extra cost.
- No charge for use of Express Card for withdrawals at Societe Generale Ghana ATMs nationwide
- No charge for Express card subscription, No quarterly fee

b) EASY KIT**i) KIT COMPOSITION**

- Current Account
- Savings Account
- E-Channel services: Sikanet, Sikatext, Sikelat
- Visa Express Card

II) ELIGIBILITY

Salaried and non-salaried workers who are customers and prospective customers of Societe Generale Ghana and who are 18 years of age and above.

III) OPERATIONS OF EASY KIT

- Access to the bank's E-channel services at no extra cost.
- No charge for use of Express Card withdrawals at any SG GH ATM nationwide
- No charge for Express card subscription, No quarterly fee for Express Card

c) FLEXI KIT**i) KIT COMPOSITION**

- Current Account
- Smart Saver Account
- Flexi Overdraft which will be 30% of subscriber's monthly salary less loan installments
- Subscriber can access a maximum amount of GHS 1,500.00 as overdraft limit.
- Visa Express Card
- E-Channel services: Sikanet, Sikatext, Sikelat

II) ELIGIBILITY

Salaried workers who are customers and prospective customers of Societe Generale Ghana and who are 18 years of age and above.

III) OPERATIONS OF FLEXI KIT

- Access to the bank's E -channel services at no extra cost.
- No charge for use of Express Card for withdrawals at SG GH ATMs nationwide
- No charge for Express card subscription, No quarterly fee
- Personal accident insurance cover for the subscriber and two named family members

d) PRIVILEGE KIT

i. KIT COMPOSITION

- Current Account
- Super Saver Account
- Privilege Overdraft which is 50% of his/her salary less loan installments
- Maximum overdraft amount is GHS15, 000.00
- Visa Gold Card
- Sound Cash Insurance Cover
- E-Channel services: Sikanet, Sikatext, Sikatel

II. ELIGIBILITY

Salaried and Non-Salaried top affluent persons who are customers and prospective customers of Societe Generale Ghana and who are 18 years of age and above.

Operations of Privilege Kit

Access to the bank's E -channel services at no extra cost.
No charge for the use of Gold Card for withdrawals at Societe Generale Ghana ATMs nationwide

3.2) Deposits

- a. The Bank will accept for deposit to your account all cash, cheques and other items payable to you.
- b. The proceeds of cheques and other similar items deposited will only be available as cash after the clearing cycle has been completed.
- c. In the normal course of business, the Bank is unable to process postdated cheques.

3.3) Deposits reversed

- a. The Bank will debit your account with the amount of any cheque or other item deposited that is unpaid/returned. Your account will be debited with bank charges associated with these unpaid items. Details of such charges are available in our tariff guide.
- b. The Bank will debit your account with the amount of any cheque or other item deposited in your account to which you are not entitled and may pay the amount to the owner thereof, whether your account is in credit, or debit, and we will advise you of our action taken.

3.4) Payments

- a. The Bank will make payments from your account on your instructions if there are sufficient funds available.
- b. By arrangement, you may instruct us by means of computer or other electronic equipment to make payments from your account and we will debit your account whether in credit or not with the amounts concerned.

3.5 Stopping Payments

- a. You may stop payment of a cheque you have issued before it is presented for payment unless the bank has made a commitment to pay it.
- b. The Bank may accept stop payments of debit orders (eg: standing orders, cheques...) but the responsibility lies on you to cancel the underlying contract and you shall indemnify the Bank against any legal action arising out of such cancellation and non-payment of the debit order.

3.6 Interest

- a. The Bank will charge you interest on any over drawn balances and we shall inform you of the applicable rate of interest charged, upon request.
- b. The Bank will charge you for various services provided, details of such charges can be found in our tariff guide which is available in the Banking halls.
- c. The Bank may vary charges and interest rates from time to time, but will give you reasonable notice of such changes before they come into effect by putting notifications in our banking halls and the use of any other means reasonable.

3.7 Overdraft

- a. If your account is overdrawn without suitable arrangement; the Bank may transfer money to it from any other accounts held by you to set off.
- b) The Bank may demand payment of all amounts owing by you at any time.
- c) A document signed by a manager of the Bank containing details of an amount, including interest, owed by you will be sufficient proof thereof unless the contrary is proved.
- d. The Bank may take legal action against you in an appropriate Court of Law to recover any monies owed by you.
- e) You shall be responsible for payment of all our reasonable expenses in recovering any amounts you owe us including legal fees of an attorney.
- f) You may formally request for an Overdraft from your Branch which request will be subject to the Bank's credit policy. Access to the Overdraft and Overdraft renewal under Kits shall also be subject to the Bank's credit policy.
- g) Overdraft processing fees and Interest are not inclusive of the monthly fee for Kits.

