

Corporate Savings Account Forms

Account Opening Requirement Corporate Savings Account

- 1 Account opening form duly completed.
- 2 Independent and satisfactory references. Referees must be Corporate Account holders/ Auditors/ Solicitors and not officers of the company or related companies.
- 3 Two (2) recent clear passport size photographs of signatories to the account with their names and signature written on the reverse side.
- 4 Certificate of incorporation (Original to be sighted).
- 5 Certificate to commence business (Original to be sighted).
- 6 Regulations (certified as a true copy by the Registrar of Companies and the Director(s) of the Company).
- 7 Form 17– Change of Directors if any.
- 8 Form 3 and 4 – particulars of Directors of the company and identification of signatures (Original copies to be sighted).
- 9 Identification of signatories – Driver's licence, International passport or Voters Identity Card (Original to be sighted).
- 10 Residence Permit (where applicable).
- 11 Public Utility Receipt – Electricity , Water or Telephone bill (original to be sighted).
- 12 Board resolution with the names of all directors present, authorising the company to open an account with Diamond Capital and nominating the signatories on the account.
- 13 Mandatory Initial Deposit.
- 14 Directional sketch to residence of the signatories.



DCI
MICROFINANCE

...miles beyond the extra

Application For The Opening of A Corporate Account

Name of Company:

Registration Number:

Country of Incorporation: Date of Incorporation:

Registration Office Address:

Business Address:

Mailing/correspondence Address

Parent Company & Country of Incorporation:

Corporate Telephone No.: Fax No.:

E-mail:

Nature Of Business (Please Specify)

Sector Classification (Private Or Public):

Annual Turnover (Ghs): 0 – 100 1001 – 2000
 101 – 500 20001 +
 501–1000

Branch:

Currency of Account:

Related Companies:

List of Directors:

- | | |
|-------------------------|--------------------------|
| 1. <input type="text"/> | 6. <input type="text"/> |
| 2. <input type="text"/> | 7. <input type="text"/> |
| 3. <input type="text"/> | 8. <input type="text"/> |
| 4. <input type="text"/> | 9. <input type="text"/> |
| 5. <input type="text"/> | 10. <input type="text"/> |

List of Management Staff:

- | Name: | Position/title: |
|--------------------------|----------------------|
| 1. <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> |
| 4. <input type="text"/> | <input type="text"/> |
| 5. <input type="text"/> | <input type="text"/> |
| 6. <input type="text"/> | <input type="text"/> |
| 7. <input type="text"/> | <input type="text"/> |
| 8. <input type="text"/> | <input type="text"/> |
| 9. <input type="text"/> | <input type="text"/> |
| 10. <input type="text"/> | <input type="text"/> |

Major Products:

Key Customers:

- | | |
|-------------------------|-------------------------|
| 1. <input type="text"/> | 1. <input type="text"/> |
| 2. <input type="text"/> | 2. <input type="text"/> |

Account With Other Banks

Name And Address Of Bank	branch	Account Name And 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"/>

**We request the opening of a savings account with Diamond Capital Limited. We certify that the above particulars are correct.*

 Authorised Signature & Date
 (with postage stamp on the column)

 Authorised Signature & Date
 (with postage stamp on the column)

 Authorised Signature & Date
 (with postage stamp on the column)

Signatory Personal Information Form

Name:

Surname	First Name	Middle Name
<input type="text"/>		

Title:

Date of Birth: Sex: Male Female

Mode of Identification: Id Number

Country of Origin: Region:

Contact Address (Es):

Mailing Address:

E-mail Address:

Business Phone:

I Hereby Attest That The Above Information Is True And Complete

<hr/> Signature/date	DCI Use Only Verified by
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Name:

Surname	First Name	Middle Name
<input type="text"/>		

Title:

Date of Birth: Sex: Male Female

Mode of Identification: Id Number

Country of Origin: Region:

Contact Address (Es):

Mailing Address:

E-mail Address:

Business Phone:

I Hereby Attest That The Above Information Is True And Complete

<hr/> Signature/date	DCI Use Only Verified by
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Signatory Personal Information Form

Name:

Surname	First Name	Middle Name
<input type="text"/>		

Title:

Date Of Birth: Sex: Male Female

Mode Of Identification: Id Number

Country Of Origin: Region:

Contact Address (Es):

Mailing Address:

E-mail Address:

Business Phone:

I Hereby Attest That The Above Information Is True And Complete

<hr/> Signature/date	DCI Use Only Verified by
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Name:

