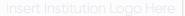# GhanaPay

Your money, your way

GhanaPay Customer Application Form

A. INSTRUCTIONS

Complete all details in block capital black ink. Fields marked (*) are mandatory.

PART 1: To be completed by Customer

B. CUSTOMER DETAILS

*First Name	
*Last Name	
*Phone number	
Email	
*Date of Birth	
*Nationality	
*Gender	☐ Male ☐ Female
*Digital Address (Ghana Post GPS)	
TIN	
*ID Type	☐ Ghana Card
*Ghana Card ID Number	
*Occupation	Select One Option: ☐ Health ☐ Government ☐ Business & Trade ☐ Farming & Fishing ☐ Handiwork & Crafts ☐ Others
*Source of Income	Select One Option: ☐ Salary ☐ Business ☐ Savings ☐ Family & Friends ☐ Others

C. NEXT OF KIN DETAILS

Name			
Mobile Number		Relationship	
Ghana Card ID Number		E-mail address	

D. BANKING DETAILS (Kindly provide bank account with this bank)details if you have an existing

Name of Bank		Branch Name	
Account Information	Branch Code (max. 6 digits)		Account Number (max. 13 digits)

GhanaPay Customer Application Form

E. CONFIRMATION OF CUSTOMER DETAILS

I hereby confirm that the information provided above is accurate and complete. (To be completed by Customer)

*Name			
*Signature		*Date	

PART 2: To be completed by Customer's Bank.

FOR BANK USE ONLY

CONFIRMATION OF BANKING DETAILS

GhanaPay Wallet Number																	

I hereby confirm that the customer information provided above is accurate and complete.

*Name		*Position	
*Tel. Number		*E-mail address	
*Date		*Signature	