

Account Opening Guidelines

You may contact a Relationship Officer / Customer Relations Officer for further clarification. Kindly provide the following documentation:

INDIVIDUAL /JOINT:

1. **Eligibility** - 18 years and above
2. Valid Identification Document – Passport / Driver’s License / Ghanaian Voter ID / SSNIT / National Identification Card
3. Copy of proof of residential address:
 - i. Property rate receipt **IF you are a property owner**
 - ii. Utility Bills (current) – Electricity, Water, Telephone **IF you are a property owner**
 - iii. Tenancy Agreement (not expired) **IF you are a tenant**
 - iv. Marriage Certificate / Reference Letter **IF you are a spouse or child**
 - v. Last 6 months Bank Statement & Clearance letter **IF you have an account with another bank**
 - vi. Employer’s introductory letter / Clearance letter **IF you are an employee & have an account with another bank**
 - vii. Directional sketch to residence **IF you are unable to provide a utility bill in your name**
 - viii. Introductory letter / Reference from an existing Golden Link customer, a Clergy man or woman from a recognized Church, an Imam
4. Fully completed Account Opening Form (Individual /Joint)
5. One (1) Passport size photograph (taken on a plain background)
6. Initial Deposit

For Foreign Nationals,

- A copy of the International passport, national identity or documentary evidence of address should be certified by any of the following;
 - i. An Embassy, Consulate of High Commission of the country of issue
 - ii. A Senior official within the Bank; or
 - iii. A Lawyer, Attorney or Notary Public
- Residence / Work Permit

G-L INK TRUST ACCOUNT

- **Eligibility:** Children below the age of 18 years.
- Birth Certificate of Child
- One (1) passport photograph of Child
- One (1) passport photograph of Parent/Guardian
- Valid Identification Document of parent or guardian (Passport / Driver’s License / Ghanaian Voter ID Card / SSNIT / National Identification Card)
- Proof of Residential Address of parent / guardian - (Utility Bills (current) – Electricity, Water, Telephone) or an Introductory Letter/ Reference from an existing Golden Link customer, an Employer, a Clergy man or woman from a recognized church, an Imam
- Fully completed Account Opening Form (Individual /Joint)
- Initial Deposit

*Kindly note that the use of correction fluid renders this form invalid

How did you hear about us? (Please tick below)

- Radio Advert
- Radio Jingle
- Float
- A staff member
- TV Advert
- Referral
- Any other, please specify.....

Affix Passport
 Photograph
 Here

Affix Passport
 Photograph
 Here

1. ACCOUNT TYPE

- CURRENT
 SAVINGS
 FIXED DEPOSIT
 PERSONAL INVESTMENT
 TRUST
 OTHERS (pleasespecify) _____

2. CUSTOMER DETAILS

TITLE: Mr. Mrs. Other (please specify) _____
 GENDER: M F MARITAL STATUS: Married Single Other (please specify) _____
 Surname _____
 First Name _____ Other(s) _____
 Previous Name (If applicable) _____
 Mother's Maiden Name _____
 Date of Birth _____ Place of Birth _____ Hometown _____
 Region _____ Nationality _____ Country of Origin _____
 Country of Residence _____ Permit Issue Date _____
 Permit Expiry Date _____ Residence Permit Number (if applicable) _____
 RELIGION: Christian Moslem Others (please specify) _____

3. CONTACT DETAILS

| | | | |
|---------------------|-------|------------------|-------|
| Residential Address | _____ | | |
| City/Town | _____ | Nearest Landmark | _____ |
| Mobile Phone no. | _____ | Mobile Phone no. | _____ |
| MMDA Area | _____ | | |
| Mailing Address | _____ | | |
| Email | _____ | | |

4. IDENTIFICATION

Identification: Voter ID Passport National ID Driver's License SSNIT
 Other (please specify) _____
 Country of issue _____ ID Number _____
 ID Issue Date _____ ID Expiry date _____

