OmniBSIC BANK

ACCOUNT OPENING FORM

BUSINESS

...Not Just Another Bank

OmniBSIC BANK

*Please complete this form in **BLOCK LETTERS** and tick the boxes where applicable.

1. GENERAL INFORMATION

BRANCH:

CURRENCY TYPE:

GHS ☐ USD ☐ GBP ☐ EUR ☐

Savings Account ☐ Specify product

Current Account ☐ Specify product

Mobilization Account ☐ Call Account (must be connected to Current Account) ☐

Foreign Exchange Account ☐ Foreign Currency Account ☐

PURPOSE OF ACCOUNT Transactional ☐ Salaries ☐ Investment ☐ Others

BUSINESS UNIT Limited Liability Company ☐ Partnership ☐ Enterprise ☐ MMDAI Charity ☐ Club/Society/NGO ☐

Others

2. BUSINESS DETAILS

Business Name

Business Registration No.

Date of Incorporation D D M M Y Y Y Y Country of Incorporation

Parent Company's Country of Inc. Source of Funds

Type/Nature of Business

Sector/Industry

Operating Business Address (Physical address) Home, Street Name, Area, City

Corporate Business Address/Registered office (as seen in registration document)

Postal Address

Corporate Email Address

Website (if any)

Phone No.(s)

Tax Identification No. Reference No. Type

Other Reference No.

2a. RISK RATING (FOR BANK USE ONLY)

Risk Rating: Low ☐ Medium Low ☐ Medium High ☐ High ☐ Prohibited ☐

Authentication for PEPs and High-Risk Customers:

Is the Customer a PEP? Yes ☐ No ☐

Type of PEP

Type of High-Risk

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3. ANNUAL OR PROJECTED ANNUAL TURNOVER

Expected Turnover GHS 0 - GHS 20,000 ☐ GHS 20,001- GHS 50,000 ☐ GHS 50,001 - GHS 100,000 ☐ GHS 100,001 and above ☐

Is your Company listed on any Stock Exchange? Yes ☐ No ☐

Reference Number

Name of Stock Exchange

Type of Associated Business

Associated Business Address

4. EXPECTED ACCOUNT ACTIVITY

Sources of Funds to the Account, ie. Sales / Revenue / Profit / Investments

Amount of Deposits - GHS 0 - GHS 20,000 ☐ GHS 20,001 - GHS 50,000 ☐ GHS 50,001-GHS 100,000 ☐ GHS 100,001 and above ☐

Number of Deposits - Weekly ☐ Monthly ☐ Yearly ☐

Amount of Withdrawals - GHS 0 - GH S 20,000 ☐ GHS 20,001 - GHS50,000 ☐ GHS50,001-GHS100,000 ☐ GHS100,001 and above ☐

Number of Withdrawals - Weekly ☐ Monthly ☐ Yearly ☐

5. ACCOUNT SERVICE(S) REQUIRED (Please tick)

(a) Mobile Money ☐ MTN Wallet Account Linkage (Wallet Number)

Telecel Wallet Account Linkage (Wallet Number)

(c) Electronic Banking Preferences ☐ Internet Banking ☐ Mobile App ☐ Other E-Banking Products

Limit Enhancement (Internet Banking) _____ (Indicate amount)

(d) Transaction Alert Preferences ☐ Email Alert ☐ SMS Alert

(e) Statement Preference ☐ Email ☐ Collection at Branch ☐ By Post

(f) Statement Frequency ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually

(g) Cheque Book Requisition ☐ 50 Leaves ☐ 100 Leaves

6. DETAILS OF THE DIRECTORS / EXECUTIVES / PROMOTERS / EXECUTORS / ADMINISTRATORS

Mr. ☐ Mrs. ☐ Miss. ☐ Dr. ☐ Prof. ☐ Rev. ☐ Other Titles

Surname

First Name

Other Names

Date of Birth D D M M Y Y Y Y Gender M ☐ F ☐

Place of Birth

Mother's Maiden Name (Full Name)

Nationality Resident Permit No.

Means of Identification ID No.

