**CUSTOMER REGISTRATION FORM**

**PERSONAL INFORMATION**

1**.** Full name (Mr/Ms/Mrs/Dr)………………………………………………………………..…….……………..2.Gender:male□female□

3. Date of Birth………………………………..…….4.Place of Birth…………..……………………5.Occupation………………………………………

6.Residential Address………………………………………….. 7.Literacy Level……………………………8.Mobile No.……………………………

9.ID Type…………..……….…..……ID Number……………………….….………..10. Date of Issue(ID)…………….…………………………..

11. Nationality…………………..…….11. Hometown……………………....12.Name of Employer……………………………………………..

13. Position………………..……………14.Postal Address……………………………………………15. Marital Status…………………………….

15. Confirmation of Nationality………………….…….16.Confirmation of Address /Phone Number……………..………………………

17. Next of Kin……………………………………………………………18.Mobile no. of Next of Kin…………………………………………………..

19. Residential Address of Next of Kin……………………..………………………..20.Relation to Next of Kin………………………………

21.Customer Signature/Thumb Print………………………………………….. Date…………………………………

**GUARDIAN/PARENT**

1. Full Name ;( Mr./Ms/Mrs./Dr)………………………………………………………………………………………….2.Gender:male□female□

3. Date of Birth…………………………..………4.Place of Birth…………..…………………………5.Occupation …..……………………………

6.Residential Address…………………………………….7. Literacy Level…………………………. 8.Mobile No………………………….……….

9. ID Type……………………..…….. 10. ID Number………………………………………… 11.Date of Issue(ID)……………………………………

12. Nationality……………………………..13.Hometown………………………..…..14.Name of Employer………………………………….

15.Position……………………………………... 16.Postal Address…………………….………..……………………………

17. Confirmation of Nationality………………………………18.Confirmation of Address/Phone Number…………………..………….

19. Customer Signature/Thumb Print……………………………………….. 20.Date……………………………………

**PRODUCT INFORMATION**

1. Type of Account: Susu□ Savings□ Junior Saver’s Plus□ Fixed Deposit□ (Tick) 2.Branch ………………………..………………

3. Purpose of Account: Personal Savings□ Investment□Salaries□Others□, Please specify……………….……………………

4. Source of Funds for the Account…………………….……5.Expected Amount Per Day/week/month…………………….………….

6. Source of Wealth…………………………………………………..

**CONSENT TODISCLOSE INFORMATION**

I…………………………………………………..……………………………, a Customer of FWF MICFINANCE Limited hereby authorize FWF MICROFINANCE Limited to (a)submit information on my credit transaction with FWF MICROFINANCE Limited to a credit bureau licensed under this Act, Credit Reporting ACT 2007(Act 726)or(B)obtain credit report on me from a credit bureau licensed under this Act for the purpose of credit management .

The borrower further authorized the lender to disclosed to or obtain from any institution licensed by the Bank of Ghana information on his/her personal data and/or information relating to any document referred to herein ,his/her assets and business affairs.

SIGNATURE/THUMBPRINT…………………………………………….. DATE……………………………………

**Office use only**

Is the Applicant under one of the following? Level 1-Low Risk Customer; Level 2-Medium Risk Customers, Level 3 Special customers (Tick)

Customer ID……………………………………………………... Generated Account No………………………………………………………………..

Name of officer………………………………………………..Signature…………………..…………………Date…………………………………….

Approved By……………………………………………………..Signature……………………………………..Date……………………………….......