

Services Integrity Savings and Loans Ltd. Customer Update Form – Individual

1. GENERAL ACCOUNT INFORMATION *(Please provide supporting documents if name and personal details have changed)*

Account Name:

Account Numbers: 1: 2:

Purpose of Account:

2. PERSONAL DETAILS

GAF Rank *(For GAF Personnel Only)*: Title *(Non-GAF)*: Mr. Mrs. Miss Other *(please specify)*

Surname:

First Name:

Date of Birth:

Nationality: Country of Residence:

Current Residential Address:

GPS Address: E-Mail Address:

Current Postal Address:

Telephone Number: 1: 2:

Tax Identification Number (TIN): SSNIT Number:

3. DETAILS OF IDENTIFICATION *(Please provide a valid ID)*

<input type="checkbox"/> Driver's License:	ID Number: <input type="text"/>	Issue Date: <input type="text"/>	DD	MM	YYYY	Expiry Date: <input type="text"/>	DD	MM	YYYY
<input type="checkbox"/> Passport:	ID Number: <input type="text"/>	Issue Date: <input type="text"/>	DD	MM	YYYY	Expiry Date: <input type="text"/>	DD	MM	YYYY
<input type="checkbox"/> Voter's ID:	ID Number: <input type="text"/>	Issue Date: <input type="text"/>	DD	MM	YYYY	Expiry Date: <input type="text"/>	DD	MM	YYYY
<input type="checkbox"/> SSNIT Card:	ID Number: <input type="text"/>	Issue Date: <input type="text"/>	DD	MM	YYYY	Expiry Date: <input type="text"/>	DD	MM	YYYY
<input type="checkbox"/> GAF Service ID:	ID Number: <input type="text"/>	Issue Date: <input type="text"/>	DD	MM	YYYY	Expiry Date: <input type="text"/>	DD	MM	YYYY
<input type="checkbox"/> National ID:	ID Number: <input type="text"/>	Issue Date: <input type="text"/>	DD	MM	YYYY	Expiry Date: <input type="text"/>	DD	MM	YYYY

4. EMPLOYMENT DETAILS

Employment Status: Employed: Self-Employed: Unemployed: Retired: Student: Other:

Employer's Name:

Employer's Address *(indicate your business address if self-employed)*:

City/Town: Region:

Nature of Business/Occupation:

Office Phone Number:

5. EXPECTED INCOME AND ACCOUNT ACTIVITY

Source of Funds: Salary: Mission funds: Business: Investments: Inheritance/Gifts:

Pension: Others *(Please specify)*:

Expected Monthly Income from Employment or Owned Business: GHS

Expected Monthly Income from Other Sources: GHS

Name of Business for Other Source of Income:

Nature of Business for Other Source of Income:



Transaction Type	Expected No. of Transactions Per Month	Expected Amount Per Month (GHS)
Deposits / Inflows		
Withdrawals / Outflows		

6. PRODUCT/SERVICES AND DELIVERY CHANNELS BEING ACCESSED

(E.g. Loan, Current Account, Savings, Fixed Deposit, Internet Banking, Mobile Banking etc.)

7. EMERGENCY CONTACT DETAILS

Name of Contact Person:

Residential Address of Contact Person:

Telephone Number of Contact Person:

Relationship with Contact Person:

8. OTHER UPDATES REQUIRED

Please specify any other update you may require

Old Details:

New Details:

Reason for Update:

9. DECLARATION

I /We hereby declare that the information herein provided, and the supporting documentation supplied are true and correct and should be used for the update of my/our account(s) with SIS&L.

Name/Signature/Date:

Name/Signature/Date:

FOR OFFICIAL USE ONLY

Is Customer ID Verified? YES: NO:

Indicate Sanction Screening Conducted OFAC: EU: Domestic Sanctions List:

Others (please specify):

Customer Risk Profile: Low: Medium: High:

Is Customer a PEP or Associated with a PEP: YES: NO:

Indicate Source of Wealth for PEP:

Update Verified and Inputted by: NAME

SIGNATURE / DATE

Update Authorized/Approved by Branch Manager: NAME

SIGNATURE / DATE

For PEP and Other High-Risk Accounts Only:

AML Review by Compliance:

Recommendation: Continue Relationship: Terminate/Exit Relationship:

Name/Signature/Date:

CEO's Approval:

Name/Signature/Date:

Please provide supporting documentation for any change in customer status