

MEMBER

PICTURE



# UNIVERSE CO-OPRATIVE CREDIT UNION LIMITED

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THE HAPPY FAMILY

## ACCOUNT OPENING FORM

**PLEASE TICK ACCOUNT TYEPE BELOW**

☐ INDIVIDUAL

☐ JOINT ACCOUNT

1. Member Details.

Title Mr.☐ Mrs.☐ Miss.☐

Surname.....

First Name.....

Other Name(s).....

Date of Birth..... /...../.....

DD MM YYYY

Place of Birth.....

HomeTown.....

Nationality.....

Mother maiden Name.....

Member Type ☐ Individual ☐ Joint/Group

Gender ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married

☐ Divorce ☐ widowed

Spouse Details

Name of Spouse.....

Spouse Date Of Birth.....

Phone/Mobile.....

Email /Address.....

2. Contact and identification details of Member

Mobile No.....

Other Phone No.....

Email Address.....

Residential Address.....

Digital Address.....

3. ID Type

Passport ☐ SSNIT card ☐

☐ Ghana Card

ID NO.....

Date Issued.....

Date Expired.....

Tin Number.....

SSNIT Nos.....

4. Joint/Group (attach the following)

By-laws ☐

☐ Registration certificate

5. Employment/Corporate Data

Employment Status: ☐ Salaried

☐ Self employed ☐ Student

☐ Trainee ☐ Unemployed ☐ Pensioner

Profession/Occupation.....

Name of Employer.....

Date employed.....

Work Address/Email.....

Position/Rank.....

Staff ID (Controller/Salary worker).....

No of Dependants.....

Address Verification (Tick and attach any of the following)

☐ GRA TIN

☐ Utility Bill

7. Next of Kin

Name	Relationship	Place of Birth	Date Of Birth	Percentage	Phone Nos
1					
2					
3					
4					

8. Who introduce you to the union? (Select one) Field Cashier ☐

A member ☐ Office Staff ☐ Bod/Committee ☐ None ☐

Select Product(s)

Account type	Account Code	Charge A/c Op Fee	Ac/Op Fee
Regular Savings	Ms		
Yesiayi Savings	YSIA		
Fixed Deposits	FD		
Share	OS		

10. OTHER BoG KYC Details

Purpose of Account: ☐ Personal Savings ☐ Loan Servicing ☐ Transactional ☐ Investment  
☐ Others

Source of Funds: ☐ Personal Savings ☐ Inheritance Gift ☐ Dividends ☐ Commissions  
☐ Salaries ☐ Others

Specify others.....

Transaction Type ☐ Deposit/Inward Transfer ☐ Withdrawal/Outward Transfer\_\_\_\_\_

Transaction Per month\_\_\_\_\_Amount Per month\_\_\_\_\_

Client Rating ☐ Low Risk ☐ Medium ☐ High Risk

#### Level I-Low Risk Member

Indicate if applicant belongs to any of the following

☐ a. The applicant is an ordinary individual resident in Ghana but not indicated as politically

Exposed Person (PEP)

☐ b. The applicant does not reside or operate in a high risk country

☐ c. The applicant whose funding is source from normal activities

#### Level 2 Medium Risk Member

☐ a. The Applicant(s) or authorized signatories fall into any type of account that is not deemed as either level 1 or 3

#### Level 3 Special /High Risk

Indicate if any of the applicants belongs to any of these categories

a. The Member is a politically expose person (PEP) or closely associated with a political exposed

Person (PEP) specify details of PEP position abd/or

b. An overseas Member residing or operating in high risk jurisdiction (e.g. FATF-non corporate countries and territories

Ts

c. A member whose source of funds is from high risk jurisdiction. Please specify coutry

d. The Member(s) business involves gambling, defence or money service Refer to the list or mandatory special risk occupation industries that the business may designate for additional KYC information specify the customer's nature of business.

#### Section d-source of wealth

Complete addition KYC information for customers who fulfilled one or more criteria in section C.

Member's wealth general form

☐ Business Ownership ☐ Income from employment ☐ Investment ☐ Inheritance ☐ Others

Specify others

Mandate

Account Signatory	Instruction	Limited (o-United)
Date ____/____/_____ DD MM YYYY		signature <div style="border: 1px solid black; width: 250px; height: 80px; display: inline-block; vertical-align: middle;"></div>

Address sketch

. Universe Account Details (Office use only)

Branch.....

Member Relationship (RO).....

Specify Member's Daily Deposit..... (For Daily Account only)

Controller Staff only. Regularly or monthly savings amount **GH¢**.....

NB: Not less than the agreed minimum amount.

For office use only

Account Manager\_\_\_\_\_Sign\_\_\_\_\_Date\_\_\_\_/\_\_\_\_/\_\_\_\_-  
DD MM YYYY

Account opening Officer\_\_\_\_\_Sign\_\_\_\_\_Date\_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

Office Authorizing:

Name:\_\_\_\_\_Sign\_\_\_\_\_Date\_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

Account Number

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