

PERSONAL ACCOUNT OPENING FORM

TELL US ABOUT YOURSELF

Title: Mr. Mrs. Ms. Dr. Prof. Hon. Other (please specify): _____

Name: _____

Date of birth: _____ dd/mm/yyyy Gender: Male Female Nationality: _____

Residence (country): _____ Marital status: Single Married Other (specify) _____

ID number: _____ Passport Number: _____ Passport expiry date: _____
(Alien ID, Disciplined forces ID)

Huduma number: _____ KRA PIN number: _____ Tax Exempted (Attach certificate)

Mother's maiden name/ memorable word (security feature for your protection) _____

JUNIOR/CHILD ACCOUNT (BELOW 18 YEARS) – provide photo and birth certificate of minor

Child Name: _____ Date of birth: _____ dd/mm/yyyy Relationship: _____

Birth Certificate /Notification No. _____ Gender: Male Female

ACCOUNT DETAILS

Current Account: KES USD GBP EUR Other (specify) _____

Savings Account: KES USD GBP EUR Other (specify) _____

Account category: Individual Joint Names of joint applicant(s) _____

HOW CAN WE REACH YOU?

Mobile number* _____ Office phone number: _____

*We will automatically set you up on mobile banking and register your number on PesaLink.

Email address* _____

*We will send your monthly account statements on email (e-statement) to the email address you have given us above.

Postal address: _____ Postal code: _____ Town: _____ Country: _____

Physical address: Town _____ Street name: _____

Estate/ Village: _____ Hse/ LR number: _____

Nearby landmark: _____ (ie. School, Hospital, Centre, Mall etc)

Name of Next of Kin: _____ Relationship: _____ Phone number: _____

EMPLOYER/ BUSINESS DETAILS

Employment type: Permanent Contract Casual Self-employed Other _____

Occupation: _____ Employee department: _____

Name of employer: _____ Employee position: _____

If self-employed, state nature of business: _____

Gross Income Band (KES '000): Below 150k 150-350k 350-600k 600-3.5M Above 3.5M

Employer's postal address: _____ Postal code: _____

Town/ City: _____ Country: _____

Employer's/ Business physical address: _____ Plot number: _____

Tel (Off): _____ Fax: _____ Mobile number (Off): _____

Employer's/ Business email address: _____

OTHER BANK ACCOUNT(S)

Bank Name _____ Branch _____ Type of Account _____ No of Years _____

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OTHER RELATED ACCOUNTS WITH THE BANK Account Name(s) _____ Account Number(s) _____

Account Name(s) _____ Account Number(s) _____

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

- 1. Are you a U.S Resident? No Yes
- 2. Are you a U.S Citizen? No Yes
- 3. Are you holding a U.S Permanent Resident Card (Green Card)? No Yes
- 4. Were you born in the U.S? No Yes
- 5. Have you granted power of attorney or signatory authority to a person with a U.S. address? No Yes
- 6. Do you have a U.S. residential address? No Yes
- 7. Do you have a correspondence, C/O or Hold mail address in the U.S? No Yes
- 8. Do you have a standing order to a U.S. Bank Account? No Yes
- 9. Do you have a U.S. telephone No.? No Yes

OTHER SERVICES & PRODUCTS

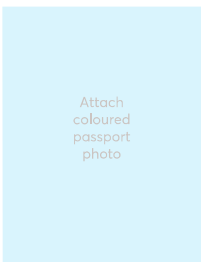
I/We request to be subscribed to the following services /products whose terms of use I/We confirm to have read and understood. (Additional form may be required)

CDSC Account Online Banking Email Indemnity _____

We will set you up on Mobile Banking and send your monthly Account statements on email (eStatement) to the email address you have given us above. Pesalink will be offered as part of the mobile and/or online banking services.

My preferred domicile branch is _____ (We will send your cheque book and cards to this branch).

Operating Mandates: Sole Either/or All to sign Other (specify) _____



Name: _____
ID or Passport No: _____
Mobile No: _____
Date: _____



Name: _____
ID or Passport No: _____
Mobile No: _____
Date: _____

I confirm that the information given is correct and true to the best of my knowledge. By signing this application form, I understand that I will be deemed to and I confirm that, prior to signing this application form, I have read, understood and accepted the General Terms and Conditions (GTC) that apply to the Bank's products and services and I hereby agree to comply, observe and be bound by the GTC (as amended from time to time). I/we further confirm that a copy of the GTC has been issued to me/us.

Sign here (Within the boundary of this box)

FOR BANK USE ONLY

Account Number: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] Customer Target _____ Customer Industry _____

Customer Sector _____ Account Officer code (DAO 1) _____ Preferred branch (DAO 2) _____

Sales Code (DAO 3) _____

Account Service Level: Personal Account Category: Flat Fee Pay As You Go

Has the account been opened through paybill (488525) Yes No Account No: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Account Restrictions _____

Special instructions _____

AML Risk Category _____ Review date [] [] [] [] [] [] [] [] [] [] PEP status _____ Foreigner Yes No

FATCA status: Yes No If Yes, FATCA documentation to be completed

Form W9 (U.S Persons only) Form W-8BEN (Non U.S Persons only) ID/Passport number

Written explanation for US born non-US citizens (Confirmation of renunciation of U.S Citizenship / reason for not taking up U.S citizenship at birth)

	Authenticated by:	Authorised for opening by:	Input by:	Authorised by:
Name	_____	_____	_____	_____
Date	_____	_____	_____	_____
Signature	_____	_____	_____	_____