 **JUNIOR SAVERS ACCOUNT**

**CUSTOMER REGISTRATION FORM**

Guardian/Parent/Trustee Full Name ;( Mr./MS/Mrs./Dr/Prof)…………………………………………………………………………………………

2. Date of Birth…………………………………………………………3.Place of Birth…………………………………………………………………………….

4.Occupation……………………………………………………………5.Residential Address…………………………………..………………………………

6. Literacy Level…………….…..……………………. 7. ID Type………………………….………..8.ID Number……………………………………..………

9. Date of Issue (ID)…………………………..……10.Mobile#……………………..…………….11. GPS Address:………………………………….

12. Nationality…………………………….……….. 13. Hometown……………………………..14.Place of work………………..……………………….

15. Position…………………………………………. 16. TIN No……………………………..…… 17.Postal Address………………………………………

18. Source of Funds for the Account…………………………….…..19.Expected Amount Per Day/week/month………..………………..

**20. SIGNATURE/THUMBPRINT…………………………………………… 21. DATE………………………………………………………**

**BENEFICIARY INFORMATION**

1**.** Full name ………………………………………………………………………..2.Gender: Male Female

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

5. Residential Address………………………..…………………………………………………………………………………………………………………………

6. Date of Issue (Birth Cert)………………………………………………….. 7. Nationality…………………………………………………………………

8. Hometown………………………………………………………………..………9. Postal Address………..………………………………………………….

**CONSENT TO DISCLOSE 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.

**20. SIGNATURE/THUMBPRINT……………………………………………………21. DATE………………………………………………………………..**

Office use only

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

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

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

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