

PERSONALITY NOTES FORM
(TO BE COMPLETED BY PROSPECTIVE MEMBER)

Affix Picture
Three (2) copies

Please type or print your answers in block letters in the space provided below each item.

SECTION A – Personal Details				
1.1 Surname		1.2 First Name & Middle Names		1.3 Previous Names (Aliases, etc.)
1.4 Reasons for change of name (if any)				
1.5 Date & Place of Birth		1.6 Hometown	1.7 Nationality	1.8 Occupation
1.9 Ghana Card Number		Place & Date of Issue		Expiry Date
1.10 Parentage – Provide particulars of your parents (where deceased state date of death)				
FATHER				
Full name	Date/Place of Birth	Hometown	Nationality	Occupation (last)
Residential Address (include popular spot close to residence) Business Address (if any)				
MOTHER				
Full name	Date/Place of Birth	Hometown	Nationality	Occupation (last)
Residential Address (include popular spot close to residence) Business Address (if any)				
1.11 Marital Status (please tick appropriate box)				
Single	Married	Widowed	Separated	Divorced
1.12 Indicate type of marriage (please tick appropriate box (es))				
Customary <input type="checkbox"/>	Church Ordinance <input type="checkbox"/>	Islamic <input type="checkbox"/>	Registration <input type="checkbox"/>	
1.13 Date & Place of Marriage		1.14 Marriage Certificate if any	1.15 Name & Address of One Key Witness	
1.16 Spouse(s) details (even if divorced, separated or widowed)				
Full name Present	Date & Place of Birth	Residential/Business Address	Occupation/Profession	
Contact Former				
Contact				

SECTION B – Contact Information

2.1 Current Residential Address (include house #, street, suburb, town, district, state or region)		
2.2 Provide name of any popular spot close to your residence	2.3 Home or Mobile Phone Number	
2.4 Fax Number	2.5 E-mail Address	2.6 Your Correspondence Address, if different from 2.1
2.7 Current Employment Address (if any) (include business name, street name, town, state or region & any close popular spot)		
2.8 Employer's Telephone Number	2.9 Employer's Fax Number	2.10 Employer's E-mail Address

SECTION C – Educational History (Please attach copies of educational certificates)

3.1 Secondary Education (Senior Secondary School & Colleges)		
Name, Address of School & Student ID	Dates Attended	Qualification and Grades Achieved
3.2 Higher/Professional/Vocational Education (indicate whether full or part time study)/ Informal Training. NB: Please attach copies of educational certificates		
Name, Address of School & Student ID	Dates Attended	Qualification and Grades Achieved

SECTION D – Employment History

4.1 Provide particulars of your employment since leaving school including periods of apprenticeship, self-employment, and National Service
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Date (from/to) – Includemonth & year	Organization (name, address & specific location)	Position	Brief Description of duties and reason(s) for leaving
1.			
2.			
3.			
4.			
5.			
6.			
7.			

SECTION E – Economic Status

5.1 Do you own any assets (e.g. immovable property) Yes No

If yes, list and provide particulars (including location) on each and how obtained.

5.2 Tax details (Where applicable)

(Provide evidence of last tax payment (s) on the assets; state type of tax, TIN number, tax certificate number and date issued)

SECTION F – Proposed Institution’s Profile (This is a firm owned by the Proposed Member)

6.1 Name & Address of Firm (include house #, street name, town & any close popular spot)

6.2 Date of Registration & Registration No. (full registration details) 6.3 No. of initial workforce

TIN:

6.4 Name and Address of Bankers

6.5 Reason(s) for establishing the Firm

6.6 State whether other institutions are related to the Enterprise and specify the type of relationship

6.7 Relationship with other institution(s)

Name of institution(s):

From:

To:

Director:

Key management staff:

Significant shareholder:

Combination of any of A-C:

If more than one institution, please provide information on additional sheet Reason for leaving where applicable

6.8

Do you owe any person?

Have you been adjudged by court as judgement debtor?

Have you arranged with creditors to suspend payment of debt?

If yes, give details

6.9 State whether other institutions (6.7 above) relate to the appointing institution and specify the type of relationship

6.10 Previous application for approval from Bank of Ghana

Approved

Refused

Withdrawn

Indicate the role for the previous application

6. 11 Have you been associated with an institution that has been

Declared Insolvent

Bankrupt

Associated with an institution which wound up or has been wound up

If (C) is yes, give details

6.12 Have you been associated with an institution that has
been sanctioned or

A

held liable for fraud, malfeasance or other misconduct by you towards the institution

B

or other person

C

revoked

If yes, give details

6.13 Do you own any shares in the appointing institution? If yes, indicate number, value and class of shares you have in the institution

6.14 Indicate number, value and class of shares not registered in your name but of which you are the ultimate beneficial owner or beneficially interested.

