BUSINESS ACCOUNT OPENING APPLICATION FORM

Registered and Non-registered Businesses

PAP.1115–BUSINESS ACCOUNT APPLICATION FORM (REVISED 20120423)

[FOR OFFICIAL USE ONLY]

Customer ID (Generated by the system): _____ **ACCOUNT NUMBER:** _____

DETAILS OF BUSINESS **APPLICATION DATE:** _____

Name of Business			
Trading Name: ***(If different from the Registered Name)***			
Nature of Business(Industry)		Profession/Status	

CONTACT ADDRESS & PHYSICAL ADDRESS

Postal Address	Postal Code	Town/City
Telephone	Cell Phone Number	C/O Where applicable
Fax Number	Email	Website
Physical Address	Street/Road	Building
Building Block Number	Utility Company	Utility Account Number

CORPORATE IDENTIFICATION TYPE: Certificate of Registration ☐ Certificate of Incorporation ☐ **(Tick Appropriately)**

Number	Issuing Authority	Place of Issue
Date of Incorporation/Registration	KRA PIN Number	VAT Number

DIRECTORS/SIGNATORIES DETAILS

CHAIRMAN/MD/PRINCIPAL SHAREHOLDER/SOLE PROPRIETOR

Surname	Other Names		
Date of Birth	Marital Status		Shareholding%
Postal Address	Postal Code	Town/City	Country
Telephone (Residential):	Telephone (Office)		Fax no
Cell phone Number:	E-mail		

IDENTIFICATION TYPE: **ID** ☐ **Passport** ☐ **(Tick Appropriately)**

Number	Issuing Authority	Place of Issue
Date of Issue	Expiry Date (Where applicable)	PIN certificate number
PHYSICAL ADDRESS OF DIRECTOR/SIGNATORY	Location /Street	Building/Estate
House no	Duration at this Address	Property Description
Utility	Utility Company	Account Number

ACCOUNTS HELD IN OTHER BANKS

Account Number:	Bank:	Branch:

ACCOUNT DETAILS

I/We hereby apply for: ***(Tick Appropriately)***

☐ Business Current ☐ Business Investment ☐ Business Privilege ☐ Boresha Biashara ☐ Entrepreneurs Account

☐ Tuungane Current ☐ Tuungane Investment ☐ Bankika Business ☐ Community ☐ Agri-business

Currency: ☐ **KES** ☐ **USD** ☐ **GBP** ☐ **EURO** ☐ **Others (Specify)** _____

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 (KES. equivalent)			
		upto 100,000	100,000-500,000	500,001- 1,000,000	Over 1,000,000
Sum of all payments into account per month					
Total value of cash/cheque deposits per month	Local Currency				
	Foreign Currency				
Total value of foreign remittances per month	Incoming				
	Outgoing				

CHEQUE BOOK REQUEST (Where Applicable)

Cheque Book Size: (Tick Appropriately) ☐ 50 Leaves ☐ 100 Leaves **Number of Books:** _____

STATEMENT REQUEST (Tick Appropriately)

Statement Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Statement Delivery: ☐ Post Office Box ☐ Email ☐ Retain

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. I/We hereby authorize the Bank to disclose any information relating to my/our account (s) to any credit reference agency, any other institution or third party as it deems necessary.

1ST DIRECTOR/SIGNATORY	2ND DIRECTOR/SIGNATORY	3RD DIRECTOR/SIGNATORY	4TH DIRECTOR/SIGNATORY
AFFIX PHOTO HERE	AFFIX PHOTO HERE	AFFIX PHOTO HERE	AFFIX PHOTO HERE
Signature	**Signature**	**Signature**	**Signature**
Full Name	Full Name	Full Name	Full Name
Identification	Identification	Identification	Identification
Contact	Contact	Contact	Contact

Signed in the presence of _____ Signed _____

Date _____ Branch's Official Stamp _____

MODE OF SIGNING _____

OFFICIAL USE ONLY

Name of Sales Staff:		Sales Code(12x):	Branch DAO:
Sector:	Target:	Customer Type:	Risk Class:

CUSTOMER INFORMATION CHECKLIST

☐ Valid Identification documents obtained & authenticated ☐ Resolution obtained ☐ Contact information available obtained
☐ Document copies clear, complete & duly certified ☐ Photographs obtained ☐ Alterations countersigned
☐ Physical Address Verification/Utility bill obtained ☐ Blacklist Checked

Authorizing Official's Name: _____ Signature No.: _____

Signature & Branch Stamp: _____