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 st 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 nd 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 rd 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 th 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 st Signatory Name | Date |
| 2 nd Signatory Name | Date |
| 3 rd Signatory Name | Date |
| 4 th 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 | | | | | | | |
| | | | | | | | |



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Consolidated Bank is regulated by the Central Bank of Kenya