6.15 Does the quantum of your shares including those of related parties in the institutions (or subsidiary) entitle you to exercise control in the institution?

7.0 I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE.

NAME:

SIGNATURE:

DATE:

SECTION H – Police Report

Persons completing this form should apply to the Director, Criminal Investigation Department (CID) for a police Report. The Police Report should be submitted under the seal of the Director of CID to the following address:

The Executive Director

Micro-Credit Association Ghana

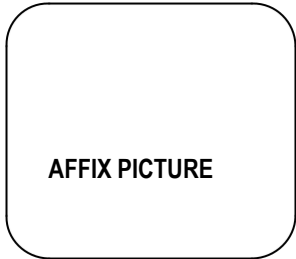
Odorkor – Official town

P. O. Box KN 4475

Kaneshie – Accra

NB: Under no circumstance should the applicant himself submit the report directly to the Bank of Ghana.

MEMBERSHIP REGISTRATION FORM



A. PARTICULARS OF APPLICANT

SURNAME: OTHER NAMES:
DATE OF BIRTH: NATIONALITY:
ID NUMBER: TIN:
CONTACT NUMBER (S)
EMAIL:
POSTAL ADDRESS: RESIDENTIAL GPS ADDRESS:
POPULAR LANDMARK TO RESIDENCE:
REGION: TOWN: DISTRICT:
HIGHEST ACADEMIC LEVEL:
NEXT OF KIN:
CONTACT OF NEXT OF KIN:
FULL NAME AND ADDRESS OF BANKERS:

B. DETAILS OF THE PROPOSED INSTITUTION

PROPOSED BUSINESS NAME:
TEL:
EMAIL:
LOCATION OF HEAD OFFICE/ GPS ADDRESS:
POPULAR LANDMARK:
SIGN: DATE:
NAME: POSITION:

*The undersigned hereby declares the above statement is true to the best of my knowledge.

APPENDIX 1

STATEMENT OF AFFAIRS AS AT :.....

ASSETS

1. CURRENT ASSETS

Cash on Hand Current

Account Savings

Account Fixed Deposits

Loans to Others

Prepayments

2. MARKETABLE

SECURITIES Investment in

shares Investment in Unit Trusts

Treasury Bills

Others

3. PROPERTY

Buildings (State locations)

Vehicles

Furniture

Equipment/Appliances

Jewellery, Valuables

Other personal property, Land etc.

4. TOTAL ASSETS (1+2+3)

LIABILITIES

5. CURRENT LIABILITIES

Home/Car Insurance Accrued

Rent & Rates Accrued

*Taxes Accrued

Other Accruals

6. OUTSTANDING LOANS

7. TOTAL LIABILITIES (5 + 6)

8. EXCESS OR ASSETS OVER LIABILITIES (4-7)

Signature of Applicant.....

Full Name.....

Certification by.....

AUDITORS

*** Latest Original Tax Clearance Certificate should be attached**

ADVISORY COMMITTEE MEMBER INFORMATION

FIRST MEMBER (1)

FIRST NAME: SURNAME: OTHER NAME(S)

PREVIOUS NAME (S) IF ANY:

REASONS FOR CHANGE OF NAME:

DATE OF BIRTH: PLACE OF BIRTH: HOMETOWN:

GHANA-CARD NUMBER: DATE OF ISSUANCE: PLACE OF ISSUE:

NATIONALITY: PASSPORT NUMBER:

DATE OF ISSUE: PLACE OF ISSUE: TIN:

MOBILE NUMBER(S): EMAIL:

RESIDENTIAL ADDRESS – GPS:..... TOWN/ DISTRICT..... REGION.....

POPULAR LANDMARK (S):

HIGHEST EDUCATIONAL QUALIFICATION (**ATTACH COPY OF CERTIFICATE**)

..... SIGNATURE: DATE:

SECOND MEMBER (2)

FIRST NAME: SURNAME: OTHER NAME(S)

PREVIOUS NAME (S) IF ANY:

REASONS FOR CHANGE OF NAME:

DATE OF BIRTH: PLACE OF BIRTH: HOMETOWN:

GHANA-CARD NUMBER: DATE OF ISSUANCE: PLACE OF ISSUE:

NATIONALITY: PASSPORT NUMBER:

DATE OF ISSUE: PLACE OF ISSUE: TIN:

MOBILE NUMBER(S): EMAIL:

RESIDENTIAL ADDRESS – GPS:..... TOWN/ DISTRICT..... REGION.....

