

PERSONAL /JOINT ACCOUNT APPLICATION FORM



Branch: _____ Date: _____

Please Complete this form in Block CAPITAL letters
I/we wish to open the following Account(s) and undertake to observe, comply and be bound by Terms and Conditions and tariffs made by the bank in force and as amended from time to time pertaining to such Accounts per the General Terms and Conditions documents availed and read by me.

Account Type: Mwananchi Account Tujenge Account Scholar Account
 Personal Current Account Mdoshi Account
 Other Specify _____

Currency Type: KES Foreign _____ (Specify Currency)

Account Name _____

Account Number

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 CIF Number

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First Applicant

(Tick appropriately) ATM Card ordered

First name	Middle Name	Last Name						
ID/ Passport Number	Date of Birth (dd/mm/yy) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
Postal Address	Postal Code	Town						
C/O (where applicable)								
Mobile No. 1	Mobile No. 2	Residential Area						
Contact Person	Mobile No.	Postal address and code of contact person						
Employer's/Company Name								
Employer's Postal Address	Postal Code & Town	Telephone Office						
Occupation/ Business		Personal Email						
Next of Kin (Names)		Relationship						
Postal Address	Postal Code	Telephone						

(Tick appropriately)
 Income range 0 to 10,000 10,001-50,000 50,001-100,000 100,001 and over Unknown

Other Accounts Currently Held with us or other Banks Account No (If Family Bank Account)

Bank Name	Branch	
Bank Name	Branch	

FOR MDOSHI JUNIOR PLEASE FILL IN THE FOLLOWING

Name of Child: Surname	First Name	Middle Name
Date of Birth	Birth Certificate No. of Child	Gender

Signature (Sign at the Centre of the Box)

x

Affix passport Size Photo

Signing Instructions Sole Other (Specify) _____

MOBILE BANKING SERVICES

Pesa Pap

Services Available - Banking, M-Pesa, Airtime, Finance Tips, Other Services, Salary Advance, ATM Cards, Contact Us , My New Account

Automatic sending of ALERTS (Tick box to subscribe)

Salary Credit Alerts All Credit Alerts Large Credit Alerts Large Debit Alerts

Pension Alerts Cheque Clearance alerts Others _____

Personal Accident Insurance Cover

Would you like to subscribe? Yes No Amount: 100,000 200,000 300,000 400,000 500,000 600,000 700,000 800,000 900,000 1,000,000 Other _____

Applicant Signature _____

TO FAMILY BANK LTD.

I agree that this account shall be operated solely at the discretion of the Bank and hereby agree to idemnify the Bank at my cost against any loss or claims arising out of the account being closed by the Bank without notice due to the unsatisfactory performance . I confirm having read and understood the General Terms and Conditions on a copy of which has been availed to me

this day _____ month _____ year 20 _____ and which I accept.

Signed _____

Joint account applicants should attach a second form (Joint Account Members Form)

For Official Use only

Customer Information Checklist

- Valid Identification documents obtained & suthenticated
- Customer Contact information available
- Photographs Obtained/Captured and authenticated
- Cheque book ordered
- Mandated signatures Obtained

BRANCH:

Reffered By (Name of Staff): _____

Payroll Number _____

All copies of required documents must be certified by a Family Bank official

I confirm that I have checked all the above details that they have been completed in accordance with the KYC procedures and other relevant documents are attached. I confirm acceptance of this customer relationship with Family Bank Limited.

Account Opened by: (Maker) Name: _____

Signature: _____

Account Checked by: (Checker) Name: _____

Signature: _____

Account Authorised by: Name: _____ Signature: _____

