



# INDIVIDUAL ACCOUNT OPENING FORM





## ACCOUNT OPENING FORM (FOR INDIVIDUALS)

BRANCH: \_\_\_\_\_ CIF NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

Customer type: Individual ☐ Joint ☐ Minor ☐ Power of Attorney ☐

## DETAILS OF ACCOUNT HOLDER/PERSONAL DETAILS

First name \_\_\_\_\_ Middle name (s) \_\_\_\_\_ Surname \_\_\_\_\_ Mr. ☐ Mrs. ☐ Miss ☐ Other ☐ If other, specify \_\_\_\_\_

Account name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Gender: Female ☐ Male ☐ Date of birth:         Country of birth: \_\_\_\_\_Marital status: Single ☐ Married ☐ Others (specify) ☐ \_\_\_\_\_

KRA Pin: \_\_\_\_\_

ID No./Passport No: \_\_\_\_\_ Date of issue: \_\_\_\_\_ Expiry date: \_\_\_\_\_

## MINOR ACCOUNT DETAILS (BELOW 18 YEARS)

Full name of minor: First name \_\_\_\_\_ Middle name (s) \_\_\_\_\_ Surname \_\_\_\_\_ Nationality: \_\_\_\_\_

Gender: Female ☐ Male ☐ Date of birth:         Birth certificate No. \_\_\_\_\_

Guardian name: First name \_\_\_\_\_ Middle name (s) \_\_\_\_\_ Surname \_\_\_\_\_ Relationship: \_\_\_\_\_

## CONTACT DETAILS

Resident ☐ Non-resident ☐

Current physical residential address: House No. \_\_\_\_\_ Estate \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

Permanent residence: House No. \_\_\_\_\_ Estate \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Postal address: P.o.Box \_\_\_\_\_ Postal / Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Mobile number: \_\_\_\_\_ Office Tel (if any): \_\_\_\_\_

Preferred email address: \_\_\_\_\_

## Next of kin:

Name: First name \_\_\_\_\_ Middle name (s) \_\_\_\_\_ Surname \_\_\_\_\_ ID No. /Passport No: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_ Email address: \_\_\_\_\_

## EMPLOYMENT / BUSINESS DETAILS

Occupation: Salaried ☐ Self employed ☐ Other (Specify) \_\_\_\_\_Employment terms: Permanent ☐ Contract ☐ Part time ☐

Employer name/Business name: \_\_\_\_\_

Industry: \_\_\_\_\_ Profession: \_\_\_\_\_

Annual income (In Kes): Upto 1,000,000 ☐ From 1,000,000 - 5,000,000 ☐ From 5,000,000 - 10,000,000 ☐ Above 10,000,000 ☐

Number of years served at current employment/business: \_\_\_\_\_

Business/Employer's postal address: \_\_\_\_\_ Postal address (PO Box, Postal Code, City, Country)

Business/Employer's physical address: County \_\_\_\_\_ Town \_\_\_\_\_ Street \_\_\_\_\_

Business phone number (if employed or self-employed): \_\_\_\_\_

Additional source of income: Land ☐ Private business ☐ Inheritance ☐ Other (please specify): \_\_\_\_\_

Estimated monthly deposits (Kes): \_\_\_\_\_ Estimated monthly transfers (Kes): \_\_\_\_\_

Purpose of opening the account: \_\_\_\_\_

## FATCA DECLARATION

## U.S.A Foreign Account Tax Compliance Act (FATCA Declaration)

I/We hereby declare to be of U.S.A reportable person(s) and for FATCA compliance fall within this category\*

☐ U.S.A Citizenship (Including dual citizenship) ☐ U.S.A Resident ☐ U.S.A Birthplace