4. Account services

4.1 Statements

- a. The Bank will provide you with statements of your account according to the frequency and medium of delivery you choose.
- b. Apart from the stated frequency of quarterly (for current account), or half-yearly (for saving accounts, all other adhoc requests for printed statements shall be at a fee stated in the Bank's tari guide.
- c. You shall advise us within 30 days of receipt of the statement, of any entry you regard as incorrect.
- d. If you fail to notify us timeously of forged or

unauthorized entries on your account and these results in losses taking place, the Bank reserves the right to refuse to refund the losses to you, provided that we have not been negligent or breached our duty of care.

4.2) Chequebook

- a. You agree to exercise the utmost care in handling any cheque book and any cheque given you by the bank.
- b. You also agree to ensure the following:
 - i. That all uncompleted cheque forms are kept in safe custody at all times;
 - ii. That the Bank is informed immediately upon discovery by you that any cheque book or any cheque forms has been stolen, lost or mislaid.
 - iii. That any person issuing a cheque is authorized to do so.
 - iv. That any cheque is prepared and signed in ink or other indelible writing material.
 - v. That the amount on a cheque is written in such a manner as to prevent any unauthorized addition of letters or figures.
 - vi. That any issued cheque and any alteration is signed by an authorized signatory.
 - vii. That no uncompleted cheque is given to any stranger or other person when you do not have reasonable grounds for believing that person to be trustworthy.
 - viii. Upon closure of your account you will return to the Bank any remaining uncompleted cheque forms relating to that account.
 - ix. That you will properly handle your cheque book and follow the instructions on filling it out, i.e not writing below specified lines, not folding or crumpling the cheque.
- c. The Bank will not be held liable for losses arising from unauthorized alterations to cheques which are not readily detectable.
- d. You will be notified of all returned cheques in order for you pick up from the Branch. If you fail to pick up within three days, the cheque/s will be sent to your last known address by registered post.

4.3 Visa Debit Card

- 4.3.1 I/We understand that this application signed by me/us, is for the issuance of a Societe Generale Ghana VISA Debit Card for myself/ourselves and for my/our use and that in doing so, I/We do not represent the interest of anybody.
- 4.3.2 I/We understand that the Bank may decline my/our application without assigning any reasons.
- 4.3.3 I/We understand that the Societe Generale Ghana Debit Card remains the property of the Bank and I/We undertake to surrender it unconditionally and without reservation upon demand by the Bank.
- 4.3.4 I/We undertake to sign the card in ink as soon as it is received and not use an unsigned card.
- 4.3.5 I/We undertake not to use or attempt to use my/our card without sufficient funds in my/our account to cover transactions undertaken.

4.3.6) I/We undertake not to use or attempt to use my/our cards after the Bank has notified me/us of its cancellation or blockage.

4.3.7 I/We undertake to immediately advise the Bank, when the Societe Generale Ghana VISA Debit Card is lost, stolen, misplaced, etc, giving details of surrounding circumstances. I/We understand that if we fail to do so, I/We increase the possibility of fraud occurring on my/our account and I/We undertake not to hold the Bank liable for such unauthorized transactions on my/our account

4.3.8 I/We understand that I am/we are responsible for any transaction that occurs on my/our account prior to reporting the loss of my/our Societe Generale Ghana VISA Debit Card to the Bank.

4.3.9 I/We undertake promptly to return all found cards, previously reported by me/us as lost, stolen, misplaced, etc to the Bank.

4.3.10 Under no circumstance will I/we disclose my/our Personal Identification Number (PIN) to anybody, including family members, business colleagues, and staff of the Bank etc. The Bank will not accept any liability should I/we disclose my/our PIN to anybody

4.3.11 The card has an expiry date and is valid until the last day of the month shown. A new card will be issued unless my account is inactive or closed.

4.3.12 I/We recognize that I am/we are not allowed to give my/our card to anybody except those involved at a transaction point. The card is a property of the Bank and has been given to me/us in trust and therefore not transferable

4.3.13 I/We hereby authorize the Bank to debit my/our account directly with all transactions undertaken at the Point of Sales terminals, ATMs or for Online transactions 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.