ID Issue Date D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y

Country of Issue

Occupation Job Title

Executive Director ☐ Non-Executive Director ☐ Chief Financial Officer ☐ Others (Specify)

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Position / Office

Residential Address

Nearest Landmark

Digital Address MMDA

City / Town

Region Phone No. (s)

Email Address

6a. RISK PROFILE OF THE DIRECTORS / EXECUTIVES / PROMOTERS / EXECUTORS / ADMINISTRATORS (FOR BANK USE ONLY)

Risk Rating: Low Medium Low Medium High High Prohibited

Authentication for PEPs and High-Risk Customers:

Is the Customer a PEP? Yes No

Type of PEP

Type of High-Risk

7. DETAILS OF THE DIRECTORS / EXECUTIVES / TRUSTEES / PROMOTER / EXECUTORS / ADMINISTRATORS ETC.

Mr. Mrs. Miss. Dr. Prof. Rev. Other Titles

Surname

First Name

Other Names

Date of Birth D D M M Y Y Y Y Gender M F

Place of Birth

Mother's Maiden Name (Full Name)

Nationality Resident Permit No.

Means of Identification ID No.

ID Issue Date D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y

Country of Issue

Occupation Job Title

Executive Director Non-Executive Director Chief Financial Officer Others (Specify)

Position

Residential Address/Digital Address MMDA

City/Town

Region Phone No.(s)

Email Address

7a. RISK PROFILE OF THE DIRECTORS / EXECUTIVES / PROMOTERS / EXECUTORS / ADMINISTRATORS (FOR BANK USE ONLY)

Risk Rating: Low Medium Low Medium High High Prohibited

Authentication for PEPs and High-Risk Customers:

Is the Customer a PEP? Yes No

Type of PEP

Type of High-Risk

OmniBSIC BANK

8. ACCOUNT SIGNATORY'S DETAILS

Mr. Mrs. Miss. Dr. Prof. Rev. Other Titles

Surname

First Name

Other Names

Date of Birth D D M M Y Y Y Y Gender M F

Place of Birth

Mother's Maiden Name (Full Name)

Nationality Resident Permit No.

Means of Identification ID No.

ID Issue Date D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y

Country of Issue

Occupation Job Title

Executive Director Non-Executive Director Chief Financial Officer Others (Specify)

Position

Residential Address/Digital Address MMDA

City/Town

Region Phone No. (s)

Email Address

8a. RISK PROFILE OF THE DIRECTORS / EXECUTIVES / PROMOTERS / EXECUTORS / ADMINISTRATORS (FOR BANK USE ONLY)

Risk Rating: Low Medium Low Medium High High Prohibited

Authentication for PEPs and High-Risk Customers:

Is the Customer a PEP? Yes No

Type of PEP

Type of High-Risk

9. ACCOUNT SIGNATORY'S DETAILS

Surname

First Name

Other Names

Date of Birth D D M M Y Y Y Y Gender M F

Place of Birth

Nationality Resident Permit No.

Means of Identification ID No.

ID Issue Date D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y

Occupation Job Title/Position

Position / Office

Residential Address

Nearest Landmark

Digital Address MMDA

City/Town

Region Phone No. (s)

Email Address

Tick as appropriate if signatory is a director Yes No Date D D M M Y Y Y Y

Signature Class of Signatory

9a. RISK PROFILE OF THE DIRECTORS / EXECUTIVES / PROMOTERS / EXECUTORS / ADMINISTRATORS (FOR BANK USE ONLY)

Risk Rating: Low Medium Low Medium High High Prohibited

Authentication for PEPs and High-Risk Customers:

Is the Customer a PEP? Yes No

Type of PEP

Type of High-Risk

10. KEY CONTACT PERSONS / PRINCIPAL OFFICER DETAILS

Mr. Mrs. Miss. Dr. Prof. Rev. Other Titles

Surname

First Name

Other Names

Date of Birth D D M M Y Y Y Y Gender M F

Place of Birth

Mother's Maiden Name (Full Name)

Nationality Resident Permit No.

Means of Identification ID No.

ID Issue Date D D M M Y Y Y Y ID Expiring Date D D M M Y Y Y Y

Country of Issue

Occupation Job Title

Executive Director Non-Executive Director Chief Financial Officer Others (Specify)

Position

Residential Address/Digital Address MMDA

City/Town

Region Phone No. (s)

Email Address

10a. RISK PROFILE OF KEY CONTACT PERSONS / PRINCIPAL OFFICER (FOR BANK USE ONLY)

Risk Rating: Low Medium Low Medium High High Prohibited

Authentication for PEPs and High-Risk Customers:

Is the Customer a PEP? Yes No

Type of PEP

Type of High-Risk

11. TERMS AND CONDITIONS (FRAUD TIPS, DATA PRIVACY, DORMANT ACCOUNT PRINCIPLES AND OTHER COMMERCIAL AGREEMENTS)

Please read this page carefully. It provides you with important information about your OmniBSIC Bank Ghana LTD. (The Bank) Account.

1.0. THE BANK

The information on this page (and any further instructions and conditions that may be prescribed by the Bank from time to time) are the terms of the agreement between you and OmniBSIC Bank Ghana LTD. (The Bank); when you sign the account application form you accept these terms as binding on you.

2.0. THE ACCOUNT

2.1 We will assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all Cheques, orders, bills, notes, negotiable instruments and receipts or others deposited in the account.

2.2. The Bank will not be responsible for any loss or damages for funds deposited with the Bank due to any future Government order, law, levy, moratorium, exchange restriction or any other cause beyond the Bank's control.

2.3. The account may be debited for any service charge that is set by the Bank from time to time. The Bank will be guided by the Ghana Association of Bankers' Code of Ethics by giving notice on tariff changes.

2.4. All notices or letters will be sent to the address supplied by me/us and will be considered duly delivered and received at the time it is delivered. Notice in the press or in the banking hall of any branch of the Bank will be deemed sufficient for this purpose.

2.5. The Bank will not be liable for funds handed over to members of its staff outside banking hours or outside the Bank's premises. Any anomaly in the entries on Bank Statements must be brought to the attention of the Bank within a period of six(6) years of the date thereof. It is agreed that failure to give such notice absolves the Bank from all liabilities arising therefrom. The Bank may exercise its general lien or any similar rights it is entitled to by law and without any notice whenever necessary, combine, consolidate all or any of my/our accounts with and liabilities to the Bank and set of or transfer any sum or sums standing to the credit of anyone or more of such accounts or any other credit.

2.6. It is understood that any funds received from or on behalf of myself/any of us, are to be placed to the credit of any account unless the Bank receives written instruction to the contrary.

2.7. I/We understand and agree that you may at your discretion and without giving any reason thereto decline to accept my/our Account application. I/We also understand that until such time you shall inform me/us in writing of the relevant Account number, no account relationship is established with you.

2.8. I/We understand and agree that the Account relationship is established solely with you and that all monies deposited shall be payable exclusively at a branch of the Bank.

2.9. I/We authorize the Bank to accept for safe keeping or for collection or for any other purpose any securities or other property deposited with the Bank or received from or on behalf of myself/any of us/all of us to release, deliver or give up any such securities or property so accepted against written instructions signed in the manner described above.

2.10. I/We agree that in the event that the Bank receives from myself/us ambiguous or conflicting instructions in connection with an Account the Bank may in its absolute discretion and without any liability act or decline to act as the Bank thinks fit.

2.11. I/We agree that these authorities shall be governed by and construed in accordance with the laws of Ghana and I/We hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Ghana.

3.0. CHEQUES (CURRENT ACCOUNT CUSTOMERS)

3.1. All Cheques or other orders signed by me/us (or either or both of us if a joint account) will be honored by the Bank and the account will be debited for such cheques whether such account be for the time being in credit or overdrawn or may become overdrawn in consequences of such debit.

3.2. The Bank is under no obligation to honour any cheques drawn on my/our account or ATM withdrawals unless there are sufficient funds in the account to cover the value of the said cheques/ ATM withdrawal. Such cheques may be returned to me/us unpaid.

3.3. I/We ensure that my/our cheque book will be kept in a safe place to prevent unauthorized persons from gaining access to same and neglect of this precaution may be a ground for any consequential loss being charged to my/our account.

