



PROGRESS SUSU ACCOUNT OPENING FORMS

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BRANCH: _____ DATE: _____ CIF/AC No: _____

SECTION A: PERSONAL INFORMATION

Surname:		First Name:	
Other/ Maiden Name:		D.O.B: / / Age:	
Occupation:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Employer:		Position:	
Tel (Home / Work):		Mobile :	
Nationality:		Country of Residence:	
Are you an existing customer? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, CIF/Name of group: _____ Branch: _____	

SECTION B: KNOW YOUR CUSTOMER (KYC) INFORMATION

ID TYPE	National ID <input type="checkbox"/>	Drivers license <input type="checkbox"/>	Voters ID <input type="checkbox"/>	Passport <input type="checkbox"/>	NHIS <input type="checkbox"/>
ID No:	Date of Issue:		Date of Expire:		
RESIDENTIAL ADDRESS:					
House Number:			Street Name/Landmark:		
Area/Suburb:			Town:		
Business Location:			Postal Address (If any):		
PURPOSE OF ACCOUNT:		Personal Savings <input type="checkbox"/>	Loan Service <input type="checkbox"/>		
		Investment <input type="checkbox"/>	Transactional <input type="checkbox"/>		

SECTION C: OTHER INFORMATION

MARITAL STATUS:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorce <input type="checkbox"/>	Separated <input type="checkbox"/>	Widow <input type="checkbox"/>
Spouse's Name (if married)			Spouse Tel No:		
Next of Kin:					
Relationship:			Tel of Next of Kin:		
OTHER ACCOUNT					
Do you have a Susu account with other Banks? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If Yes, name of Bank:			Branch:		

MANDATE CARD

DECLARATION: I confirm that the information given is **TRUE** and **COMPLETE** and authorize you to make any reference and other enquires in accordance with your business procedures in connection with this application.



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Signature / Thumbprint of applicant

FULL NAME OF CLIENT:

MOBILE NO:

FOR OFFICE USE ONLY

Name of Mobile Banker:	Signature:	Code:
Verified by (Name and Signature of Supervisor):		
AUTHORIZED BY - Name :	Signature:	
Position:	Date:	