4.3.14 The Bank is authorized to debit my/our account with all respective Service fees in connection with the issuance, replacement, renewal and quarterly/annual/monthly fees of the Societe Generale Ghana VISA Debit Card.

4.3.15 The Bank is authorized to debit my/our account directly with all respective fees in relation to transactions performed using my/our Societe Generale Ghana Visa Debit Card.

4.3.16 I understand that fees are subject to change without notice.

4.3.17 The Bank reserves the right to block my/our card anytime it suspects any unauthorized transactions or misuse without notice to me/us.

4.3.18 The Bank and its authorized agents reserve the right to ask for proof of identity if the Societe Generale Ghana VISA Debit Card is presented at a transaction point. This measure may be followed from time to time in order for the Bank to protect its esteemed customers against possible fraud.

4.3.19 The Bank shall not be responsible for any failure, malfunction or delay of any POST,ATM or its supporting or sharing network resulting from circumstances beyond the Bank's control nor shall the Bank be liable for any damages, loss or expense which the Cardholder may suffer as a result thereof.

4.3.20 The Bank reserves the right to vary these terms and conditions at its discretion. A general notice of the changes would be issued. Utilizing the service after the notification of such modification of the terms and conditions herein shall be considered a declaration by me/us approving the modification and will have no right to object to or contest same.

Notice for Gold and Express Card application with Cedi Accounts:

4.3.21 The use of the card outside Ghana is subject to the Bank of Ghana's Foreign Exchange Regulation limit.

4.3.22 I/We agree to use the card for transactions or withdraw cash not exceeding Bank of Ghana's Foreign Exchange Regulation limit each time I/We use my/our card outside Ghana. The Bank of Ghana Foreign Exchange Regulation limit is currently US\$10,000 (Ten thousand United States Dollars) per trip and Bank of Ghana may review it from time to time

4.3.23 I/We agree to inform the bank anytime I/We return from a trip abroad. This is to enable the Bank to facilitate the use of my/our cards both home and abroad. Failure to do so may result in these penalties:

- Blocking of card
- Withdrawal of international functionality
- Complete withdrawal of card

4.3.24 I/We unconditionally and irrevocably agree to abide by all the terms and conditions stated

4.3.25 For transactions executed abroad, the exchange rate applicable shall be equivalent to the rate on the date of settlement and not the date the card was used or the transaction date

4.3.26 it is agreed upon that all card transactions outside Ghana will be converted to GHS through Visa and further conversion required would be according to announced bank rates on the movement date and not the date the card was used and I/we shall bear any difference in prices resulting from such conversion

4.4 Branch Safe Custody

The Bank receives at its Branches, customer owned articles for storage or safe keeping. These are governed by the following terms:

- a. The article must be received from an account holder of the Bank.
- b. We shall not be liable for any damage to or loss of the article through any cause howsoever caused unless we are proven to have been negligent and did not exercise due care.
- c. The Bank undertakes to exercise reasonable care in storing the article and in ensuring that no unauthorized person has access thereto;

d. The Bank shall have a lien over any article deposited with the Bank for storage and/or safe keeping for any outstanding charges payable to the Bank on account of the service provided by the Bank for the storage or safekeeping of such article. The Bank is hereby authorized to open any package or envelope containing the article and to exercise in respect of the article such rights as the Bank is permitted by these General Terms and Conditions to exercise over any property over which the Bank has a lien;

e. The Customer shall certify that any articles/packages deposited with the Bank do not contain any weapon, firearm or other explosive device, perishable items, liquids, items prohibited by law (drugs), legal tender and the likes.

f. In the event that we have reason to suspect that the articles/packages contains any of the prohibited items, we shall have the right to open such packages and dispose of them/ report to the law enforcement agencies.

g. In the event of the death of a Customer the Bank will release any article deposited by the Customer to the Customer's administrators or executors with a certified copy of the Customer's Death Certificate and a valid grant of probate or letters of administration, as the case may be and only upon payment of all outstanding charges due to the Bank in respect of the storage or safe keeping of such articles. If you wish to use our Safety Deposit Box Service, additional terms and conditions which govern the service will be made available at the time of subscription.

