

For Further information about the Account opening Documentation and other Amalbank Products please call us free on **0800 - FIRST (0800-34778)** from any VODAFONE Line or contact any of these Amalbank Business Offices.

HEAD OFFICE

C131/3 Farrar Avenue, Adabraka, Accra
P.O. Box C1541 Cantonments, Accra, Ghana
Tel: +233-21-249690
Fax: +233-21-249697
Email: enquiries@amalbank.com.gh
Swift: AMMAGHAC

FARRAR AVENUE BUSINESS OFFICE

C 131/Farrar Avenue, Adabraka, Accra
P.O. Box C 1541, Cantonments, Accra, Ghana
Tel: + 233 21 249 690 • Fax: +233 21 249 697
Email: farrar.bo@amalbank.com.gh

KUMASI BUSINESS OFFICE

323 24th February Road. Amakom Kumasi
P.O. Box KS 14556, Kumasi
Tel: +233 51 34407/36312 • Fax: + 233 51 34241
Email: kumasi.bo@amalbank.com.gh

TAKORADI BUSINESS OFFICE

10 Market Circle, Takoradi
P. O. Box AX 1306, Axim Road, Takoradi
Tel + 233 31 23200/22413 • Fax + 233 31 24617
Email: takoradi.bo@amalbank.com.gh

RIDGE BUSINESS OFFICE

C875 A/3 Water Road, Ridge, Accra
Kanda High way Ext. Ridge, Accra
Tel +233 21 242100/243488 • Fax + 233 21 243406
Email: ridge.bo@amalbank.com.gh

SPINTEX ROAD BUSINESS OFFICE

Adjacent Glory Oil Filling Station,
Batsona - Spintex Road
PMB 269, Tema
Tel: +233 21 816840 / 816841 • Fax: +233 21 816847
Email: spintex.bo@amalbank.com.gh

TEMA BUSINESS OFFICE

No. MKT/A/10 (Off Meridian Road)
Tema Town Centre, Community 1-Tema
PMB 268, Tema
Tel: + 233 22 207960 / 207976 • Fax: +233 22 207981
Email: tema.bo@amalbank.com.gh

ADUM BUSINESS OFFICE

No. 10 Mission Road, Adum Kumasi
P.O. Box KS 14556, Kumasi
Tel. +233 51 49112 / 3 • Fax: +233 51 491123
Email: adum.bo@amalbank.com.gh

EAST LEGON BUSINESS OFFICE

Plot No. 38B, Lagos Avenue
Opposite Abedi Pele Residence
PMB L42, Lagon
Tel +233 21 520 453-5 • Fax + 233 21 520457
Email: eastlegon.bo@amalbank.com.gh

MAAMOBİ BUSINESS OFFICE

Hertz house, Nima Highway, Accra
P .O. Box C1541, Cantoments, Accra
Tel + 233 21 237144/ 235644/236394 Fax + 233 21 237149
Email: maamobi.bo@amalbank.com.gh

KWASHIEMAN BUSINESS OFFICE

Plot No. 248, Motorway Ext.
Kwashieman (Hong Kong), Accra.
Tel: 233 21 420045/6 • Fax: + 233 21 420049
Email: kwashieman.bo@amalbank.co.gh

NEW TOWN BUSINESS OFFICE

B Plaza, Hill Street Intersection
Off New Town-Pig Farm Road
Opposite Midland Press, NewTown
Tel: + 233 21 243 310/243 332/243 306 • Fax + 233 21 243 321
Email: newtown.bo@amalbank.com.gh

ACCRA CENTRAL BUSINESS OFFICE

Ollivant Arcade, Near Former UTC Building
Accra Central
Tel: 233 21 243 310/243 332/243 306 • Fax: 233 21 243 321
Email: newtown.bo@amalbank.com.gh

MICHEL CAMP ROAD BUSINESS OFFICE

Aseidu Plaza (Tulaku)
PMB Community 11, Tema
Tel: + 233-22-300 770/300 740 • Fax: + 233-22-742
Email: michelcamp.bo@amalbank.com.gh

TAMALE BUSINESS OFFICE

No. 8 Daboya Street, Old market, Tamale
P .O.Box TL 1114, Tamale
Tel: +233 71 27012 27013 • Fax: +233 71 27015
Email: tamale.bo@amalbank.com.gh



AMALBANK
AMALGAMATED BANK LTD.

ACCOUNT OPENING
DOCUMENTATION
CORPORATE

How to Open Your Corporate Current Account

1. Complete all relevant portions of the Account Opening Application Form.
2. Complete the enclosed signature card.
3. Insert your company name on at least one(l) of the reference forms (one detachable) endorsed and get companies who/which currently maintain current accounts with any Bank in Ghana to act as your referee. Your account will be opened faster if the Referee(s) maintain accounts with any Business Office of Amalgamated Bank Ltd.
4. Supply the underlisted documents along with complete application package. Please bring along the following original documents for sighting.
 - a. Photocopy of Certificate of Incorporation and Certificate to Commence Business of your company.
 - b. Copy of certified Company Regulations of your company.
 - c. Copy of Form 17 (Particulars of Directors).
 - d. One passport photograph of each signatory to the Account (with full face Forward).
 - e. Identification document for signatories to the Account, e.g Driving Licence, International Passport, Staff identity Card.
 - f. Residence Permit for foreign citizens.
 - g. A copy each of 3 months Current Utility Bills. Originals to be sighted.
5. Mandate and Resolution in the package is to be signed by a Director and Secretary with the Company Seal.