5. ACCOUNT SERVICE(S) REQUIRED

- ATM CARD SMS ALERT E-MAIL ALERT CHEQUE BOOK REQUEST: 25 LEAVES 50 LEAVES 100 LEAVES
 E-ZWICH CARD MOBILE BANKING STATEMENT PREFERENCES: EMAIL POST COLLECTION AT BRANCH
 VISA PREPAID CARD INTERNET BANKING STATEMENT FREQUENCY: MONTHLY QUARTERLY ON REQUEST

6. EMPLOYMENT DETAILS

- Employed Self-employed Student Other (please specify) _____

Profession/Occupation

Name of Employer/Institution

Employer/Institution Address

- Monthly Salary: Less than GHS1,000 GHS1,001 - 5000 GHS5,001-10,000 GHS10,001-50,000
 Other (please specify) _____

7. DETAILS OF NEXT OF KIN

TITLE: Mr. Mrs. Other (please specify) _____ GENDER M F

Name

Relationship

Mobile Phone no.

Mobile Phone no.

Residential Address

Nearest Land mark

Email

8. TRANSACTION VOLUMES

| TRANSACTION TYPES | ANTICIPATED NUMBER OF TRANSACTIONS PER MONTH | ANTICIPATED AMOUNT OF TRANSACTIONS PER MONTH (GHS) |
|-------------------------------|--|--|
| DEPOSITS/INWARD TRANSFERS | <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> Above 50 | <input type="checkbox"/> 0-5,000 <input type="checkbox"/> 5,001-50,000 <input type="checkbox"/> Above 50,000 |
| WITHDRAWALS/OUTWARD TRANSFERS | <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> Above 50 | <input type="checkbox"/> 0-5,000 <input type="checkbox"/> 5,001-50,000 <input type="checkbox"/> Above 50,000 |

9. PURPOSE OF ACCOUNT

- Savings Investment Transactional Salary Inward remittances
 Others (please specify) _____

10. SOURCE OF FUNDS

- Personal savings Inheritance/gifts Dividends Salary Investment
 Others (please specify) _____

JOINT HOLDER / G-LINK TRUST (MINOR)

11. CUSTOMER DETAILS

TITLE: Mr. Mrs. Other (please specify) _____

GENDER: M F MARITAL STATUS: Married Single Other (please specify) _____

Surname _____

First name _____ Other(s) _____

Previous Name (If applicable) _____

Mother's Maiden Name _____

Date of Birth _____ Place of Birth _____ Hometown _____

Region _____ Nationality _____ Country of Origin _____

Country of Residence _____ Permit Issue Date _____

Permit Expiry Date _____ Residence Permit Number (if applicable) _____

12. CONTACT DETAILS

Residential Address _____

City/Town _____ Nearest Landmark _____

Mobile Phone no. _____ Mobile Phone no. _____

MMDA Area _____

Mailing Address _____

Email _____

13. IDENTIFICATION

Identification: Voter ID Passport National ID Driver's License SSNIT
 Other (please specify) _____

Country of issue _____ ID Number _____

ID Issue Date _____ ID Expiry date _____

14. EMPLOYMENT DETAILS

Employed Self-employed Student Other (please specify) _____

Profession/Occupation _____

Name of Employer/Institution _____

Employer/Institution Address _____

Monthly Salary: Less than GHS1,000 GHS1,001 - 5000 GHS5,001-10,000 GHS10,001-50,000
 Other (please specify) _____

15. ACCOUNTS HELD WITH OTHER BANKS

| | ACCOUNT NAME | BANK/BRANCH | ACCOUNT NUMBER |
|---|--------------|-------------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

16. CHEQUE CONFIRMATION

Will you like to pre-confirm your cheques? Yes No

If yes, you will be required to confirm any payment from your account above GHS3,000.00 (Three Thousand Ghana Cedis)

If you would like to have a higher pre-confirmation threshold, specify the amount.GHS

17. DECLARATION

I/We hereby apply for the opening of account (s) with Golden Link. I/We 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 Golden Link for any loss suffered as a result of any false information or error in the information provided to Golden Link.

18. DISCLOSURE TO CREDIT REFERENCE

Golden Link 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.