4.5 Bank Charges and Rates

a. Bank charges and rates including fees for Kits are available in the Bank's tariff guide which is available in all Societe Generale Ghana Branches and/or the Bank's website. Charges and rates are subject to change and the tariff guides shall be duly updated with any such changes for your information. Where applicable such charges or rates would be subject to Value Added Tax(VAT)

b. The subscriber to a Kit shall pay a single charge for the entire components in the Kit instead of single charges for the individual components in the Kit.

c. All charges and rates shall be deducted from the Customer's Account.

5. Account and account services closure

a. We will close your account on receipt of a request in writing signed by you to do so, but the closure will only be effective after you have returned any unused cheques and bank cards, and all un-cleared cheques or other items deposited have been paid. A request by you to close your account will automatically trigger closure of all account Services you have subscribed to.

b. Bank cards will have to be cut into pieces. If you do not present your card to be cut into pieces and it is used without your authority, you shall be held responsible.

c. You may upon written request to us instruct us to stop providing other account services to you without closing your account and the Bank would stop providing the said services to you. This will however not preclude you from

fulfilling any obligations you may have accrued towards us when the service was being provided.

d. If you are subscribed to a Kit, you may write to the Bank and fill a subscription cancellation form to cancel the subscription

e. Upon termination, fees due and already charged shall not be refunded.

f. All individual service charges for the various products shall begin to apply to the customer if he/she chooses to subscribe to any after unsubscribing from the Kit

g. We will on our own volition close your account or stop offering any/a particular account service(s) to you upon giving reasonable prior notice to you using your given address and we shall not be obliged to give reasons for such action.

6) Bank's Right

d. Lien

i. The Bank shall have a general lien over all of your assets in its possession, including but not limited to cash, goods, valuables, negotiable instruments and movable and immovable property used as security for repayment of money whether that money has been repaid or not.

ii. The Bank may realize the assets to offset the debt owed by you only after having given you reasonable notice of our intention so to do and you have not within the period of notice discharged your debt.

iii. If the Bank proceeds to realize the property under (ii) of this clause, you hereby irrevocably appoint us as your attorney for the purpose of realization and shall do all things necessary for the effective realization of the assets. Any surplus funds shall be held on your account subject to the general terms and conditions.

iv. Funds in your fixed deposit(local or foreign currency) may be used to set off your debt regardless of the fact that it has not reached its maturity period

v. Funds in foreign account may also be used to offset your debt and shall be realized at the rate of exchange applicable. We shall not be liable for shortfalls caused by exchange rate fluctuations.

vi. The Bank shall not be responsible or liable in anyway for the outcome of a realization unless it can be shown that we acted in bad faith.

e. Right of Set off

In consideration of the Bank providing you with banking/-financial services and other facilities, you agree that in addition to any other general lien or similar right to which we as Bankers may be entitled by law, the Bank may at any time and without notice to you combine or consolidate all or any of your accounts with/and liability to the Bank and set off or transfer any sum or sums standing to the credit of any one or more of such accounts in or towards satisfaction of any of your liabilities to the Bank on any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.

f. Other Rights

i. Any waiver or concession the Bank may give you will not affect any of the bank's other rights against you.

ii. The Bank's right to receive payment from you shall not be affected by any dispute between you and a supplier.

iii. You must pay all the Bank's expenses in recovering any outstanding amounts you owe the Bank.

7. Aml compliance and fraud prevention

a) In accordance with the Anti-Money Laundering Act, 2008, (Act 749) together with any modification or reenactment thereof, the Bank shall ascertain the source and usage of funds to protect both the Bank and the Customer's interest. The Bank reserves the right to refuse a transaction where the source and/or the purpose can not be verified or justified.

b) You consent to the Bank carrying out identity and fraud prevention checks and sharing information relating to this application with the Economic and Organized Crime Office ("EOCO") or relevant Law Enforcement Agencies.

Should your account conduct at any time in the future reasonably cause the Bank to suspect that your accounts are being used for improper purposes; the Bank shall provide details of this suspicion to the aforementioned agencies. You understand and agree that the record of this suspicion will then be available to other members of these agencies if they carry out checks in your name.

c) Additional Information and Intra Group Disclosure
Any request for an operation or any operation realized by the client and which appears unusual as regards its amount and/or its complexity may be subjected to a request for additional information.

The client expressly accepts that, for the purpose of management of all its requests or operations, information can be communicated to Société Générale and/or to one of its specialized subsidiaries located in France or abroad and hereby consents to such communication. The client recognizes that, if necessary, the bank can refuse to carry out its request or to execute its operation.

