GENERAL ACCOUNT INFORMATION GN BANK LIBERIA LTD PERSONAL INDIVIDUAL ACCOUNT (Please indicate the category and type of account to open by ticking the applicable box below) BRANCH ACCOUNT TYPE (1) ACCOUNT TYPE (2) GN BANK LIBERIA LTD PERSONAL INDIVIDUAL ACCOUNT Affix Passport Photograph Here Here				
PURPOSE OF ACCOUNT (1)				
PURPOSE OF ACCOUNT (2) Currency Type				
ACCOUNT NO (1) (FOR OFFICIAL USE ONLY)				
ACCOUNT NO (2) (FOR OFFICIAL USE ONLY) Currency Type USD LRD OTHERS				
2. PERSONAL INFORMATION				
Title Surname Surname				
First Name				
Maiden Name (if applicable)				
Other Names				
Marital Status (Please tick as appropriate) Single Married Others (Pls specify) Gender M F				
Place Of Birth Date of Birth D D M M Y Y Y Y				
Mother's Maiden Name				
Nationality Resident Permit No.				
County of Origin Country of Residence				
Permit Issue Date D D M M Y Y Y Y Permit Expiry Date D D M M Y Y Y Y D D D M M Y Y Y Y				
Place of Issue Hometown				
Profession/Occupation				
NASCORP NO				

3. CONTACT DETAILS			
ResidentialAddress In Liberia			
City/Town Nearest Landmark			
Proof of Address (indicate type and serial Number			
Fixed Tel. No			
Email Address			
Mailing Address			
4. VALID MEANS OF INDENTIFICATION			
National Driver's License Passport Voter's ID National Health Insurance Card			
Others ID Country of Issue			
ID No. D D M M Y Y Y Y Exp. Date D D M M Y Y Y Y			
5. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)			
Card Preferences ATM Card Master Card Visa Card Others (please specify)			
Electronic Banking Preferences Internet Banknig Mobile Banking Other Internet Banknig Products			
Transaction Alert Preferences Email Alert SMS Alert			
Statement Preferences Email Post Collection at Branch			
Statement Frequency Monthly Quarterly Simi-Annually Annually			
Cheque Book Requisition Opened Cheque Crossed Cheque 25 Leaves 50 Leaves 100 Leaves			
6. EMPLOYMENT DETAILS			
Employed Self Employed Unemployed Retired Student Others (please specify)			
Length of Period with Current Employer D D M M Y Y Y Y			
Salary /Expected Income			

Employer's Name
Employer's Address
City/Town County
Chy/10 m
Nature of Business
Nature of Business
Nature of Business/
Office Phnoe No. Mobile No.
Employer's Email Address
7. DETAILS OF NEXT OF KIN (in case of emergency)
Title Gender F M
Surname Surname
Middle Name
First Name
Relationship
Phone No. 1 Phone No. 2
Residential Address
Residential Address
District/County
8. ADDITIONAL DETAILS
Full Name of Beneficiary
Owner(s) of the Account (if applicable)
9. EXPECTED ACCOUNT ACTIVITY
Sources of Funds to the Account 1.
2.
Level of Deposits (Amount) Frequency of Dopos-
Expected Monthly Income from other Frequency of Withdrawals

Name of Associated Business(es) (if Applicable) Type of Associated Business Associated Business Address	1. 2. <	
10. ACCOUNTS HELD WITH OTHI	CR BANKS	
S/N NAME AND ADDRESS OF BANK/BRANCH 1 2 3 4 5 11. TERMS AND CONDITIONS	ACCOUNT NAME AC	COUNT NUMBER
Mandate authorization (Please tick approach) A) Signatory * Name: Surname First Name Other Name Class of Signatory Identification Type Identification No Telephone Number Signature and Date SIGNATORY Name		Both to Sign

13. DECLARATION		
I/We hereby apply for thee opening of account(s) with		
I/We further undertake to indemnify thee Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.		
<u>DISCLOSURE TO CREDIT REFERENCE</u> The bank will obtain information about you from the CBL and other Commercial Banks to check status and identity.		
Name:		
Name: Date:		
14. (THIS SHOULD BE ADOPTED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY		
14. (THIS SHOULD BE ADDITIED WHERE THE ATTERCANT IS NOT EITERATE ON IS DEIND AND THE FORM IS NEAD TO HIM ON HEADT AT THREE TAKES.		
I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by and Interpreter.		
MARK OF CUSTOMER/ THUMBPRINT/SIGNATURE MARK OF INTERPRETER/ THUMBPRINT/SIGNATURE		
THUMBPRINT/SIGNATURE THUMBPRINT/SIGNATURE		
D D M M Y Y Y Y		
NAME & ADDRESS OF INTERPRETER		
LANGUAGE OF INTERPRETATION		