FOR BANK USE ONLY DOCUMENTS OBTAINED

	Yes	Deffered	Waived
Completed Signature Card(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reference Forms (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Certificate of incorporation/Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Form A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport Photo(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTATION CHECKED

CSO

_____	_____	_____
NAME	SIGNATURE	DATE

DEFERRAL / WAIVER OF DOCUMENTS AUTHORISED:

_____	_____	_____
NAME	SIGNATURE	DATE

ACCOUNT OPENING AUTHORISED

_____	_____	_____
NAME	SIGNATURE	DATE

APPLICATION TO OPEN A CURRENT ACCOUNT

GH Cedis	<input type="checkbox"/>
Forex Account in.....(State currency)	<input type="checkbox"/>
Foreign Account in.....(State currency)	<input type="checkbox"/>

Company Name: _____

Certificate of Incorporation/Registration No.: _____

Date of Incorporation/Registration: _____

Business Address: _____

Registration office (if different from above:) _____

Nature of Business: _____

Telephone No.: _____ Mobile: _____

Fax No.(s) _____

Email: _____

KEY CONTACT PERSONS(S)

Name: _____ <small>Surname</small> <small>First Name</small> <small>Middle Name</small>
Job Title: _____ Mob: _____ D/L: _____
Email: _____

Name: _____ <small>Surname</small> <small>First Name</small> <small>Middle Name</small>
Job Title: _____ Mob: _____ D/L: _____
Email: _____

Name: _____ <small>Surname</small> <small>First Name</small> <small>Middle Name</small>
Job Title: _____ Mob: _____ D/L: _____
Email: _____



Correspondence Address for bank mail(where different from Business Address):

■ Account with other Bank(s) in Ghana

● Bank Name: _____

Bank Address: _____

Account No. _____

● Bank Name: _____

Bank Address: _____

Account No. _____

● Bank Name: _____

Bank Address: _____

Account No. _____

To:
The Manager,
Amalgamated Bank Ltd.

Dear Sir,

Name of Company

I/We wish to confirm that I/We have known the above named company/proprietor/partner of the above named firm for

I/We would like to comment about their suitability for maintaining a current account with yourself as follows:

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No. is: _____

And my/our Phone No.(s) is/are: _____

Yours faithfully,

Signature

Date

Name: _____

Address: _____

**“CAUTION”
IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL KNOWN TO YOU**

MANDATE AND RESOLUTIONS

Pursuant to this application, a meeting of the Board of Directors of the Company was held and it was resolved and declared that a current account be opened with Amalgamated Bank Ltd, ("the Bank") and the Bank is hereby authorized to honor the instructions of the persons whose signatures are contained in the specimen signature card delivered to the Bank.

The Company shall give notice of any anomalies in statements furnished by the Bank within 90 days of the date thereof the failure of which absolves the Bank from all liabilities thereof. It was further resolved that the Bank may combine or consolidate all or any of the Company's accounts and set off or transfer any sums or asset standing to the credit of one or more of such accounts towards the satisfaction of the Company's liabilities to the Bank.

The persons whose signatures appear below, one of whom is a Director of the Company, have been duly authorized to mandate the opening of the account. The information provided for the opening of this account is true and correct in all material respects.

The Bank has the right to send any details of our credit status to any licensed Credit Reference Bureau or such other institution as required or permitted by law.

Dated this _____ day of _____ 20 _____

Name: _____

Name: _____

Designation: _____

Designation: _____

Signature

Signature

E- Banking Services

We hereby subscribe to the under-listed ebanking service(s) that we have ticked. We undertake to keep as confidential and private all details of security in relation to the said service(s). We have subscribed to and we further agree that the Bank shall not be liable or responsible for any loss or damage that we might suffer as a result of subscribing to these services, and to that extent hereby indemnify the Bank against any loss or damage it may suffer as a result of our breach of this clause.

	Yes	No
Internet Banking		
SMS		
E-mail Statement		
E-mail Alerts		
ATM		
Phone Mandate		
Fax Mandate		
E-zwich	✓	

To:
The Manager,
Amalgamated Bank Ltd.

Dear Sir,

Name of Company

I/We wish to confirm that I/We have known the above named company/proprietor/partner of the above named firm for

I/We would like to comment about their suitability for maintaining a current account with yourself as follows:

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No. is: _____

And my/our Phone No.(s) is/are: _____

Yours faithfully,

Signature

Date

Name: _____

Address: _____

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