8. Consents and authorisations

a. Credit Reference/Credit Reporting

The account holder hereby consents and authorizes the Bank to:

i. Submit information on credit transaction of the accountholder with Societe Generale Ghana to Credit Bureau licensed under the credit reporting Act 2007

ii. Obtain credit reports on the accountholder from a Credit Bureau under this Act for purpose of credit management

b. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

i. The Bank is a subsidiary of Societe Generale, which is registered as a participating financial institution under FATCA.

ii. You hereby consent to the Bank ascertaining your FATCA status and forwarding information on your account to the United States Internal Revenue Service.

c. Third Party Reference

You consent to the Bank checking by reference to third parties the correctness of details given in the application form you have completed for opening of the account.

d. Intra-Group Disclosure.

You consent and authorize the Bank to submit any information held by it on You with its Parent Company Societe Generale S.A, or any of the subsidiaries within the Societe Generale Group.

9. Bank secrecy/confidentiality/data protection

a. The Bank will treat all your personal information as private and confidential. Nothing about your accounts or your personal details will be disclosed to anyone, other than disclosure made at your request or consent and in exceptional circumstances permitted by law.

b. The Bank will use all reasonable endeavors to ensure that all your information regarding all Banking and Financial services provided to you is kept confidential and is not disclosed to any third party.

c. The Bank shall ensure that in keeping your data, the provisions of the Data Protection Act, Act 843, 2012 are strictly adhered to.

d. The Bank is however authorized to disclose information if that disclosure:

- i. Is to the Bank's agent who, in our reasonable opinion, requires access to your information to ensure the proper operation or provision of services;
- ii. Is made to the relevant authority where we are obliged under a statute, regulation, directive or court order to disclose the information;
- iii. Is made in the course of the provision by SG-GHANA Limited of any Service in accordance with this Agreement and any other related Agreements you may enter into with us regarding the provision of services.

10. Amendment/variation of the terms and conditions

a. The Bank may at any time amend/vary these terms and conditions and give notice of such amendment to customers.

Notice of amendment may include putting up notices in the Banking hall and on our website.

b. An amendment/variation will not constitute a cancellation of this agreement. You are not allowed to vary any of these terms.

11. Addresses for notices

The address you supply on your account opening form will be regarded as your chosen address where all notices may be given and documents in legal proceedings may be served. You must notify the Bank in writing immediately your chosen address changes and cause your KYC details to be updated.

12. Force majeure

The Bank shall not be liable to the Customer or be deemed to be in breach of the contract by reason of any delay in performing, any failure to perform, any of its obligations under these General Terms and Conditions if the delay or

failure was due to any cause beyond the Bank's control. Without prejudice to the generality of the foregoing, the following shall be regarded as causes beyond the Bank's control: acts of God, national emergency, war, prohibitive governmental action, riots strikes, civil disturbance, storm, fire, flood, earthquake, terrorists' activities and bomb explosion.

13. Applicable law and jurisdiction

a. These General Terms & Conditions and any agreement in relation to them shall be constructed and governed in all respects by and in accordance with the Laws of Ghana and the Customer irrevocably submits to the jurisdiction of the Ghanaian courts.

b. Notwithstanding what is stated herein above, the Bank may bring any action against the customer in relation to the Customers' accounts(s) before the courts of any other jurisdiction as it deems fit and nothing shall preclude the Bank from taking any such action or proceeding against the Customer in one or more jurisdiction either concurrently or not.

14. Declaration

I/We...../.....
 understand and agree that:

The account is opened and operated in accordance with the directives laid down by its statutory regulators (Bank of Ghana) from time to time.

I/We confirm having received and read the general terms and conditions governing the accounts and agree to comply with them/any other rules that may be in force from time to time.

I/We confirm having read the Societe Generale Ghana Ltd tariffs by which we agree to abide. I/We also understand that tariffs are subject to change without prior notice to us. I/We hereby agree that Societe Generale Ghana Ltd shall share all the information about my/our account/ deposits with its group companies and Credit Reference Bureaus. I/We authorize Societe Generale Ghana to deduct/debit my/our Account with any charges as the law may require. The declarations given in this form by me/us are true and I/We shall be held responsible for same at all time.

Name Signature

Date.....

Name Signature

Date

