

OFISD FORM F/P 001 (CONFIDENTIAL)

PERSONALITY NOTES FORM

(TO BE COMPLETED BY APPOINTEES)

Affix Picture
Three (3) 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 Any Valid National ID Type				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)									
<u>Present</u>		Date & Place of Birth		Residential/Business Address		Occupation/Profession			
<u>Former</u>									

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 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

Date (from/to) – Include month & 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 – Company’s Profile (This is a company owned by the proposed Director, Key Management Person/Shareholder)

6.1 Name & Address of Company (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

6.4 Name and Address of Bankers

6.5 Reason for establishing the company

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: _____

A Director:

B Key management staff:

C Significant shareholder:

D Combination of any of A-C:

If more than one institution, please provide information on additional sheet

Reason for leaving where applicable

6.8

A Do you owe any person?

B Have you been adjudged by court as judgement debtor?

C 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

A Declared Insolvent

B Bankrupt

C 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

A sanctioned or

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

SECTION G – Credit Reference Checks

7.1 Persons completing this form are to take note that the Bank of Ghana shall undertake due diligence checks, including but not limited to an inquiry with the Credit Reference Bureaux to assess their creditworthiness.

8.0 I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO GIVE MY CONSENT TO THE BANK OF GHANA TO CONDUCT CHECKS ON MY CREDITWORTHINESS AS REQUIRED.

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 Head
Other Financial Institutions Supervision Department
Bank of Ghana
P. O. Box 2674
Cedi House
Accra**

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

NAME:

SIGNATURE:

DATE:

PUBLIC

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

Car Loans

Housing Loan

Bank Loans/Overdrafts

Personal Loans

Others

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***



REPUBLIC OF GHANA

AUTHORISATION FOR RELEASE OF ACADEMIC RECORDS

To be filled by Former/Current Student of Foreign Educational Institution

MFARI/ATT/FRM_01

I, the under signed, give my consent to.....

(Name of Foreign Educational Institution)

for the release of my academic records to the Ministry of Foreign Affairs and Regional Integration

(MFARI), and its authorised representatives abroad.

Surname First & Other Names

Previous /Maiden Names or Aliases

Date of Birth Email Address.....

Student ID No. / Index No. Certificate No.

Student Support No. (SSN) Membership No.

Table with 3 columns: Qualification, Date Start (DD/MM/YYYY), Date Completed (DD/MM/YYYY). Rows i), ii), iii).

Section below to be filled by ONLY 3rd Party Verifying Institution/Person

CONSENT TO PROVIDE INFORMATION TO 3RD PARTY

I also give consent to the MFARI and its authorised representative(s) abroad to use

..... to obtain information on my academic records from (Third Party Institution)

..... (Name of Educational Institution)

..... Date

..... Signature

NOTE: This form must be duly filled by the applicant in BLOCK LETTERS

_MFARI/ATT/FRM/V_01



REPUBLIC OF GHANA
EMPLOYMENT VERIFICATION
CONSENT FORM

_MFARI/ATT/FRM/V_01

To Whom It May Concern:

I, authorise the
(Applicant's full name)

Foreign Affairs and Regional Integration, acting through its authorized representative(s) abroad, to contact my previous employer who is listed below:

Name of Employer

Address of Employer **Postcode**

Zip Code.....

To Confirm the Following:

i) Period of Employment: From To
(dd/mm/yyyy) *(dd/mm/yyyy)*

ii) Position(s) held,
.....

iii) Department/Section,

iv) Line Manager..... Employee ID No.

v) Codice Fiscale: Social Security Number.....

vi) Comments (if any)

Former Employer Signature

Date
(dd/mm/yyyy)

NOTE: This form must be duly y filled by the applicant in BLOCK LETTERS .

_MFARI/ ATT/ FRM/V_0 1

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 usual cooperation

Yours faithfully,

.....
(Full name of Appointee)

CHECK LIST	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 COMPLETED APPENDIX 1 – STATEMENT OF AFFAIRS	<input type="checkbox"/>	<input type="checkbox"/>
7 COMPLETED APPENDIX 1 – AUDITORS CERTIFICATION	<input type="checkbox"/>	<input type="checkbox"/>
8 ATTACHED CURRICULUM VITAE	<input type="checkbox"/>	<input type="checkbox"/>
9 ATTACHED THREE (3) PASSPORT-SIZE PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>
10 ATTACHED COPY OF VALID NATIONAL I.D.	<input type="checkbox"/>	<input type="checkbox"/>
11 ATTACHED ORIGINAL TAX CLEARANCE CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>
12 COMPLETED AND SIGNED LETTER OF CONSENT	<input type="checkbox"/>	<input type="checkbox"/>