3.4. I/We will notify the Bank immediately if my/our cheque book is lost, gets missing or stolen. The Bank shall not be held liable for any unauthorized use of my/our cheque book where the loss or otherwise of same has not been duly notified to the Bank.

3.5. My/Our account will only be credited with the value of a cheque lodged with any of the Bank's branches after the requisite clearing period in accordance with the rule of clearing in force at the time of lodging the cheque.

3.6. The Bank may exercise its discretion in allowing withdrawals against uncleared cheques. Where the cheques are returned unpaid thereafter the Bank shall have the rights to hold on to the returned cheque and take further action it deems appropriate to recover the value of the cheque.

3.7. The Bank shall have the right whenever it deems appropriate to confirm the issuance of a cheque drawn on the current account failing which the cheque may be returned.

3.8. I/We will notify the Bank of our intention to stop any cheque(s) issued on my/our account. The Bank shall not be liable for paying a cheque in the event that the Bank has not received my/our written notification.

4.0. OVERDRAFTS

Overdrafts may be available to customers upon arrangement with the Bank. If no arrangemenls have been made with the Bank and the account becomes, overdrawn, the Bank may charge an extra fee and interest at the current rate for unauthorized borrowing. If the account does not have enough cleared funds to cover an amount the Bank may return the cheque unpaid.

5.0. PAYING INTEREST

I/We will be liable for the payment of interest charges at the rate fixed by the Bank from time to time for any sum(s) standing to the debit of the current account. The current account may also be debited for the Bank's usual banking charges, interest, commissions, etc.

6.0. TERMINATION OF AGREEMENT

Either party may terminate this agreement, at any time by notifying the other in writing. When terminating the agreement, the termination becomes effective only when any cheques and amounts carried on the account have been paid and all Cheque Books issued are sent back to the Bank. Where the Bank is terminating the agreement and the account is overdrawn, I/We must pay all sums outstanding on the account, otherwise the Bank may take appropriate legal action for recovery.

7.0. JOINT HOLDERS

In addition to the foregoing, in the case of joint accounts, the following shall apply of one if the holders dies.

Any money for the time being standing to the credit of the joint account(s) may be held to the order of the survivor. Anything held by the Bank whether by way of security or for safe custody or any purpose whatsoever otherwise than for collection for the joint account (s) shall be held to the order of the survivor and the personal representatives of the deceased, acting jointly. Any liability incurred by joint account holders to the Bank in respect of instructions given (whether in the form of borrowing or otherwise) shall be joint and several.

8.0. DISCLAIMER CLAUSE.

The Bank disclaims any liability for any funds assets deposited by me/us which are subsequently found to have\been derived from, illegal sources or activities.

9.0. DISCLOSURE OF ACCOUNT INFORMATION

The Bank will disclose details of your account operation notwithstanding the banker customer legal relationship where the bank's interest requires disclosure or where it is customary for banks to provide such information or where the Bank is under legal obligation to do so.

10.0. AML COMPLIANCE

Pursuant to the Anti-Money Laundering Act 2008 (Act 749), the Bank may ascertain the source and usage of funds to protect both the Bank and Customer's interest. The Bank reserves the right to refuse a transaction where the source and/or the purpose could not be justified.

11.0. AUTHORIZATION FOR INFORMATION ENQUIRY

Customer authorizes the Bank to make any enquiries considered necessary in connection with this application to open account.

12.0. NOTICE OF CHANGES IN PERSONAL INFORMATION

Customer will notify the Bank of any changes in personal information and information about the business.

13.0. Authorization (US Citizen/Residents Only) Details of the accounts held by a customer deemed to be a US person(s) shall be provided to the Internal Revenue Service of the United States of America as required by the Foreign Account Tax Compliance Act (FATCA) through Ghana Revenue Authority.

14.0. COMPLAINTS

All complaints must be lodged by a customer either by telephone or by letter or through email or in person in any of the bank branches. I/We the undersigned hereby request and authorize such one of (The Bank) as you shall determine to open account(s) (each an "Account") in my name/our joint names and until written notice to the Bank to the contrary to debit such Account whether in credit or overdrawn with cheques drawn thereon, to act on any written instructions in any relation to the payment of standing orders, direct debits, the issue of drafts, mail and telegraphic transfers, purchases and sales of securities and foreign currencies and to act upon instructions to close any Account provided those cheques or instructions are signed by MYSELF/ANY ONE OF US/ALL OF US TOGETHER. (Delete as necessary and print full names below).

