

FOR OFFICIAL USE ONLY

Account Name:

Customer ID:
A/C Number:

APPLICATION DATE: DD MM YY

A) TYPE OF ACCOUNT AND CURRENCY

Currency (Tick One): SSP USD GBP EURO Others (Specify)

B) ACCOUNT DETAILS

Products

Current Account Fixed Deposit Account Premium Account Others (Specify)

C) PERSONAL DETAILES

1. Details of Applicant Title

Surname: Other Names: Gender: Male Female
 (Tick One)
 Date of Birth: Marital Status: Profession:
 Nationality: Country of Residence:

2. Contact Address

Postal Address: City: Country:
 Telephone: Mobile: E-Mail:

3. Physical Address

Location: Street/Building: House No.

4. Identification: (Tick One) National ID Passport

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

6. Employment: (Tick Appropriately) Salaried Self-employed Retired Others (Specify)

Name of Employer: Date Employed: Department:
 Station: Designation: Personal/Staff No:
 Building Name: Building Block No: Street:
 Office Tel.Number: Office Address: Postal Code:
 Fax Number: E-mail: Website:
 Town: Country:

Terms of Employment: (Tick Appropriately) Permanent Contract Expiry of Contract

7. Estimated Inomnce Levels (SSP) (Tick One)

0 - 1,000 1,001 - 10,000 10,001 - 30,000 Over 30,001

8. Accounts Held in Other Banks

Bank: Branch: Account Number:

Bank: Branch: Account Number:

D) ADDITIONAL DETAILS FOR STUDENTS (Account available for duration of course only)

College/University: End (Graduation) Date:

E) ADDITIONAL DETAILS FOR MINOR (Upto 18 years only)

Surname: Other Names Gender: Male Female
(Tick One)

Date of Birth: Birth Certificate/Notification No: R/ship with Applicant:

1) Mandate

Surname: Other Names:

Identification Type: Identification No:

Issuing Authority: Place of Issue:

Date of Issue: Conditions:

Mandate Signature

Please sign inside the box

F) ACCOUNT OPERATING TOOLS

1) Issue ATM Card: Yes No

2) Cheque Book Request: Yes No

Cheque Book Size: 32 Leaves 64 Leaves Number of Books

3) Statement Request (Tick One)

Statement Frequency: Monthly Quarterly Semi-annually Annually

Statement Delivery: Post Office Box Email Internet

G) 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.

1) Mode of Signing: (Tick One) Any Both All to Sign Others (Specify)

APPLICANT'S SIGNATURE

THUMB PRINT

Signed in the presence of (Bank Official's Name): _____

Signature: _____ Date: _____

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

Valid Identification Documents Obtained & Authenticated Customer Contact & Residence Information Obtained

Photographs Obtained/Captured and Authenticated Operating Tools Required Indicated

Blacklist Checked Mandate Signatures Obtained (Where Applicable)

Authorizing Official's Name: Signature Number

Signature & Branch Stamp: