## **BUSINESS ACCOUNT OPENING FORM**



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PLEASE COMPLETE THIS FO	ORM IN	BLOCK	CAPIT	AL LE	ETTERS AND	TIC	K V	WHI	ERE	AP	PLI	САВ	LE		
	Date D D M M Y Y							Y	Y						
Account Name					Branch										
Account Name					Branch										
Account Name					Branch										
Type of Account															
Current/ Transactional Accounts					Savings Accou	nt									
Current Account					Dream Save	er Acc	oun	nt							
Flat Fee Account					Diamond S	aver A	4cc0	ount							
Chama Current Account					🔛 Vuna Cham	a Savi	ings	s acco	ount						
Foreign Currency Account															
E-cash Account															
Solid Plus Account															
BUSINESS/COMPANY DETAILS															
Business Type															
Sole Proprietorship	Socie	ety			IGO										
Partnership	Gove	ernment		□ c	Other										
Company	Grou	ps													
P.O. Box				_	Postal Code										
Town				_	Telephone (o	office)									
Nature of business															
Expected annual business turnover															
Physical Address															
Street/Road					_Building										
Date of Incorporation/ Registration				C	Certification of In	corpo	orati	ion N	umbe	r					
KRA PIN Number															
Contact Person															
Full names															
Position/Role															
Telephone					_Email										
Contact Person															
Full names															
Position/Role															
Telephone					Email										

Associated Companies		
1		
2		
3		
Foreign Account Tax Compliance Act		
1. Are any of the directors/shareholders a United St.	ates of America (USA) Citizen?	es 🗌 No
2. Do you/they receive any income from the United	_	es 🗌 No
(If so, kindly fill out the attached form. Income coul remunerations and emoluments)	d include interest, dividends, rents, salarie	s, wages, premiums, annuities, compensations,
Accounts held with us or Other Banks		
Bank	Branch	Account Number
1. 2.		
3.		
Reason and need to hold more than one account		
DIRECTORS/SIGNATORIES DETAILS		
1 <sup>st</sup> Signatory Debit Card Ordered Yes	No	
Full name		
Surname	Other names	
Role in business Pa	assport/National ID	
KRA PIN number		
Mobile number		
Email address		
Next of Kin Details		
Full names		
Nature of Relationship		
P.O. Box	Postal Code	
Town	County	
Mobile Phone Number	Email Address	;
KRA PIN Number		
photograph	signat	ure

2 <sup>nd</sup> Signatory Debi	t Card Ordered	Yes	No	
Full name	Surname		Other names	
Role in business			_Passport/National ID	
KRA PIN number				
Next of Kin Details				
Full names				
Nature of Relations	ship			
				Postal Code
				County
Mobile Phone Num	ber			Email Address
KRA PIN Number				
nhot				signature
proc	oBrabii			55hotare
3 <sup>rd</sup> Signatory Debit	Card Ordered	Yes	No	
Full name	Surname		Other names	
Role in business				
Next of Kin Details	5			
Full names				
Nature of Relations	ship			
P.O. Box				Postal Code
Town				County
Mobile Phone Num	ber			Email Address
KRA PIN Number				

photograph		signature
4 <sup>th</sup> Signatory Debit Card Ordered	Yes No	
Full name	Other names	
Role in business	Passport/National ID	
Mobile number		
Email address		
Next of Kin Details		
Full names		
Nature of Relationship		
P.O. Box		Postal Code
Town		County
Mobile Phone Number		Email Address
KRA PIN Number		
		signature
KRA PIN Number		

SIGNING INSTRUCTIONS	
Any to sign Any two Any three An	ny four All to sign
Special instructions	
Cheque book ordered (tick)* Number of leaves 50 Lea	ives 🗌 100 Leaves 🗌
MOBILE BANKING SERVICES. Only available where signing instructions is 'Any to	sign" – (Please fill the form if you would like the service)
Yes No	
NB: Please indicate the mobile number/s to be used	
INTERNET BANKING SERVICES. (Please fill the form if you would like the service)	
Yes No	
CUSTOMER DECLARATION	
I/We agree that this account/s shall be operated solely at the discretion of the Ban against any loss or claims arising out of the account getting closed by the Bank wit having read and understood the General Terms and Conditions, a copy of which has the said Terms and Conditions.	hout notice due to unsatisfactory performance . I/We confirm
1 <sup>st</sup> Signatory Name	Date
2 <sup>nd</sup> Signatory Name	Date
3 <sup>rd</sup> Signatory Name	Date
4 <sup>th</sup> Signatory Name	Date

FOR OFFICIAL USE Customer Information Checklist							
Valid identification documents obtained and auth procedure	nenticated as per	Yes	No	All custo	mers contact	Yes	No
Photograph obtained/ captured and authenticate	ed	Yes	No	Mandate	ed signatures obtained	Yes	No
Black list register checked	-	Yes	No		rd Ordered	Yes	No
Joint application forms attached		Yes	No	Stateme	nt request completed	Yes	No
Cheque book ordered on MICR		Yes	No	Internet	banking subscribed	Yes	No
Mobile Banking Registered		Yes	No				
DATA INPUT INFORMATION Business Division Code ARM Code DSR/BDO Code							
AML Category: Low	Medium				High		
Stamp							



Consolidated Bank Of Kenya Limited Consolidated Bank House, Koinange Street P O Box 51133, 00200 Nairobi Tel: +254 703016016

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Consolidated Bank is regulated by the Central Bank of Kenya