

Foreign Currency Domiciliary Account (Opening) Form (Individual)



Access Bank (Gambia) Ltd.

Name _____ Address _____

E-mail _____ Mobile _____

Occupation/Profession _____ Nationality _____

Passport No. _____ Passport No. _____ Resident Permit No. _____

Anticipated sources of Foreign Exchange *(please be explicit)* _____

Current Account No. with Access Bank _____

Type of Domiciliary Account *(please tick as appropriate)*
☐ US Dollars ☐ Pound Sterling ☐ Euro ☐ CFA ☐ Others _____

The undersigned hereby request(s) you to establish a Domiciliary Account in the chosen currency (ticked as appropriate) and agree(s) that

1. Cash withdrawals from the Account shall be subjected to availability.
2. You shall have no responsibility for or liability to the undersigned for any diminution due to taxes or depreciation in the value of funds credited to the account, which funds may be deposited by you in your name and subject to your control with such depository(ies) as you may select or for the unavailability of such funds due to restrictions on convertibility, requisitions, involuntary transfers, distraints of any character, exercise of military or usurped power, or other similar causes beyond your control.
3. The operation of this account is subject to the laws and regulations at any time existing in the Gambia.

Authorised Signatories
Name _____ Name _____

Signature & Date _____ Signature & Date _____

For Bank Use Only
Account Officer _____ Relationship Manager _____

Signature & Date _____ Signature & Date _____

Customer Service Officer _____ Operations Head _____

Signature & Date _____ Signature & Date _____