

Customer ID: ( Bank use only )

Customer Account Number:

Branch:

Account Type:

☐

Individual account

☐

Professional account

Purpose of KYC Form:

☐

Periodic Review

☐

Event Driven

Non resident Account:

☐

Yes

☐

No

**IDENTITY OF THE CUSTOMER**

Title

☐

Mr.

☐

Mrs.

☐

Miss

☐

Dr.

Last name:

First Name:

Other name(s):

Maiden Name:

Date of birth:

Place of Birth  
(City):

Nationality:

Place of Birth  
(Country):

Type of Identity Document (ID):

ID Number:

Name and status of the legal Representative (if applicable )

**CONTACT DETAILS / RESIDENCE**

Residence address:

Digital Address (GPS):

Country of tax residence:

Mobile Number:

Alternate Number:

Email Address:

Real Estate Situation of customer

☐

Owner

☐

Tenant

☐

Other(Specify)

**EMERGENCY CONTACT**

Last Name:

First Name:

Other Name

Relationship:

Mobile Number:

**ACTIVITY / SITUATION**

Occupation

Sector Of  
Activity:

Start date of the activity (for professionals):

Geographical scope of the customer's activity:

**SITUATION OF THE CUSTOMER**

Source of funds:

☐

Salary

☐

Pension

☐

Retirement

☐

Other

Monthly Income:

Currency:

Source and destination of the funds:

Assets (Wealth):

**ACCOUNTS FUNCTIONING**

Expected or recorded operations on the account (Types of transactions):

Amount of the upcoming (Entering into relationship) or recorded (Periodic Review) transactions:

Credit : (Salary, pension, rent, etc.)

Debit: (Recurring expenses, current  
expenses, etc.)**INTERNATIONAL TRANSACTIONS**

International transactions upcoming or recorded

☐

Yes

☐

No

Countries with which transactions will be/are executed:

Currencies in which transactions will be/are executed:

**POLITICALLY EXPOSED PERSON (PEP) / SENIOR PUBLIC OFFICER (SPO) STATUS**POLITICALLY EXPOSED PERSON (PEP) / SPO STATUS ☐ Yes ☐ No

(If yes, complete the following fields)

The PEP/SPO status is derived from the list of important public offices or list of PEP/SPO relatives:

☐ Important public offices ☐ PEP/SPO relatives(1) In case of « **Important public offices** » specify the PEP/SPO position:

End date of the PEP/SPO status:

(2) In case of « **PEP/SPO relatives** » specify the relationship (family circle or circle of influence):

Last name of the PEP/SPO:

First name of the PEP/SPO:

Date of birth of the PEP/SPO:

Place of birth of the PEP/SPO:

**FATCA STATUS – US PERSON (TICK WHERE APPLICABLE)**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> US PASSPORT | <input type="checkbox"/> US GREEN CARD | <input type="checkbox"/> US DRIVERS LICENCE |
| <input type="checkbox"/> US ADDRESS  | <input type="checkbox"/> US PHONE NO.  | <input type="checkbox"/> US TAX ID          |
| <input type="checkbox"/> OTHER:      | <input type="text"/>                   |   |

**FOR BANK USE ONLY****PRODUCTS AND SERVICES OFFERED TO CUSTOMER (Bank use only)**

Current account:

Credit products (consumer loan, real estate loan, bank overdraft...):

Saving products (saving account, deposit account):

**AML/CFT CLASSIFICATION OF THE CUSTOMER (Bank use only)**

☐ Low Risk      ☐ Med-low Risk      ☐ Med-High Risk      ☐ High Risk

Classification taken of:      ☐ Score      ☐ Scoring downgrading5

Reason of the scoring  
downgrading:

Customer segment code: (Bank use only)

**CUSTOMER IDENTIFICATION SELF CERTIFICATION**

First name	<input type="text"/>		
Last Name:	<input type="text"/>		
Date of birth:	<input type="text"/>		
Place of Birth (Town):	<input type="text"/>		
Place of Birth (Country):	<input type="text"/>		
Nationality:	<input type="text"/>	Country of Residence:	<input type="text"/>
Type of ID:	<input type="text"/>		
ID Number:	<input type="text"/>		
Place of Issue:	<input type="text"/>		
Issue Date:	<input type="text"/>	Expiry Date:	<input type="text"/>
Country of Issue:	<input type="text"/>		

This is to certify that I am the true and lawful holder of the above-mentioned identity document with the above details.  
I undertake to inform **SOCIETE GENERALE GHANA LIMITED** in the event of any change in the said identity document or the information provided.

**SIGNED**

Date:

**CUSTOMER LOCATION ADDRESS SELF CERTIFICATION**

First name	<input type="text"/>
Last Name:	<input type="text"/>
Country of Residence:	<input type="text"/>
Location Address::	<input type="text"/>
City/Town:	<input type="text"/>
Area	<input type="text"/>
Landmark	<input type="text"/>
Customer's Resident Status:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Others <input type="text"/>
Country of Issue	<input type="text"/>

This is to certify that I am currently resident at the above location and undertake to inform **SOCIETE GENERALE GHANA LIMITED** in the event of any change in the said location.

**SIGNED**

Date:

## Tax residency self-certification form - individual

**Please read before completing this form:**

Tax Regulations require Societe General Ghana Limited (hereinafter called 'SG Ghana') to collect and report certain information about Account Holder's tax residency status. The term 'Tax Regulations' refers to regulations created to enable the automatic exchange of information and includes the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information ('CRS'), as implemented in the relevant jurisdictions.