Surname	First Name	Middle Name
<input type="text"/>		

Title:

Date of Birth: Sex: Male Female

Mode of Identification: Id Number

Country of Origin: Region:

Contact Address (Es):

Mailing Address:

E-mail Address:

Business Phone:

I Hereby Attest That The Above Information Is True And Complete

<hr/> Signature/date	DCI Use Only Verified by
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Board Resolution Republic Of Ghana Companies Code 1963

(A) List Of Directors Present

S/n	Name	Position
1		
2		
3		
4		
5		

In Attendance

I.....
..... (Company Secretary)

RESOLUTION

At the meeting of the Board of Directors of Held on Day of.....20..... at the company's Head Office, the following resolution were proposed and duly passed:

- 1.That the company should open and operate a savings account(s) with Diamond Capital Microfinance Limited
- 2.The secretary and Director of the company be, and hereby are, authorised to certify to Diamond Capital Microfinance, the names of the present officers of the company and other persons authorised to sign for it and the offices respectively held by them, together with specimen of their signature and in cases of any change of any holder of any such office or holders of any such offices, the fact of such change and the names of any new offices and the offices respectively held by them, together with specimens of their signature and Diamond Capital Microfinance be, and hereby is, authorised to honour any instrument signed by any new officer or officers in respect of whom it has received any such certificate with the same force and effect as if the said officer or officers were named in the foregoing resolutions to the place of any person or persons with the same title or titles.
- 3.Any and all withdrawals and borrowing of money and/or other transactions on behalf of the company with Diamond Capital Microfinance Limited are hereby approved, and Diamond Capital Microfinance may rely upon the authority conferred by this entire resolution until the receipt of a certified copy of a resolution of this Board revoking or modifying the same.

4.That any and all withdrawals of money and/or other transactions on behalf of the company resulting/leading to a debit balance on the company's account with Diamond Capital will attract penal charges as may be determined by Diamond Capital Microfinance.

5.In addition to any general lien or similar right to which you as a Company may be entitled by law, you may at any time and without notice to us combine or consolidate all or any of the company's accounts with its liability to you and setoff or transfer any sum standing to the credit of any one more of such account or any other credits, be they cash, cheques, valuables, securities, negotiable instruments or other assets belonging to company held with you in or towards satisfaction of any of the company's liabilities to you or any other account or in any other respect, whether such liabilities be actual or contingent, primary or several or joint.

6.That the signatory of the account shall be:

(B) Signatories of Account

S/n	Name	Position
1		
2		
3		
4		
5		

7.That Diamond Capital Microfinance be promptly notified in writing by the secretary or any other officer of the company of any change in these resolution, such notice to be given to each office of Diamond Capital Microfinance in which any account of the company may be maintained, and that until it has actually received such notice of writing, it is authorised to act in pursuance of these resolutions, and that until it has actually so received such notice and sufficient times shall have elapsed thereafter to permit Diamond Capital Microfinance in due course and by such means as it may deem appropriate, to notify such of its department offices, branches and correspondents as Diamond Capital Microfinance may deem to be concerned thereby, it shall be indemnified and held harmless from any loss suffered or liability incurred by it in continuing to act in pursuance of these resolution, even though these resolution may be changed, provided that any change shall not adversely affect the general intention of this resolution.

We further CERTIFY that there is no provision in the regulations of the company limiting the power of the Board of Directors to pass the foregoing resolutions and that the same are in conformity with the provisions of the said regulations.

We further certify that the regulations of the company given by us to Diamond Capital Microfinance are amended up to date. We further undertake that any future amendments to regulations will be advised to Diamond Capital Microfinance within fourteen days of such amendments.

We indemnify Diamond Capital Microfinance Limited against any loss, expense and damage if it may sustain through our failure to notify or our delay in notifying Diamond Capital of any alteration, amendment or addition to Regulations.

The amendment shall be:

.....
.....
.....
.....
.....

We certify that the above is a true and correct extract of the minutes of the Board Meeting date at

.....
this Day of
20

Chairman

(Company seal) Secretary

Release And Indemnity In Respect Of Fax, E-mail And Telephone Instructions

Whereas

- A. I/We have requested Diamond Capital Microfinance to act on instructions transmitted by me/us to it by facsimile transceiver, e-mail or telephone
- B. Diamond Capital Microfinance Limited has informed me/us that it is prepared to act on such facsimile, e-mail or telephone instructions which purport to emanate from me/us if it receives a suitable release and indemnity certain claims, losses, damages, demands and actions; and
- C. I/We are prepared to give such release and indemnity,

NOW, THEREFORE
I/We the undersigned.