12. DISCLOSURE FOR CREDIT BUREAUS

The Bank will obtain information about you from the credit reference bureaus to check your credit status and identity. The bureaus will record our enquiries which may be seen by other institutions that make their own credit enquiries about you. The Bank shall also disclose your credit transactions to credit reference bureaus in accordance with the Credit Reporting Act, 2007 (Act 726).

13. DISCLOSURE FOR DORMANT ACCOUNT (Expect Information)

Publication of Dormant Accounts

In accordance with Section 143 (4) of Act 930, where an account is transferred to a register of dormant accounts and the account has been on the register for three years, the regulated financial institution shall advertise or publish in at least two daily newspapers of national circulation, the fact that the account has been on the register of dormant accounts for three years.

14. DISCLOSURE ABOUT GHANA DEPOSIT PROTECTION SCHEME (Expect Information)

OmniBSIC Bank Ghana LTD. (The Bank) is a member of the Ghana Deposit Protection Scheme. If the license of this Bank is revoked by the Bank of Ghana and this Bank goes into receivership, GDPC shall reimburse insured depositors of this Bank up to the limits specified by the Ghana Deposit Protection Act, 2016, Act 931, as amended. For further information about the Ghana Deposit Protection Scheme, please ask your bank / SDI or refer to GDPC's website: www.gdpc.gov.gh

15. (THIS SHOULD BE COMPLETED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THE FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

Customer Thumbprint / Signature

Witness or InterpreterThumbprint/Signature

Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

Name of Interpreter _____ Signature of Interpreter

Address of Interpreter _____

Language of Interpretation

16. ADDITIONAL DETAILS

I. Names of Affiliated Companies/Bodies:

II. Shareholders / Beneficial Owner:

a. Full Name of Shareholder

Address

Status

Percentage Holding

Mobile No.

Nationality

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial Owner(s) (if any)

Names of Beneficial Owner(s) (if any)

Email Address

b. Full Name of Shareholder

Address

Status | Percentage Holding

Mobile No. | Nationality

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)
hareholder)

Names of Beneficial Owner(s) (if any)

Email Address

c. Full Name of Shareholder

Address

Status | Percentage Holding

Mobile No. | Nationality

Registration Certificate (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Names of Beneficial Owner(s) (if any)

Email Address

17. DETAILS OF ACCOUNTS HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

S/N	Name & Address of Bank/Branch	Account Name	Account Number	Status: Active / Dormant

18. DECLARATION:

I/We hereby apply for the opening of account(s) with OmniBSIC Bank Ghana LTD. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct. I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

"I/We confirm that I/we have been given copies of the Terms and Conditions for the operation of the Account and I/we have read and understood same and hereby accept the terms and conditions."

Name _____ Signature _____ Date D D M M Y Y Y Y

Name _____ Signature _____ Date D D M M Y Y Y Y

For more information on our T&Cs, visit **www.omnibsic.com.gh**

OmniBSIC BANK

19. FOR BANK USE ONLY

REQUIREMENT CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	DATE FOR COMPLETION	DATE COMPLETED
1	Account Opening form duly completed				
2	Specimen signature card duly completed				
3	Copy of Registrar General's Department Certificate				
4	Board Resolution				
5	Copy of Memorandum and Article of Association (certified true copy by the Registrar of companies)				
6	Tax Clearance Certificate (where applicable)				
7	TIN Registration No				
8	Partnership Deed (where applicable)				
9	Trust Deed				
10	Act / Gazette (for Government Agency) (where applicable)				
11	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
12	Introduction letter (where applicable)				
13	Resident / Work Permit (for non-Ghanaians)				
14	Evidence of Operating License from Relevant Government Authorities / Mandated Bodies (where applicable)				
15	Search Report				
16	Power of Attorney (where applicable)				
17	Completion of Electronic Communication Channel Indemnity Form (where applicable)				
18	Proof of Company Address				
19	Business Premises visitation certificate				
20	Proof of Identity of all signatories and directors / officers whose names appear on the account opening forms / documents- valid National ID				
21	Proof of Address of all Signatories and Directors / Officers whose names appear on the forms / documents- Utility bills (not more than 3 months old) Tenancy Agreement/ GPS				
22	Code / Google coordinates and completed physical visitation form (all others refer to compliance manual)				
23	Letter of reference from auditors or solicitors				
24	Copy of the audited Financial statements				
25	FATCA / CRS				
26	Others (please specify)				
27					
28					
29					

20. APPROVAL PROCESS

1. Deferral Of Document (If Any) Authorised By:

Items Deferred	
Name	
Designation	
Signature	
Date	D D M M Y Y Y Y

OmniBSIC BANK

ACCOUNT OPENING MANDATE

Account Name

Account Number 1

Account Number 2

Account Number 3

SIGNATORY 1 **PASSPORT PICTURE**	**SPECIMEN SIGNATURE**	**Name** **Telephone** **Category**
SIGNATORY 2 **PASSPORT PICTURE**	**SPECIMEN SIGNATURE**	**Name** **Telephone** **Category**
SIGNATORY 3 **PASSPORT PICTURE**	**SPECIMEN SIGNATURE**	**Name** **Telephone** **Category**
SIGNATORY 4 **PASSPORT PICTURE**	**SPECIMEN SIGNATURE**	**Name** **Telephone** **Category**
SIGNATORY 5 **PASSPORT PICTURE**	**SPECIMEN SIGNATURE**	**Name** **Telephone** **Category**
SIGNATORY 6 **PASSPORT PICTURE**	**SPECIMEN SIGNATURE**	**Name** **Telephone** **Category**

MANDATE INSTRUCTION:

Do you want the Cheques to be confirmed?
YES ☐ **NO** ☐

If yes, state the confirmation threshold:

FOR BANK USE ONLY		
MIS CODE	CSO's NAME: CSO's SIGNATURE:	BSS NAME: BSS SIGNATURE:
DATE SCANNED ----------		

(Please note that the Bank may not honour cheques payments above the threshold without receiving confirmation from you)

OmniBSIC BANK BRANCHES:

HEAD OFFICE ADDRESS

ATLANTIC TOWER
AIRPORT CITY, ACCRA
PMB CT 212
CANTONMENTS, ACCRA
PHONE : +233 (0)307086000
+233 (0)302758555
TOLL FREE: 0800100790

GREATER ACCRA REGION

ABELEMKPE BRANCH
ABOSSEY OKAI BRANCH
ACCRA CENTRAL BRANCH
ACHIMOTA BRANCH
ADABRAKA BRANCH
AIRPORT BRANCH
ASHALEY BOTWE BRANCH
ATOMIC JUNCTION BRANCH
DANSOMAN BRANCH
DOME BRANCH
EAST LEGON BRANCH
KOKOMLEMLE BRANCH
LABONE BRANCH
MADINA ESTATES BRANCH
NORTH INDUSTRIAL AREA BRANCH
NIMA BRANCH
ODORKOR BRANCH
OSU OXFORD STREET BRANCH
SPINTEX BASKET BRANCH
SPINTEX MANET BRANCH
TEMA COMMUNITY 1 BRANCH
TEMA COMMUNITY 11 BRANCH
TEMA EAST BRANCH
TEMA HARBOUR BRANCH
WEIJA BRANCH

ASHANTI REGION

ADUM ADDO KUFFOUR CLINIC BRANCH
ADUM PREMPEH II STREET BRANCH
AHODWO BRANCH
AMAKOM BRANCH
KEJETIA BRANCH
KRONUM BRANCH
MANHYIA BRANCH

WESTERN REGION

TAKORADI MARKET CIRCLE BRANCH
TAKORADI HARBOUR BRANCH
TARKWA BRANCH

EASTERN REGION

KOFORIDUA BRANCH

CENTRAL REGION

KASOA MAIN BRANCH

BONO REGION

SUNYANI BRANCH

BONO EAST REGION

TECHIMAN BRANCH

NORTHERN REGION

TAMALE BRANCH

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