Business Debit Card Request Form



Branch		
Date / / Entity type	Sole proprietorship Partr	nership Company Others (please specity)
Ghana Card No.		
Gridina Cara i vo.	1	
Business Details (Compulsory)		
Registered name of company		
Account number		
Registration number	1	Date company registered (DD-MM-YYYY)
Registered address (Head Office and trading	office):	
Postal Address		
Telephone number	ı	Email address
Contact Details		
1 Contact Person		
Position	1	Department name
Office Number	Cellphone Number	Email address
2 Contact Person		
Position	1	Department name
Office Number	Cellphone Number	Email address
Resolution (For limited liability co	mpanies)	
At a meeting of the Directors/Members/Trus	tees/Partners/Commi	uittee of (account holders)
Business Debit Card be issued on behalf of th	Debit Cards" section of	, it was resolved that a e/Trust/Body Corporate account with Access Bank (Ghana) Plc. fthis document have people authorized and mandated in terms of

Be authorized to sign the Access Bank Business Debit Card application as well as any subsequent written documentation to be submitted to Access Bank (Ghana) Plc on behalf of the account holder. In addition, he/she/they are hereby authorized to bind the accountholder to the terms and conditions of use of the Access Bank Business Card as well as to all subsequent written documentation submitted to Access Bank (Ghana) Plc that is signed by him/her/they in his/her/their capacity as authorized signatory.

Full name						
Position						
Signature		1	Date	/	/	
Full name						
Position						
Signature			Date	/	/	
Full name						
Position						
Signature			Date	/	/	
Full name					1	
Position						
Signature			Date	/	/	
lssuing of supplementary debit cards (Attach a certified copy of each person's identity document)						
Name of Account Holder	Account Number		ID Card Nur	mber	ATM cash withdrawal limit	
1						
2						
3						
4						
5				<u> </u>		

Declaration

 $I/We, the Directors/Members/Partners/Sole\ Proprietor\ and\ the\ signatories\ hereunder\ hereby\ apply\ for\ the\ Access\ Bank\ Business\ Debit\ Card.$

I/We declare to the best of my/our knowledge and belief that the particulars and information as set out in this application are true and accurate, and that no additional information which may affect the decision of Access Bank (Ghana) Plc has been withheld.

For (Name of company/trust/partnership/sole prop	rietor)			
Full name				
Position				
Signature	Date	/	/	
Full name				
Position				
Signature	Date	/	/	
Full name				
Position				
Signature	Date	/	/	
Full name				
Position				
Signature	Date	/	/	
For office use only				
Application received and verified by Name				1
Signature	Date	/	/	
Application authorized by Name				I
Signature	Date	/	/	

Date

the hotlist and

7. COVENANTS OF CARDHOLDER

6.2.4 The transaction meets the conditions by the participating bank.

The cardholder hereby covenants and undertakes that the cardholder shall comply with the terms of this agreement and all other rules and regulations relating to the issuance and