



CalBank Individual Account Update Form

Personal Information *(if name has changed provide affidavit or supporting documents)*

First Name:

Last Name:

Other Names:

Account Number (s):

Date of Birth: Nationality: Country of Residence

Current Residential Address:

Directional Description to Residential Address:

GPS Code :

Current Postal Address: Current Telephone Number

Current Email Address:

Government Identification Numbers

GRA TIN: *(mandatory for all customers)* US TIN: *(mandatory for US persons)*

SSN *(Social Security (SSNIT) Number)*:

For Resident Non-Ghanaians *(Foreigners who are Resident in Ghana, provide copy of permit)*

Permit Number: Permit Issue Date: Permit Expiry Date:

For Non Resident Ghanaians *(Ghanaians who are not currently resident in Ghana)*

Provide Proof of address:

Driver's License Utility Bill Bank Statement Others (specify)

FATCA Information

Tick what applies to you *(You will be required to complete an additional FATCA form if any of these are selected except for NONE)*

US Citizen US Green Card US Resident US Passport NONE

Spent more than 183 days in the US in the past one year or average of 122 days in the past three years

Current Employment Data

Employment Type: Self Employed Government Private Local Private Foreign
Multinational Unemployed Retired Other (specify)

Name of Employer:

Nature of Business of Employer (if self-employed indicate nature of your business):

Address of Employer (if self-employed indicate your business address):

Telephone number of Employer (if self-employed indicate your business number):

Occupation: Job Role/Designation:

ID Details (NHIS card not accepted)

Provide your current valid National ID (Passport mandatory for all foreigners)

ID Type: ID Number: ID Issue Date:

ID Expiry Date: ID Issue Country:

Monthly Account Activity

(Expected number of Deposits/Withdrawals means the number of times you expect to make deposits/withdrawals in a month.
Expected value of Deposits/Withdrawals means the total value of Deposits/Withdrawals you expect to make in a month)

Expected Income (Expected income from your employment/business)

Other Income (Expected income from other sources)

Provide name of business for source of Other Income:

Provide nature of business for source of Other Income:

Expected number and Value of Deposits: Frequency Value

Expected number and Value of Withdrawals: Frequency Value

Contact Person's Information (Person the Bank can contact if unable to get in touch with you)

Name of Contact Person:

Residential Address of Contact Person:

Telephone Number of Contact Person:

Relationship with Contact Person: (The relationship of the contact person to you)

Signature_____

Date_____