



Your Business Partner

BUSINESS ACCOUNT

FOR OFFICIAL USE ONLY

Account Name: []
Customer ID: []
A/C Number: []

APPLICATION DATE: DD [] MM [] YY []

A) TYPE OF ACCOUNT AND CURRENCY

Current Account [] Business Investment [] Business Premium []
Currency: SSP [] USD [] GBP [] EURO [] Others (Specify) []

B) DETAILS OF BUSINESS

Name of Business: []
Nature of Business: []
Type of Business:(Tick One) Sole Proprietor [] Partnership [] Limited Liability Company [] Institution [] Other []

C) CONTACT ADDRESS

Postal Address: [] Postal Code: [] City: []
Telephone: [] Mobile: []
Fax Number: [] Email: [] Website: []
Physical Address: [] Street/Road: [] Building: []

D) CORPORATE INFORMATION

Registration No.: [] Date of Registration: [] Place of Issue: []
Issuing Authority: [] Tax Identification No: []

E) ACCOUNTS HELD IN OTHER BANKS

Bank: [] Branch: [] Account Number: []
Bank: [] Branch: [] Account Number: []

F) DIRECTORS/SIGNATORIES DETAILS

i. 1ST DIRECTOR / SIGNATORY

Surname: [] Other Names: []
Date of Birth: [] Marital Status: [] Shareholding%: []
Postal Address: [] Postal Code: [] City: [] Country: []
Tel.(Residential): [] Tel.(Office): [] Fax Number: []
Cell Phone: [] Email: []

IDENTIFICATION TYPE

(Tick One) National ID Passport

Number: Date of Issue: Expiry Date: (Where Applicable)

Place of Issue: Issuing Authority:

PHYSICAL ADDRESS

Location/Street: Building/Estate:

House Number: Duration at this Address: Plot/Block No:

ACCOUNTS WITH OTHER BANKS

Bank: Branch: Account Number:

Bank: Branch: Account Number:

Bank: Branch: Account Number:

ii. 2ND DIRECTOR / SIGNATORY

Surname: Other Names:

Date of Birth: Marital Status: Shareholding%:

Postal Address: Postal Code: City: Country:

Tel.(Residential): Tel.(Office): Fax Number:

Cell Phone: Email:

IDENTIFICATION TYPE

(Tick One) National ID Passport

Number: Date of Issue: Expiry Date: (Where Applicable)

Place of Issue: Issuing Authority:

PHYSICAL ADDRESS

Location/Street: Building/Estate:

House Number: Duration at this Address: Plot/Block No:

ACCOUNTS WITH OTHER BANKS

Bank: Branch: Account Number:

Bank: Branch: Account Number:

Bank: Branch: Account Number:

iii. 3RD DIRECTOR / SIGNATORY

Surname: Other Names:

Date of Birth: Marital Status: Shareholding%:

Postal Address: Postal Code: City: Country:

Tel.(Residential): Tel.(Office): Fax Number:

Cell Phone: Email:

IDENTIFICATION TYPE

(Tick One) National ID Passport

Number: Date of Issue: Expiry Date: (Where Applicable)

Place of Issue: Issuing Authority:

PHYSICAL ADDRESS

Location/Street: Building/Estate:
 House Number: Duration at this Address: Plot/Block No:

ACCOUNTS WITH OTHER BANKS

Bank: Branch: Account Number:
 Bank: Branch: Account Number:
 Bank: Branch: Account Number:

iv. 4TH DIRECTOR / SIGNATORY

Surname: Other Names:
 Date of Birth: Marital Status: Shareholding%:
 Postal Address: Postal Code: City: Country:
 Tel.(Residential): Tel.(Office): Fax Number:
 Cell Phone: Email:

IDENTIFICATION TYPE

(Tick One) National ID Passport

Number: Date of Issue: Expiry Date: (Where Applicable)
 Place of Issue: Issuing Authority:

PHYSICAL ADDRESS

Location/Street: Building/Estate:
 House Number: Duration at this Address: Plot/Block No:

ACCOUNTS WITH OTHER BANKS

Bank: Branch: Account Number:
 Bank: Branch: Account Number:
 Bank: Branch: Account Number:

G) FINANCIAL INFORMATION

Please tick in the relevant boxes below to indicate the expected normal range of activity in your account.

VALUE OF TRANSACTIONS	EXPECTED RANGE IN SSP OR EQUIVALENT			
	1 - 10,000	10,001 - 50,000	50,001 - 100,000	OVER 100,000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick in the table below

SUM OF ALL PAYMENTS INTO ACCOUNT PER MONTH

Total value of cash/cheque deposits per month	Local Currency	Total value of foreign remittances per month	Incoming	
	Foreign Currency		Outgoing	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H) ACCOUNT OPERATING TOOLS

1) Issue ATM Card: Yes No
 2) Cheque Book Request: Yes No
 Cheque Book Size: 50 Leaves 100 Leaves Number of Books
 3) Statement Request (Tick One)
 Statement Frequency: Monthly Quarterly Semi-annually Annually Other (Specify)
 Statement Delivery: Post Office Box Email Internet

1ST DIRECTOR/SIGNATORY

Please sign inside the box

Full Name:

Identification No:

Contacts:

2ND DIRECTOR/SIGNATORY

Please sign inside the box

Full Name:

Identification No:

Contacts:

3RD DIRECTOR/SIGNATORY

Please sign inside the box

Full Name:

Identification No:

Contacts:

4TH DIRECTOR/SIGNATORY

Please sign inside the box

Full Name:

Identification No:

Contacts:

I) DECLARATION

I/we confirm that the information given above is true to the best of my/our knowledge. By signing on this form I/we request you to open an account in my/our name(s), I/we agree that I/we have read, understood and accepted the terms and conditions of this account, supplied separately, and agree to be bound by them.

MODE OF SIGNING

One to sign Two to sign Three to sign All to sign Other (Specify)

WITNESS

Signed in front of:

Signature:

Date:

Branch's Official Stamp

1ST DIRECTOR/SIGNATORY

AFFIX PHOTO HERE

2ND DIRECTOR/SIGNATORY

AFFIX PHOTO HERE

3RD DIRECTOR/SIGNATORY

AFFIX PHOTO HERE

4TH DIRECTOR/SIGNATORY

AFFIX PHOTO HERE

OFFICE USE ONLY

Name of Sales Staff: Staff ID: Signature:

Staff Number: Branch Name: Branch Code:

Immediate Sales Supervisor: Staff ID: Signature:

CUSTOMER INFORMATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Valid Identification Documents obtained & Authenticated | <input type="checkbox"/> Blacklist Checked |
| <input type="checkbox"/> Document Copies Clear, Complete & Duty Certified | <input type="checkbox"/> Contact Information Available Obtained |
| <input type="checkbox"/> Physical Address Verification/Utility Bill Obtained | <input type="checkbox"/> Alterations Countersigned |
| <input type="checkbox"/> Light Resolution Photographs Obtained | |

Authorizing Officials Name: Signature Number:

Signature & Branch Stamp: