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# ACCOUNT OPENING APPLICATION

PERSONAL (Individual / Joint)

## ACCOUNT OPENING REQUIREMENTS

The following documentation is required by law to open and operate a personal bank account in Ghana:

1. Duly completed account opening form
2. Duly completed specimen signature card
3. Recent passport photo (an electronic passport photo is acceptable if the picture is taken by an officer of the Bank)
4. Proof of identity (Ghana Card / Passport / Non-Citizen Card)
5. Residence permit (for non-Ghanaians)
6. Reference letter
7. Proof of address (utility bills, tenancy agreement etc. certified true copies are acceptable if an original is not held)
8. Letter from employer / school (for salary and student account only)

## ACCOUNT SERVICES REQUIRED

Please indicate your preferences by ticking the appropriate boxes for your desired services. **Please cross out the check boxes for services you DO NOT wish to subscribe presently.** You may add extra services to your current preferences by making a written request to First Atlantic Bank.

Card Preferences:	MasterCard Debit <input type="checkbox"/>	MasterCard Prepaid <input type="checkbox"/>	Visa Debit <input type="checkbox"/>	Visa Prepaid <input type="checkbox"/>	AMEX Card <input type="checkbox"/>	Other Please specify <input type="text"/>
Electronic Banking Preferences:	Atlantic Web <input type="checkbox"/>	Atlantic Mobile <input type="checkbox"/>	Other Internet Services <input type="text"/>			
Transaction Alerts Preferences:	Email Alert <input type="checkbox"/>	SMS Alert <input type="checkbox"/>				
Statement Preferences:	Email <input type="checkbox"/>	Collection at Branch <input type="checkbox"/>				
Statement Frequency:	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi - annually <input type="checkbox"/>	Annually <input type="checkbox"/>
Chequebook Requisition:	25 Leaves <input type="checkbox"/>	50 Leaves <input type="checkbox"/>				

## CHEQUE CONFIRMATION

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

Please note that all cheques value GHS3,000.00 or more will be confirmed before payment. The Bank reserves the right to change the threshold without recourse to you.



#### 4. NEXT OF KIN DETAILS (In case of emergency)

Title \_\_\_\_\_ Surname \_\_\_\_\_

Middle Name \_\_\_\_\_

First Name \_\_\_\_\_ Gender  Male  Female

Relationship \_\_\_\_\_

Phone # 1 \_\_\_\_\_ Phone # 2 \_\_\_\_\_

Residential Address \_\_\_\_\_  
 Metropolitan, Municipal District Assembly (MMDA) \_\_\_\_\_  
 Region \_\_\_\_\_

#### 5. EMPLOYMENT DETAILS

Employed  Self Employed  Unemployed  Retired  Student

Length of Service with Current Employer \_\_\_\_\_ Years \_\_\_\_\_ Months

Monthly Salary  < GHS1,000  GHS 1,000 - 5,000  GHS5,001 - 50,000  > GHS50,001 and above \_\_\_\_\_ Other Income \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

City / Town / Suburb \_\_\_\_\_ Nearest Landmark \_\_\_\_\_

Metropolitan, Municipal District Assembly (MMDA) \_\_\_\_\_

Nature of Business \_\_\_\_\_

Office Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Employer's Email Address \_\_\_\_\_

#### 6. EXPECTED ACCOUNT ACTIVITY

Sources of Funds to the Account

- \_\_\_\_\_
- \_\_\_\_\_

Volume of Deposits (Amount) \_\_\_\_\_

Expected Monthly Income From Other Sources \_\_\_\_\_ Withdrawals (anticipated number of times in a month) \_\_\_\_\_

Name of Associated Business

- \_\_\_\_\_
- \_\_\_\_\_

Types of Associated Business \_\_\_\_\_

Address of Associated Business \_\_\_\_\_

#### 7. ACCOUNTS HELD WITH OTHER BANKS

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE /DORMANT

## 8. TERMS AND CONDITIONS

### YOUR AGREEMENT WITH US:

By signing below, I am (i) applying to First Atlantic Bank 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.

### TERMS & CONDITIONS

#### SAVINGS ACCOUNT

1. To guard against access to the withdrawal slip by unauthorized persons
2. That interest should be paid on my Savings account at the prevailing interest rate
3. That interest will not be paid on my Savings account where more than three withdrawals have been made or as per ruling BoG directive.
4. That the applicable minimum balance shall be maintained on my account (Savings- GHC100.00)
5. That the Statement of Account will be sent to me quarterly and the bank will assume accuracy of bank statement if customers fail to raise any concerns within 6 years after the occurrence of the incident.

#### CURRENT ACCOUNT

I hereby request and authorise you to:

1. Open a current account in my/our name at any time subsequently to open further accounts as I/We may direct, and unless I/We state in writing to the contrary.
2. Honour all cheques or other orders which may be drawn on the 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, receipts, and/or other documents deposited in respect of my/our account with the bank.
  - (b) To be responsible for the payment of any overdraft with interest and to comply and be bound by the bank's rules for the conduct of a 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 the bank due to any Government order law, levy, tax embargo, moratorium, exchange restriction and I or other causes beyond the bank'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 and any other notice or letter sent to my last known address shall be considered as duly delivered and received at the time it would be delivered in the ordinary course of post
  - (f) That if the cheques credited to my/our current account is returned, dishonoured, the same may be transmitted to me/us through my/our last known address either by bearer or by post.
  - (g) That the bank will accept no liability whatsoever for funds handed to members of the staff outside banking hours or outside the bank's premises, unless by specific agreement in writing with the bank.
  - (h) That my attention has been drawn to the necessity of safeguarding my/our cheque books so that unauthorized person 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.
  - (i) That the bank is under no obligation to honour any cheque(s) drawn on this account unless there is sufficient funds in the account to cover the value of the said cheques. I/We understand and agree that any such cheque may be returned to me/us unpaid but if paid, I/We are obliged to repay the bank on demand the principal amount as well as any interest and/or charges that the bank may prescribe.
  - (j) That any disagreement with entries on my/our bank statement will be made known by me/us within 6 years of dispatch of the bank statement. Failing receipt by the Bank of a notice of disagreement with the entries within 6 years from the date of dispatch of my/our bank statement, it will be assumed by the Bank that the statement as rendered is correct.
  - (k) That any sum standing to the debit of the current account shall be liable to interest charge at the rate determined by the bank from time to time. To authorize the bank to debit the account with the usual banking charges, interest, commissions and fees as may be determined by management from time to time.
  - (l) That the Bank may close at any time and from time to time any of my/our accounts with the bank by giving 7 days notice in writing to me/us at my/our correspondence address.
  - (m) That the Bank may act on any instruction to counter and/or revoke any cheque, draft, or other instruments before payment is effected.
  - (n) 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.
  - (o) For Joint Accounts, we agree that, in the event of the death of either or both of us, the bank 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 the bank for any account or accounts in our joint name.

#### FIXED DEPOSIT

1. First Atlantic Bank must be notified before any investment under this fund is assigned, transferred or negotiated to any other person other than the investor and the Bank reserves the right to dishonour 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 the Bank 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 the Bank
4. Rates may be adjusted in line with market realities.

#### EBANKING

1. I/We hereby authorize First Atlantic Bank to debit my/our account directly with all transactions undertaken using my/our Card(s)/Internet/Mobile Banking credentials and I/ we take full responsibility for these transactions.
2. I/we also agree to accept First Atlantic Bank's transaction reference numbers, receipt of withdrawals and transactions as conclusive and binding.
3. First Atlantic Bank is authorized to debit my/our account with fees in respect of monthly usage of Card(s)/Internet/Mobile Banking services.
4. First Atlantic Bank and its agents reserve the right to ask for proof of a First Atlantic Bank Cardholder's identity if the First Atlantic Bank Card is presented at its teller counters or Merchant points. This measure may be followed from time to time in order for First Atlantic Bank to protect its esteemed customers against the possibility of fraud
5. First Atlantic Bank is authorized to debit my/our account with fees in respect of the issuance, usage and renewal of the Bank's Cards, and also for providing the services stated herein.
6. I/We understand that the First Atlantic Bank Card remains the property of First Atlantic Bank and I/we will surrender it unconditionally and without reservation upon demand by First Atlantic Bank.
7. I/ We undertake not to use or attempt to use the Card/Internet/Mobile Banking services without sufficient funds in my/our account to cover the transactions
8. First Atlantic Bank reserves the right to terminate the services stated herein at any time without incurring any liability (ies) whatsoever. Customers will however be duly informed of the termination of the services herein stated
9. I/We undertake not to use or attempt to use my/our card or access after the Bank has notified me/us of its cancellation/revocation
10. I/We understand that First Atlantic Bank may decline my/our application without any reasons given to me/us.
11. I/We understand that I am/we are liable for any transaction(s) that occur(s) on my/our account prior to reporting the compromise/ loss of my/our Card or internet credentials to First Atlantic Bank.
12. I/We undertake to promptly return all found Cards, previously reported by me/us as lost, stolen or misplaced, to First Atlantic Bank in the event that I/ we do find them
13. I/We undertake to immediately inform First Atlantic Bank, when the Card is lost, stolen or misplaced, giving details of the loss, theft or misplacement. I/We understand that if I/we fail to so inform First Atlantic Bank, I/we may increase the chances of the occurrence of fraud on my/our account, and First Atlantic Bank would not be responsible in any way or whatsoever for any unauthorized transaction(s) on my/our account during this period.
14. Under no circumstances will I/we disclose my/our Personal Identification Number (PIN)/Password to anybody, including family members, business colleagues and First Atlantic Bank staff, and First Atlantic Bank will not accept any liability should I/we disclose my/our PIN/Password to another person
15. I/We recognize that I am/we are not allowed to give my/our card to anyone except those involved in any Point of Sale transactions. The Card issued to you is owned by First Atlantic Bank and has been given to me/us in trust and is therefore not transferable.
16. I/We undertake to immediately inform First Atlantic Bank, when my/our access is stolen/compromised, giving details of the loss/compromise. I/We understand that if I/we fail to so inform First Atlantic Bank, I/we may increase the chances of the occurrence of fraud on my/our account, and First Atlantic Bank would not be responsible in any way or whatsoever for any unauthorized transaction(s) on my/our account during this period.
17. First Atlantic Bank reserves the right to vary these terms and conditions at its sole discretion and without notice to the applicant

## 9. ACCOUNT OPENING MANDATE\*

Mandate Authorization  
(Please Tick As Appropriate)

Sole Signatory

Either to Sign

Both to Sign

First Person  
(Full Name) \_\_\_\_\_

Second Person  
(Full Name) \_\_\_\_\_

Date    D   D   M   M   Y   Y   Y   Y  
\_\_\_\_\_

Date    D   D   M   M   Y   Y   Y   Y  
\_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

\* In the case of joint accounts, the second applicant is required to complete the additional information sheet and attach herewith

## 10. DECLARATION

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

### DISCLOSURE TO CREDIT REFERENCE BUREAUS

The Bank 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. The Bank shall also disclose your credit transactions to credit reference bureaus in accordance with the Credit Reporting Act, 2007 (Act 726).

I/We (the undersigned) declare that I/we have read and agree with the terms and conditions governing the operation of this (these) account(s)

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date    D   D   M   M   Y   Y   Y   Y  
\_\_\_\_\_

Date    D   D   M   M   Y   Y   Y   Y  
\_\_\_\_\_

## 11. FOREIGN ACCOUNT TAX COMPLIANCE ACT DECLARATION

Are you a US resident?    Yes     No

Are you a US citizen?    Yes     No

Do you hold a  
US Permanent Resident Card (Green Card)?    Yes     No

Tax Identification Number \_\_\_\_\_

I hereby confirm the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for First Atlantic Bank or any of its affiliates to share my information with domestic or overseas tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I further consent to notify the Bank within a period of 30 days of any changes to my personal circumstances which includes but is not limited to citizenship, marital status, residential and mailing address and contact telephone numbers

Date    D   D   M   M   Y   Y   Y   Y  
\_\_\_\_\_

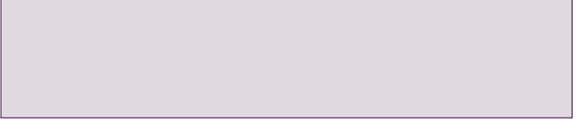
Signature \_\_\_\_\_

Signature \_\_\_\_\_

## 12. (TO BE COMPLETED WHERE THE APPLICANT IS NOT LITERATE OR IS BLIND AND THIS FORM IS READ TO HIM OR HER BY A THIRD PARTY)

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

Mark of Customer  


Mark of Interpreter  


Signature / Thumbprint

Signature / Thumbprint

Date    D   D   M   M   Y   Y   Y   Y  
\_\_\_\_\_

Name & Address of Interpreter  
\_\_\_\_\_  
\_\_\_\_\_

Language of Interpretation \_\_\_\_\_

## SELF ATTESTATION FORM - COMMON REPORTING STANDARD

### DECLARATION OF TAX RESIDENCY (Tick as applicable)

I hereby confirm that I am not, for tax purposes, resident in any other country aside from Ghana.

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and tax reference number applicable in each country)

Country/Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

Please indicate 'not applicable' if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent.

If applicable, please specify the reason for non-availability of a tax reference number: \_\_\_\_\_

I declare that the information provided regarding my tax residency is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise First Atlantic Bank Limited promptly and provide an update within 30 days where any change in circumstances occurs which causes any of the information contained in this declaration of tax residency to be inaccurate or incomplete.

Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

I acknowledge that it is an offence to make a self-certification that is false in a material particular.

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_



**GHANA  
DEPOSIT  
PROTECTION  
CORPORATION**



*... refreshingly different!*

**CONFIRMATION OF RECEIPT OF LEAFLET AND VERBAL EXPLANATION  
ON THE GHANA DEPOSIT PROTECTION SCHEME**

I hereby certify to have received from First Atlantic Bank verbal explanations and the leaflet on informing clients on deposit protection in Ghana.

-----  
(Name of the officer)

-----  
(Signature of the officer)

-----  
(Name of the client)

-----  
(Signature of the client)

-----  
(venue and date)

## FOR BANK USE ONLY

### A. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1	Duly completed Account Opening Form				
2	One (1) recent passport photograph				
3	Proof of identity: Passport / Ghana Card / Non- Citizen Card				
4	Resident Permit (for non-Ghanaians)				
5	Proof of Address: Utility Bills				
6	Letter from Employer / School				
7	Reference Letters (Others)				

### B. AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS

Is the Applicant A Politically Exposed Person?:

Yes

No

Risk Level:

Low Risk

Medium Risk

Medium High Risk

High Risk

### C. ACCOUNT SOURCED BY

Name

### D. ACCOUNT OPENED BY

Name

Signature

Date

D D M M Y Y Y Y

### E. DOCUMENT VERIFICATION CARRIED OUT BY

Name

Signature

Date

D D M M Y Y Y Y

Comments

### F. ACCOUNT OPENING AUTHORISED / APPROVED BY:

Name

Signature

Date

D D M M Y Y Y Y

### G. APPROVAL FOR HIGH RISK ACCOUNTS

#### G.1. COMPLIANCE OFFICER'S COMMENT

Name

Signature

Date

D D M M Y Y Y Y

## G.2. HEAD OF COMPLIANCE'S CONCURRENCE

Name \_\_\_\_\_

Signature \_\_\_\_\_

D D M M Y Y Y Y

Date \_\_\_\_\_

## G.3. CHIEF OPERATING OFFICER

Name \_\_\_\_\_

Signature \_\_\_\_\_

D D M M Y Y Y Y

Date \_\_\_\_\_

Relationship Manager / Officer's Name: \_\_\_\_\_

MIS Code: \_\_\_\_\_

## ADDITIONAL INFORMATION

Large empty rectangular area for providing additional information.

# Branch Locations

## Accra (Head Office)

Atlantic Place, No. 1 Seventh Avenue  
Ridge West, Accra, Ghana  
Tel: +233 (0)30 268 2203,  
+233 (0) 30 268 0825  
+233 (0) 30 268 2204  
Fax: +233 (0)30 267 9245  
Email: info @ firstatlanticbank.com.gh

## Accra Central

Accra Central Branch  
Atlantic Plaza, #D916/3 Pagan Road  
Ridge West, Accra, Ghana  
Central Business District, Accra  
Tel: +233 (0) 30 267 1543 / 03022671552  
Fax: +233 (0) 30 267 1983  
Email: makola @ firstatlanticbank.com.gh

## Abeka Lapaz

Fraga Oil Premises  
Off N1 Highway, Lapaz, Accra  
Tel: +233 (0) 30 707 9311  
Email: lapaz@firstatlanticbank.com.gh

## Airport Branch

# 47 Patrice Lumumba Road  
Airport Residential Area  
(Opp. National Service Secretariat)  
Tel: +233 (0) 30 279 7984  
Email: airport @ firstatlanticbank.com.gh

## Abossey Okai

# B424/6 Abossey Okai  
Obetsebe Roundabout  
Korle-Bu Road, Accra  
Phone: +233 (0)30 707 9270 / 707 9269  
Email: abosseyokai@ firstatlanticbank.com.gh

## Dzorwulu

House Number 30/14, Blohum Street,  
Dzorwulu-Accra  
Tel: +233 (0) 307010386 / 0307010380  
Email: dzorwulu@firstatlanticbank.com.gh

## East Legon (Main)

Lagos Avenue,  
Opposite DNR Turkish Restaurant  
Tel: +233 (0) 577687187/8  
Email: eastlegon@firstatlanticbank.com.gh

## East Legon

Ebenezer Tsatsu Quarmyne Commercial  
Building,  
American House Junction, East Legon  
Tel: +233 (0) 30 397 0082  
Email: eastlegon @ firstatlanticbank.com.gh

## Kantamanto

Tarzan House  
No. D6/4 Mamleshie Road, Korle-Dudor  
Tel: +233 (0)30 268 5574/5  
Fax: +233 (0)30 268 1205  
Email: kantamanto @ firstatlanticbank.com.gh

## Kotobabi

Kotobabi Highway Next to  
the shell Filling Station  
Tel: +233 (0) 577687181  
Email: kotobabi@firstatlanticbank.com.gh

## Madina

House No. 239 , Madina – Accra  
Tel: +233 (0)302507670/ 0302507671  
Email: madina@firstatlanticbank.com.gh

## Marina Mall

(ATM Site)

## Max Mart 37

37 Liberation Road  
First Floor Maxmart Building  
Near DVLA, Accra  
Tel: +233 (0)30 707 9310  
Email: maxmart37@firstatlanticbank.com.gh

## North Industrial Area

Plot No.18, Kaneshie North Industrial Area,  
Dadeban Road, Accra  
Tel: +233 (0)30 707 9299  
+233 (0)30 707 9300  
Email: nia @ firstatlanticbank.com.gh

## North Ridge

No.3 Dr. Isert Rd  
North Ridge, Accra  
Tel: +233 (0) 30 221 8039  
Fax: +233 (0) 30 221 8035  
Email: northridge @ firstatlanticbank.com.gh

## Osu Oxford Street

No 39, Cantonments Road,  
Osu - Accra Opposite KFC Restaurant  
Tel: +233 (0) 30 702 1260/ 0307021259  
Osu - Oxford Street  
Email: osu@firstatlanticbank.com.gh

## Ring Road

Randolph House, House No. 920/3, Asylum  
Down, Ring Road- Accra.  
Tel: +233 (0) 0303973317  
Email: ringroad@firstatlanticbank.com.gh

## Sakaman

Sakaman Total Filling Station, 612  
Accra West Region. Dansoman District  
Tel: +233 (0) 302218052/3  
Email: sakaman@firstatlanticbank.com.gh

## Sakumono

Sakumono Junction,  
Opposite Total fuel station  
Tel: +233 (0) 577687189  
Email: sakumono@firstatlanticbank.com.gh

## Spintex Road

Adjacent Finatrade Building near Coca Cola  
Roundabout  
Tel: +233 (0) 30 703 8381 / 030 703 8382  
Email: spintex @ firstatlanticbank.com.gh

## Tema Community 1

Ground Floor  
Efua Halam House Tema, Accra  
Phone: +233 (0)30 320 7639 / 320 7591  
Fax: +233 (0)30 320 7580  
Email: comm1@firstatlanticbank.com.gh

## Tema Central Mall

Heavy Industrial Area - Sanyo Road  
Plot # IND/A/24/2. Tema  
Tel: +233 (0) 30 313 3712 / 3

## Tema Oil Refinery

On the premises of TOR  
Tel: +233 (0)30 - 221 8056/57  
Email: tor@firstatlanticbank.com.gh

## Weija

Hse No. S.V. 18A,  
Sampaman off Winneba - Accra Road  
Weija - Accra  
Tel: +233 (0) 302218050/1  
Fax: +233 (0) 307021267  
Email: weija@firstatlanticbank.com.gh

## Kasoa

Latex Foam House, Bojoase Rd,  
Opposite Datus Preparatory  
Tel: +233 (0) 577708153  
Email: kasoa@firstatlanticbank.com.gh

## Takoradi

Far West Premises Plot A,  
Market Circle - Takoradi  
Tel: +233 (0) 3120 03355 / 66  
Email: takoradi@firstatlanticbank.com.gh

## Adum

House No OTB, 123 Adum, Kumasi  
Tel: +233 (0) 3820 95901 - 3  
Email: adum@firstatlanticbank.com.gh

## Nhyiaeso

No. 7 Ellis Avenue, Nhyiaeso, Kumasi  
P. O. Box 7255, Adum-Kumasi  
Tel: +233 (0)32 203 2106/ 203 2238  
+233 (0)32 203 2105  
Fax: +233 (0)32 203 2238/203 2106  
Email: nhyiaeso@firstatlanticbank.com.gh

## Suame

Plot No. 15 Tarkwa Maakro  
Suame Magazine  
Tel: +233 (0)32 208 3710/ 208 2348  
Fax: +233 (0)32 208 3709  
Email: suame@firstatlanticbank.com.gh

## Techiman

Plot No.300, Block 'A' Sector 4n.  
Techiman- Brong Ahafo  
Tel: +233 (0) 57 770 8150/51  
Email: techiman@firstatlanticbank.com.gh



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