Golden Link shall also disclose your credit transactions to Credit Reference Bureaus in accordance with the Credit Reporting Act 2007(Act 726)

| | | | |
|------|----------------------|-----------|----------------------|
| Name | <input type="text"/> | Signature | <input type="text"/> |
| Date | <input type="text"/> | | |
| Name | <input type="text"/> | Signature | <input type="text"/> |
| Date | <input type="text"/> | | |

19. JUDRAT (For non-literate and blind customers)

I (name of client) _____ hereby confirm that the content herein has been read and explained to me in the _____ language by _____ (state name and relation) and I perfectly understand and approve of and in testimony of which I hereby set my mark below;

.....
Thumbprint/signature/mark of customer

.....
Thumbprint/signature/mark of interpreter

Name.....

Name.....

Date.....

Date.....

21. SIGNATURE SPECIMEN CARD (Individual & Joint Account Holders)

ACCOUNT NAME _____

ACCOUNT NUMBER

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

MANDATE SOLE SIGNATORY EITHER TO SIGN BOTH TO SIGN

OTHER (PLEASE SPECIFY) _____

A

A

PRINT NAME _____

B (FOR JOINT HOLDERS ONLY)

B

PRINT NAME _____

C (FOR JOINT HOLDERS ONLY)

C

PRINT NAME _____

FOR INTERNAL USE ONLY

VERIFIED BY

Name _____ Signature _____ Date _____

AUTHORIZED BY

Name _____ Signature _____ Date _____

22. RELEASE & INDEMNITY OF TELEPHONE/FAX/EMAIL

Indemnity of Telephone/Fax/Email

- A. AND WHEREAS the Bank has informed me/us that it is prepared to act on faxed or electronic mail instructions which purport to emanate from me/us.
- B. WHEREAS I/We have accepted to avail myself/ourselves of the service and have also agreed to give a release & Indemnity as a condition for the use of the service THEREFORE I/WE, the undersigned

NAME(S)

Hereby irrevocably, authorize the Bank to honor instructions transmitted by me/us to the Bank via:

- FAX EMAIL TELEPHONE

Email address:

Telephone number:

Fax number:

Details of type of transaction(s) to be undertaken by the customer

- Cash Withdrawal Funds Transfer
 Statement Request Swift Transfer
 E-banking Services Cheque Book request
 Others (Please specify)

I/WE DO HEREBY

1. Acknowledge that it is not practicable for the Bank to establish the authenticity of all messages telefaxed/electronic mailed to the Bank, which purport to emanate from me/us.
2. Agree that all telefaxed electronic mail instructions, mandates, consents, commitment and the like which purport to emanate from me/us and I/we shall be bound thereby.
3. Release the bank from all claims, demand action, losses and damages of whatsoever nature which may be brought against me/us or which I/we may suffer or incur as a result of the Bank acting or for reasonable cause not acting on any purported faxed/electronic mail instructions.
4. Indemnify the Bank and hold it harmless from all claims, demand action, losses and damages of whatsoever nature which may be brought against the Bank or which it may suffer or incur arising from its acting or for reasonable cause not acting on any purported faxed/electronic mail instructions or arising from or out of the malfunction, failure or unavailability of any facsimile/electronic mail transceiver, the loss or destruction of any data, the failure interruption or distortion of communication links or the reliance by any person on any incorrect, incomplete or inaccurate information or data contained in any purported faxed/electronic mail instructions received by the Bank.
5. Agree that in respect of the purported faxed/electronic mailed instructions regarding the transfer of money, "same day" value may only be given if the message is received by the Bank at a reasonable time before the close of its business to the public.
6. Understand that this Release and Indemnity does not absolve the Bank from liability in respect of losses or damage suffered by me/us as a result of any unlawful or fraudulent acts of the Bank
7. Signify my acceptance by the provision of my detailed information hereunder and my signature.

Signed at: ----- this ----- day of ----- 20-----

Authorized Signatories

Name: _____ Signature: _____

Name: _____ Signature: _____

TERMS AND CONDITIONS

Your agreement with us; by signing below, I am

- (i) Applying to Golden Link Savings and Loans Ltd. (hereinafter called 'Golden Link') for the opening of an account and for banking services
- (ii) Confirming that any details supplied are true and complete
- (iii) Agreeing to be bound by the terms and conditions governing the operations of the account as set out hereafter.

SAVINGS ACCOUNT

1. To guard against access to the withdrawal slip by unauthorized persons.
2. That the interest should be paid on my savings account at the prevailing interest rate.
3. That the applicable minimum balances shall be maintained on my account.
4. That the statement of the account will be sent to me monthly and any discrepancies observed with entries on my account shall be notified to Golden Link within 15 days. Failure to receive any notice or information to the contrary, Golden Link shall assume that the entries made are correct.
5. To be bound by any notification of change in conditions governing the account directed to my/our last known address shall be considered as duly delivered and received at the time it would be delivered in ordinary course of post through my/our last known address either by the bearer or by post.
6. That Golden Link will accept no liability whatsoever for funds handed to members of staff outside banking hours or outside the bank's premises, unless by specific agreement in writing with Golden Link.
7. That Golden Link may close at any time and from time to time any of my/our accounts with the company giving 7 days' notice in writing to me/ us at my/our correspondence address.
8. For joint accounts, we agree that, in the event of the death of either or both of us, the Golden Link is to pay or deliver to or to the order of the survivor or survivors of us, all money, deeds, securities and other property whatsoever standing to the credit or held by Golden Link for any account or accounts in our joint name.

CURRENT ACCOUNT

I hereby request and authorize you to:

1. Open a current account in my/our name at any time subsequently to open further account as I/we state in writing to the contrary.

2. Honour all cheques or other orders which may be drawn on said account until the bank receives any written notice to the contrary provided such cheques or orders are signed by me/us and to debit such cheques or orders to the said account whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft and in accordance with the signing instructions and in consideration thereof I/We agree:
 - a) To ensure full responsibility for the genuineness or correctness and validity of all endorsement appearing on all cheques, orders, bills, notes, negotiable instruments, receipt, and/or other documents deposited in respect of my/our account with Golden Link.
 - b) To be responsible for the payment of any overdraft with interest and to comply and be bound by the company's rules for the conduct of current account as determined from time to time.
 - c) To free the bank from any responsibility for the repayment of any loss or damage to funds, instruments, or documents deposited with Golden Link due to any Government order law, levy, tax, embargo, moratorium, exchange restriction and / or other causes beyond Golden Link's control.
 - d) That all funds standing to my/our credit are payable on demand only in such local currency as may be in circulation.
 - e) To be bound by any notification of change in conditions governing the account directed to my/our last known address shall be considered as duly delivered and received at the time it would be delivered in ordinary course of post through my/or by the bearer or by post.
 - f) That Golden Link will accept no liability whatsoever for funds handed to members of staff outside banking hours or outside the bank's premises, unless by specific agreement in writing with Golden Link.
 - g) That my attention has been drawn to the necessity of safeguarding my/our cheque books so that unauthorized persons are unable to gain access to it as failure or negligence on my/our part may lead to any loss being charged to my/our account.
 - h) That Golden Link is under no obligation to honour any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheques. I/We understand and agree that any such cheques may be returned to me/us unpaid but if paid, I/We are obliged to repay Golden Link on demand the principal amount as well as any interest and/ or charges that Golden Link may prescribe.

TERMS AND CONDITIONS

- i) That any disagreement with entries on my/our bank statement will be made known by me/us within 15 days of dispatch of the bank statement, it will be assumed by Golden Link that the statement as rendered is correct.
- j) That any sum standing to the debit of the current account shall be liable to interest charge at the rate determined by Golden Link from time to time. To authorize Golden Link to debit the account with the usual banking charges, interest, commissions and fees as may be determined by management from time to time.
- k) That Golden Link may close at any time and from time to time any of my/our accounts with the company giving 7 days' notice in writing to me/us at my/our correspondence address.
- l) That the bank may act on any instruction to counter and/ or revoke any cheques, draft, or other instruments before payment is effected.
- m) I/We also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law, you may at any time and without notice to me/us combine or consolidate all or any of my/our accounts with liabilities to you and set off or transfer any sum or sums standing to my/our credit in any one or more of such accounts or any other credit, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets with you or any other respect whether such liabilities be actual or contingent primary collateral and several or joint.
- n) For joint accounts, we agree that, in the event of the death of either or both of us, the Golden Link is to pay or deliver to or to the order of the survivor or survivors of us, all money, deeds, securities and other property whatsoever standing to the credit or held by Golden Link for any account or accounts in our joint name.
- o) That if the cheques credited to my/our current account are returned, dishonoured, the same may be transmitted to me /us.

