

BUSINESS 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 comply, observe and be bound by the Terms and Conditions made by the you and in force from time to time or as amended by you pertaining to such account(s) and the General terms and Conditions document availed to and read by me.

Account Name _____

Account Number

CIF Number

Type of Account (Tick appropriately)

	Mwananchi	Business Current	Tujenge	Personal Current	Fixed Deposit	Others
Sole Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Holders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Tick appropriately) Other Services Offered: ATM Card Cheque Book Currency Type KES Foreign

Account Details

Name of Business _____		Nature of Business _____	
Postal Address _____		Postal Code _____	Town _____
Telephone (Office) _____		Email _____	C/O (Where applicable) _____
Nature of Business _____			
Physical Address _____		Street / Road _____	Building _____
Date of Incorporation / Registration _____		Certificate of Incorporation Number _____	
KRA P.I.N. Number _____		Associated Company _____	
(Tick appropriately) Income Range 0 to 10,000 <input type="checkbox"/> 10,001 -50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001 and over <input type="checkbox"/> Unknown <input type="checkbox"/>			

Other Accounts Held with us or other banks

Bank Name _____	Branch _____
Bank Name _____	Branch _____


1st Signatory: Proprietor/Partner/Director/Joint Holder/Other		2nd Signatory: Proprietor/Partner/Director/Joint Holder/Other	
First Name _____		First Name _____	
Middle Name _____		Middle Name _____	
SurName _____		Surname _____	
Designation _____		Designation _____	
ID/Passport Number _____		ID/Passport Number _____	
Mobile No. _____		Mobile No. _____	
Next of Kin (Names) _____		Next of Kin (Names) _____	
Relationship _____	Postal Address _____	Relationship _____	Postal Address _____
Postal Code _____	Telephone _____	Postal Code _____	Telephone _____

Signature

Affix passport Size Photo

Signature

Affix passport Size Photo

3rd Signatory: Proprietor/Partner/Director/Joint Holder/Other		4th Signatory: Proprietor/Partner/Director/Joint Holder/Other	
First Name		First Name	
Middle Name		Middle Name	
Surname		Surname	
Designation		Designation	
ID/Passport Number		ID/Passport Number	
Mobile No.		Mobile No.	
Next of Kin (Names)		Next of Kin (Names)	
Relationship	Postal Address	Relationship	Postal Address
Postal Code	Telephone	Postal Code	Telephone
Signature		Signature	

(Tick appropriately) Signing Instructions

Sole Any two/ or Survivor(s) Any three/ or Survivor(s) Any four/ or Survivor(s) Other Specify _____

TO FAMILY BANK LIMITED

I/We agree that this account shall be operated solely at the discretion of the Bank and hereby agree to indemnify the Bank at my cost against any loss or claims arising out of the account being closed by the Bank without notice due to unsatisfactory performance.

I/We confirm having read and understood the Bank's General Terms and Conditions a copy of which has been availed to me/us this day _____ Month _____ year 20_____ and which I/We accept.

1st Signatory _____ 2nd Signatory _____

3rd Signatory _____ 4th Signatory _____

Customer Information Checklist

- | | |
|--|---|
| <input type="checkbox"/> valid Identification documents obtained & authenticated | <input type="checkbox"/> Customer Contact information available |
| <input type="checkbox"/> Photographs obtained/captured and authenticated | <input type="checkbox"/> ATM Card ordered |
| <input type="checkbox"/> Mandated signatures Obtained | <input type="checkbox"/> Cheque book ordered |

BRANCH:

Referred By (Name of Staff): _____

Payroll Number _____

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

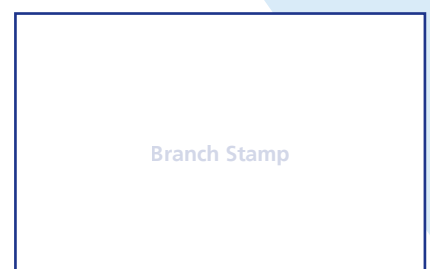
I confirm that I have checked all the above details that they have been completed in accordance with the KYC procedures and other relevant documents are attached. I confirm acceptance of this customer relationship with Family Bank Limited.

Account Opened by: (Maker) Name: _____

Signature: _____

Account Checked by: (Checker) Name: _____

Signature: _____



Account Authorised by: Name: _____ Signature: _____