.....
.....
.....
.....
.....
.....

Do Hereby

1. In consideration of Diamond Capital Microfinance's capacity to receive correspondence by fax/e-mail authorised Diamond Capital to act on instructions in respect of the under listed accounts via the fax number(s)/e-mail address(es) provided below:

Account Name	Account Number	E-mail Address/fax Number

- 2. Acknowledge that it is not practicable for Diamond Capital to establish the authenticity of all message and instructions faxed, e- mailed or relayed by telephone to Diamond Capital, which purport to emanate.
- 3. Agree that all such instructions, mandate, consents, commitments and the like which purport to emanate from me/us ('purported fax/e-mail and or telephone instructions') shall be deemed to have been given by me/us and I/We shall be bound thereby;

4. Released Diamond Capital Microfinance Limited 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 fax/e–email and/or telephone instructions;
5. Indemnify Diamond Capital Microfinance and hold it harmless from all claims, demands, actions, losses and damages of whatsoever nature which may be brought against Diamond Capital which it may suffer or incur arising from its acting or, for reasonable cause, not acting on any purported fax/e–mail and/or telephone instructions or arising from or out of the malfunction, failure or unavailability of any medium through which the above purported fax/e–mail and/or telephone instructions are transmitted, the loss or destruction of any data, the failure, interpretation or distortion of communication links, or the reliance of any person on any incorrect, incomplete information or data contained in any purported fax/e–mail and/or telephone received by Diamond Capital Microfinance Limited;
6. Agree that in respect of the purported fax/e–mail and/or telephone instructions regarding the transfer of money, 'same day' value may only be given if the message is received by Diamond Capital Microfinance at a reasonable time before the close of its business to the public;
7. Understand that this Release and Indemnity does not absolve Diamond Capital Microfinance from liability in respect of losses its damages suffered by me/us as a result of any unlawful or fraudulent acts of Diamond Capital Microfinance.

Signed at.....
 this Day of
 20

 Signature/date

Name:
 Title

 Signature/date

Name:
 Title

AUTHORITY TO SEND STATEMENTS OF ACCOUNT AND OTHER CORRESPONDENCE BY E-MAIL

In consideration of your capacity to provide correspondence by e–mail, you are kindly authorized to send my/our statement of account and other correspondence in respect of the under listed accounts to the e–mail address (es) below on a weekly bi–weekly monthly basis. (Please tick as appropriate)

S/N	AUTHORIZED E–MAIL ADDRESSES
1	
2	
3	
4	
5	
6	

I/We concede that electronic transmission of information cannot be guaranteed to be secure or error free and such information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete or otherwise adversely affected or unsafe to use.

I/We therefore agree to indemnify and hold Diamond Capital Microfinance harmless under whatsoever basis, where in contract or tort (including negligence) in respect of any error or omission arising from or in connection with electronic communication of information to me/us and my/our reliance on such information and including (but not limited to) the acts or omissions of our service providers.

Thank You.

 Signature/date

 Signature/date

REFERENCES

1. NAME:	<input type="text"/>	2. NAME:	<input type="text"/>
ADDRESS:	<input type="text"/>	ADDRESS:	<input type="text"/>
TEL:	<input type="text"/>	TEL:	<input type="text"/>

Sign

Sign

(FOR BANK USE ONLY)

S/N	DOCUMENT OBTAINED	IN PLACE	WAIVER
1	Identification		
	(a) International Passport		
	(b) Drivers License		
	(c) Voter's Identity Card		
2	Passport Photographs		
3	Signature Cards		
4	Mandate Cards		
5	Certificate of Incorporation		
6	Board Resolution		
7	Certificate to Commence business		
8	Company Regulations		
9	Visitation Report		
10	Public Utility Receipt		
11	Residence Permit		
12	Completed Signatories Personal Information Form		
13	KYC / Money Laundering Form		

CHECKED AND PROCESSED BY

CUSTOMER INTRODUCED BY

.....
Name & Signature (CSU OFFICER)

.....
Name & Signature

RELATIONSHIP OFFICER

WAIVER APPROVED BY

.....
Name & Signature

.....
Name & Signature

APPROVED BY	NAME	DATE	SIGN
Head of Customer Service			
Branch Manager			