FIXED DEPOSIT

1. Golden Link must be notified before any investment under this fund is assigned, transferred or negotiated to any other person other than the investor and Golden Link reserves the right to dishonor any instruction from any third party other than the investor if it is not notified before the assignment, transfer or negotiation.
2. The certificate must be surrendered to Golden Link at maturity/withdrawal of investment or any portion thereof.
3. The investment will be placed on call after the date on which it becomes repayable unless prior

arrangement for its repayment has been made with Golden Link.

4. Rates may be adjusted in line with market realities.
5. Offer rates only indicative and may be adjusted depending on market realities.

GOLDEN LINK CARDS

I/we hereby apply for the issuance of a Golden Link Card. I/we declare that the information I/we have provided in this application form is true and correct and shall advise Golden Link of any changes thereto. I/we hereby authorize Golden Link to verify information provided by me from whatever source they may consider appropriate for their own purpose. I/we unconditionally and irrevocably agree to abide by the following terms and conditions.

1. I/We undertake that this application, signed by me/us, is for the issuance of a Golden Link Card for myself and for my/our use and that in doing so, I/we do not represent the interest of anybody.
2. I/We understand and accept that Golden Link may decline my/our application without assigning any reason.
3. I/We understand and accept that the Golden Link Card remains the property of the Company at all times and I/we undertake to surrender it unconditionally and without reservation upon demand by the Company.
4. I/we undertake not to use or attempt to use my/our card without sufficient funds in my/our account to cover transactions undertaken.
5. I/We undertake not to use or attempt to use my/our Card after Golden Link has notified me of its cancellation/ blockage.
6. I/We undertake to immediately advise Golden Link when the Card is stolen, lost etc. giving details of surrounding circumstances by filling a Lost Card Report Form at a Branch of Golden Link. I/we accept not to hold Golden Link liable for any such unauthorized transaction on my/our account.
7. I/We understand and agree not to hold Golden Link liable for any transaction that occurs on my account prior to reporting the loss of my/our card to the Company

TERMS AND CONDITIONS

GOLDEN LINK CARDS (continued)

8. I/we undertake to promptly return all found cards, previously reported by me/us as lost, stolen, misplaced etc. to Golden Link.
9. Under no circumstance will I/we disclose my/our Personal Identification Number (PIN) to anybody.
10. I/we recognize that I am/ we are not allowed to give my/our card to anybody except those involved at the transaction point. The card is the property of Golden Link and same is to be held in trust for Golden Link and is therefore not transferable.
11. I/we hereby authorize Golden Link to debit my/our account directly with all transactions undertaken at the Point of Sale Terminals or ATMs with my/our card I/we take full responsibility for these transactions. I /we also agree to accept Golden Link's receipt of withdrawals and transactions as conclusive proof of all transactions. Golden Link is authorized to debit my/our account with all respective fees in connection with issuance, usage or renewal of the Golden Link Card.
12. Golden Link reserves the right to block my/our Card anytime it suspects any unauthorized transactions without notice to me/us.
13. Golden Link reserves the right to vary these terms and conditions at its discretion without notice to me.
14. Golden Link and its authorized agents reserve the right to ask for proof of a Golden Link Cardholder's identity if the Golden Link Card is presented at a transaction point. This measure may be utilized periodically to enable Golden Link to protect its esteemed customers against possible fraud.
15. I/we agree to inform Golden Link anytime I/we travel outside Ghana
16. I/we agree to inform Golden Link anytime I/we return from a trip abroad. This is to enable Golden Link facilitate the use of my/our cards both at home and abroad. Failure to do so may result in the sanctions listed below:
 - Blocking of card
 - Withdrawal of International Functionality
 - Complete withdrawal of card
17. I/we unconditionally and irrevocably undertake to abide by all the terms and conditions stated above.

