

GENERAL ACCOUNT INFORMATION

**GN BANK LIBERIA LTD
PERSONAL INDIVIDUAL ACCOUNT**

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(Please indicate the category and type of account to open by ticking the applicable box below)

BRANCH

ACCOUNT TYPE (1) ACCOUNT TYPE (2)

PURPOSE OF ACCOUNT (1)

PURPOSE OF ACCOUNT (2)

ACCOUNT NO (1) (FOR OFFICIAL USE ONLY)

Currency Type
USD LRD OTHERS

ACCOUNT NO (2) (FOR OFFICIAL USE ONLY)

Currency Type
USD LRD OTHERS

2. PERSONAL INFORMATION

Title 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

Mother's Maiden Name

Nationality Resident Permit No.

County of Origin Country of Residence

Permit Issue Date Permit Expiry Date

Place of Issue Hometown

Profession/Occupation

NASCORP NO

3. CONTACT DETAILS

Residential Address In Liberia

City/Town Nearest Landmark

Proof of Address (indicate type and serial Number) Mobile Number

Fixed Tel. No

Email Address

Mailing Address

4. VALID MEANS OF IDENTIFICATION

National Driver's License Passport Voter's ID National Health Insurance Card

Others ID Country of Issue

ID No. ID Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Exp. Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Salary /Expected Income

Employer's Name

Employer's Address

City/Town County

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

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 Dopus-

Expected Monthly Income from other Frequency of Withdrawals