POPULAR LANDMARK (S):

HIGHEST EDUCATIONAL QUALIFICATION (**ATTACH COPY OF CERTIFICATE**)

..... SIGNATURE: DATE:

THIRD MEMBER (3)

FIRST NAME: SURNAME: OTHER NAME(S)

PREVIOUS NAME (S) IF ANY:

REASONS FOR CHANGE OF NAME:

DATE OF BIRTH: PLACE OF BIRTH: HOMETOWN:

GHANA-CARD NUMBER: DATE OF ISSUANCE: PLACE OF ISSUE:

NATIONALITY: PASSPORT NUMBER:

DATE OF ISSUE: PLACE OF ISSUE: TIN:

MOBILE NUMBER(S): EMAIL:

RESIDENTIAL ADDRESS – GPS:..... TOWN/ DISTRICT..... REGION.....

POPULAR LANDMARK (S):

HIGHEST EDUCATIONAL QUALIFICATION (**ATTACH COPY OF CERTIFICATE**)

..... SIGNATURE: DATE:

LETTER OF CONSENT

.....
.....
.....
Date.....

Dear Sir/Madam,

TO WHOM IT MAY CONCERN

I,, have authorized the bearer of this letter to be given any information concerning me during my period of study in the educational institutions listed below:

<u>YEAR OF COMPLETION</u>	<u>INSTITUTION</u>	<u>ADDRESS</u>	<u>INDEX NUMBER</u>
1.
2.
3.
4.
5.

Counting on your cooperation.

Yours faithfully,

Sign.....

(Name.....)

NB: FOR OFFICIAL USE ONLY

REQUIREMENT/ ATTACHMENT/ CHECKLIST

YES

NO

1. Completed Personal Details	<input type="checkbox"/>	<input type="checkbox"/>
2. Completed Contact Information	<input type="checkbox"/>	<input type="checkbox"/>
3. Completed Educational History	<input type="checkbox"/>	<input type="checkbox"/>
4. Completed Employment History	<input type="checkbox"/>	<input type="checkbox"/>
5. Attached Copies of Educational Certificates	<input type="checkbox"/>	<input type="checkbox"/>
6. Attached Curriculum Vitae	<input type="checkbox"/>	<input type="checkbox"/>
7. Attached Two (2) Passport-Size Photographs	<input type="checkbox"/>	<input type="checkbox"/>
8. Attached Copy of Ghana Card	<input type="checkbox"/>	<input type="checkbox"/>
9. Attached Original Tax Clearance Certificate	<input type="checkbox"/>	<input type="checkbox"/>
10. Completed Appendix – Statement Of Affairs	<input type="checkbox"/>	<input type="checkbox"/>
11. Completed Appendix – Auditor’s Certification	<input type="checkbox"/>	<input type="checkbox"/>
12. Completed and Signed Letter of Consent	<input type="checkbox"/>	<input type="checkbox"/>
13. Attached Source of Capital (Bank Statement/ Investment Cert.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Attached Ids & Profile of Advisory Board Member(s)	<input type="checkbox"/>	<input type="checkbox"/>
15. Business Manuals/ Policy	<input type="checkbox"/>	<input type="checkbox"/>
a) Credit / Operation		
b) Accounting		
c) Risk		
d) Feasibility Report (not more than two (2) pages)		
e) Business Plan		
16. Attached Three (3) Attestation Letters	<input type="checkbox"/>	<input type="checkbox"/>
17. Police Report (a cover letter would be given by MCAG)	<input type="checkbox"/>	<input type="checkbox"/>
18. Payment of Registration, Orientation, and Foundational Capacity Building, and Bank of Ghana Licensing fee (GHC 6,600.00 – Deposit Slip)	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT DETAILS

Name: Micro-Credit Association Ghana 1 Number: 0190101392181 Bank: Access Bank (Gh) Limited Branch: Kaneshie, Post Office	Name: Micro-Credit Association Ghana 2 Number: 1271130000417 Bank: GCB Bank Limited Branch: Kwame Nkrumah Circle	Name: Micro-Credit Association Ghana Number: 1400004948353 Bank: CalBank Branch: Ring Road West
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MOMO NUMBER: 0249038240 (MICRO-CREDIT ASSOCIATION GHANA, WITH PROPOSED BUSINESS NAME AS REFERENCE)

ALL FEES & CHARGES SHOULD BE PAID INTO THE MCAG ACCOUNT

NB: FEES PAID ARE NON-REFUNDABLE

ADDRESS ALL LETTERS TO:

The Executive Director
Micro-Credit Association Ghana
Post Office Box KN 4475,
Kaneshie – Accra