To enable SG Ghana to comply with its obligation to report to the relevant tax authorities, you are required to state the residency for tax purposes of the person or persons identified as the holder(s) of a Financial Account. On this form these persons are cumulatively referred to as the "Account Holder(s)".

If you are not the account holder of the financial account with SG Ghana but are completing the form on their behalf, then you should complete **Part 1** with the details of the person who is referred to as the account holder and complete the capacity line in **Part 6**.

**Please note:**

- **Do not use this form if the account holder is not an individual.** Instead please complete the "Tax residency self-certification form – Entity".
- **You are required to complete all relevant sections** in relation to all known accounts held with SG Ghana and to provide any additional information as required to evidence the declaration made.
- **If any of the information about the tax residency below changes**, you are required to provide a new updated self-certification form within 90 days of such change in circumstances.
- **For joint accounts**, each account holder should complete a separate form.
- SG Ghana is **not allowed to fill this form on your behalf. If you have any questions on how to complete this form or how to determine your tax residence you should contact your tax advisor or local tax authority.**

**Part 1 – Account holder identification\***
**A Name of Account Holder**

Title:			
Last Name*:			
First Name*:		Middle Name(s):	

**B Current Permanent Residence Address:**

Line 1 (e.g. Number and Street):			
Line 2:		Postal Code/ZIP:	
Town/City*:		Country*:	

**C Current Permanent Residence Address:**

Line 1 (e.g. Number and Street):			
Line 2:		Postal Code/ZIP:	
Town/City*:		Country*:	

**D. Date of birth** (DD/MM/YYYY):

**E. Place of birth\*** (Town/City):

**F. Country of birth\*:**

**Part 2 – Country of Residence for Tax Purposes\***
**A** The account holder is tax resident of (state country)\*:

**B** Does the country of tax residence issue a TIN (Tax Identification Number) to its residents\*?

☐

Yes

☐

No

If yes,

a. I further certify that the TIN in the country of residence is\*:

 b. Or I am otherwise unable to provide a TIN (tick box if relevant) ☐

Please provide the reason why the TIN is unavailable:

First Name\*:

Middle Name(s):

**Part 3 – Confirmation of Sole Residence for Tax Purposes**

I further certify that I am not (or the account holder is not) resident in any other country for tax purposes.

☐

 (If ticking this statement please proceed to **Part 5**; otherwise please proceed to **Part 4** of this form.)

**Part 4 – Additional Countries of Residence for Tax Purposes\* (if applicable)**

 I certify that in addition to the country set out in **Part 2**, I am (or the account holder is) tax resident in the following countries and my (or the account holder's) TIN in each country is set out below or I have ticked the box to indicate that a TIN is unavailable:

 Country\*:  TIN\*:  Or TIN Unavailable: ☐

 Country\*:  TIN\*:  Or TIN Unavailable: ☐

 Country\*:  TIN\*:  Or TIN Unavailable: ☐

 Country\*:  TIN\*:  Or TIN Unavailable: ☐

Please provide the reason why the TIN(s) is (are) unavailable:



**Part 5 – – Authorisations and Undertakings\***

The account holder authorizes SG Ghana to provide a copy of this self-certification filled out and transmitted by him/her, or any other information necessary for establishing his/her tax status to any competent tax authority, any authority empowered to audit or control SG Ghana for tax purposes as well as any entity, which, at the time of disclosure, belongs to the Société Générale Group.

The account holder agrees that any information contained in this self-certification and any information regarding his/her current and future financial account(s), including their balance(s) and income revenues transactions, may be reported to (i) any authority to which SG Ghana is required to provide tax-related information, (ii) any other parties SG Ghana considers as relevant in order to comply with the applicable CRS regulation and to prevent its potential violation and (iii) any entity to whom SG Ghana decides to entrust all or part of its CRS reporting obligations, including any company that, at the time of disclosure, belongs to the Société Générale Group.

**Part 6 – – Declaration and Signature\***

I declare that all statements made in this self-certification form are, to the best of my knowledge and belief, correct and complete.

I agree that I will submit a new self-certification within 90 days if any information on this form becomes incorrect.

I certify that I am the Account Holder (or authorized to sign for the Account Holder) of all the accounts to which this form relates.

Signature

Print Name:

Date (DD/MM/YYYY)

If you are signing this form on behalf of the account holder, please indicate the capacity in which signed. If signing under a power of attorney, please attach a copy of the power of attorney

Capacity

**Personal data:** The personal data collected in this document are compulsory to allow SG Ghana to determine with precision the status and the qualification of your fiscal status in accordance with any applicable regulation. These data, as well as those collected later, are protected by the Data Protection Act 2012 (Act 843), the Banking Act, Act 673 of 2004 and the Banking (Amendment) Act, Act 738 of 2007 and may be used by SG Ghana for the management of the customer relation, and in particular for risk management, incident and fraud prevention, Know your customer and anti-money laundering purposes. These personal data may not be used by the Bank for direct marketing. They may, as expressly agreed upon and to the extent necessary to achieve the above purposes, be disclosed to other legal entities of the Société Générale Group, as well as, to competent authorities as fiscal authorities. These recipients could be established within or outside the European Economic Area, including to countries whose data protection legislation differs from the European Union legislation. These transfers take place under conditions and guarantees offering appropriate protection of your personal data. You may access your personal data and obtain rectification or erasure of incomplete or inaccurate data. You may also object on legitimate grounds to the processing of your data. Your rights may be exercised by applying to the service where your account is opened.

----- [FI name] internal use only below this line -----

Account holder ID number:

Received (DD-MM-YYYY)