Name

Date

Signature

Name

Date

Signature

**Know Your Customer (KYC) - Checklist
Section A**

• **Level 1 - Low Risk Customers**

Indicate if the applicant(s) belongs to any of the following categories:

Check the appropriate box

- The applicant does not reside or operate in a high risk country
- The applicant is an ordinary individual resident in Ghana but not associated with Politically Exposed Person (PEP)
- The applicant's funding is sourced from normal activities

• **Level 2 - Medium Risk Customers**

- Indicate if applicant (s) falls into any type of account not listed as either Level 1 or Level 3

• **Level 3 - Special Customers or High Risk**

Indicate if applicant (s) or authorized signatories fall into any of the following categories:

Tick the appropriate box (es) and specify the required details.

(If not applicable, skip sections B in respect of this individual)

- The customer is a Politically Exposed Person (PEP) or closely associated with a PEP
Please specify details of PEP position and /or relationship.....
- An overseas customer residing or operating in high - risk jurisdictions
(e.g. FATF - Non Cooperative Countries and Territories (NCCTs).
Please specify the NCCT or high-risk country.....
- The customer's source of funds is from high- risk jurisdictions.
Please specify country.....
- The customer's business involves gambling, defense or money services. Refer to the list or mandatory special risk occupation/ industries that the business may designate for additional KYC information.
Please specify the customer's nature of business.....

Section B

Additional KYC information for customers who fulfilled one or more criteria in Level 3

Source of wealth

Obtain details of customer's source of wealth and estimated net worth:

(Tick or specify more than one category as appropriate, e.g. a business owner who inherited his/her wealth). Customer's wealth generated from:

- Business Ownership
- Investments
- Income from employment
- Inheritance
- Others, please specify.....

Estimated Net Worth: GHS.....

Obtain the estimated annual remuneration / income or annual sales turnover: (Details as appropriate)

Comments, if any:

Upon completion of section B, obtain the joint approval from two of the following:

The MD with either Head of Legal or Risk & Compliance or joint by their approved delegates (Senior Managers)

Note: Any mandatory checks not completed or ticked 'No' must be supported by suitable comments by the staff responsible. Branch manager or designated officer must review the checklist for completeness and decide on whether to allow the account opening while documenting reasons for the decision on the checklist.

FOR INTERNAL USE ONLY

| To be completed by Account Opening Officer | | Reviewed by Branch Manager/ Designated Officer | |
|--|--------------|--|--------------|
| Name: | Designation: | Name: | Designation: |
| Signature: | | Signature: | |
| Comments: | Dates: | Comments: | Dates: |

Does potential customer fall within Level 3 category? Yes No.....

**Two of the following must approve account Opening for Special Customer (as identified in Section A):
The MD with either Head of Legal or Risk & Compliance or jointly by their approved delegates
(Senior Managers).**

| | |
|--------------|--------------|
| Name: | Name: |
| Designation: | Designation: |
| Date: | Date: |
| Signature: | Signature: |

NB: Retain evidence of the approval together with the completed checklists.

Note: Only one approval sheet needs to be completed for all checklists written under the account opened.

State the number of checklists covered under this approval:

Introductory Staff

Name

Date Signature

Account Officer

Name

Date Signature

Deferral/ Waiver of Document (if any)

Name

Date Signature

Account Opened By

Name

Date Signature

Authorized By

Name

Date Signature

REQUIREMENTS CHECKLIST

| S/N | DOCUMENTS REQUIRED | CHECKED | DEFERRED | WAIVED | N/A |
|-----|---|---------|----------|--------|-----|
| 1 | Duly completed account opening form | | | | |
| 2 | Specimen signature form duly completed | | | | |
| 3 | Recent passport photograph | | | | |
| 4 | Valid proof of identity: Passport, SSNIT, Driver's License, National ID, Ghanaian Voter ID Card (all originals must be sighted) | | | | |
| 5 | Residence/Work Permit (for non-Ghanaians) | | | | |
| 6 | Proof of Address: Utility bills, Tenancy agreement, Introductory letter, etc. (Certified true copy is acceptable if original is not held) | | | | |
| 7 | Letter from Employer/School (for salary accounts and / or students only) | | | | |
| 8 | Reference Letter (Others) | | | | |