Tax Identification Number: \_\_\_\_\_ Other (specify) \_\_\_\_\_

\*Please complete relevant FATCA forms





## CRS

## Common Reporting Standard (CRS)

I/We hereby declare to be a reportable person(s) in line with CRS regulations\*

Dual citizenship? Yes ☐ No ☐ Country of tax residency: \_\_\_\_\_

Tax Identification Number of residence country: \_\_\_\_\_

\*Please complete a self certification form

## PEP

"Are you a direct family member or a close associate of a current or former public official or a high profile political figure (PEP)? Yes ☐ No ☐

If yes please indicate the type of the relationship:

Self ☐ Spouse ☐ Parent(s) ☐ Other (please specify) \_\_\_\_\_

PEP Name: \_\_\_\_\_ PEP Position held: \_\_\_\_\_

## TYPE OF ACCOUNT

I/We request you to open in your books, account/s as specified below. I/We agree to provide any requisite documents and abide by the terms &amp; conditions of such account/s.

Account type: Current ☐ Savings ☐ Salary Smart Account ☐ Diaspora Banking ☐ Specify account sub-type: \_\_\_\_\_Currency: KES ☐ USD ☐ GBP ☐ EUR ☐Other (specify): ☐ \_\_\_\_\_

## OTHER SERVICES

Debit card ☐ Mobile banking ☐ Internet banking ☐

Preferred card name as it appears on the ID card (up to 20 letters and space)

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\*Automatic ATM limit is Kes 40,000. If you require a higher limit, please specify \_\_\_\_\_

Preferred phone No. \_\_\_\_\_

Open the card for e-commerce transactions? Yes ☐ No ☐

\*For Internet banking registration, please note the bank will use your preferred email address and your preferred phone number indicated.

## CHEQUE BOOK

Do you want to be issued with a cheque book? Yes ☐ No ☐ If yes, indicate the number of leaves: 25 ☐ 50 ☐ 100 ☐Statements: E-mail ☐ Postal mail ☐Statement frequency: Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly ☐Alert: E-mail alert ☐ SMS alert ☐ Marketing communication alert ☐

## EMAIL INDEMNITY

Would you like us to accept your electronic instructions? Yes ☐ No ☐ If Yes, please provide the details below.

Email address to be indemnified

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

I/We hereby grant authority to the Bank to act on my/our instructions issued by way of e-mail. I/We indemnify the Bank against all losses, claims, actions, demands, costs and expenses incurred or sustained by the Bank of whatever nature and howsoever arising in connection with or by reason of the said e-mail instructions.

Without any reference to or further authority from me/us in writing, I/we irrevocably authorize the Bank to make any payments and comply with any demands that may be claimed from or made upon the Bank under the said e-mail instructions whether the account(s) is in debit or credit.

I/We irrevocably agree that any payment, receipts, amendments or any other instruction(s) which the Bank shall make in accordance or purporting to be in accordance with the same e-mail instruction(s) shall be binding upon me/us and shall be irrevocably accepted by me/us as conclusive evidence that the Bank was authorised to execute such instructions or comply with such demand(s).

I/We agree that my/our liability under this indemnity shall be a continuing liability notwithstanding any settlement of account or other matter whatsoever.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_



**SPECIMEN SIGNATURE CARD AND MANDATE****ACCOUNT MANDATE**Singly ☐ Jointly ☐ Either or ☐ Other (specify) \_\_\_\_\_

Photo of 1st Signatory

Signature of 1st Signatory

Name: \_\_\_\_\_

Photo of 2nd Signatory

Signature of 2nd Signatory

Name: \_\_\_\_\_

**DECLARATION**

I/We the undersigned request you to open an account/s as detailed above and at any time subsequently to open such further accounts(s) of whatever nature as I/We may Direct . I/We confirm that all of the above details are correct and that I/We have read, understood and agreed to the Commercial International Bank (CIB) Kenya Limited Terms and Conditions together with the product Fact Sheets available at any of our branches or website and which form our banking agreement and I/we agree to be bound by them. I/We Further acknowledge that I/we are bound by any variations the Bank makes from time to time to the Terms and Conditions and the product Fact Sheets. I/We also consent to the terms of the CIB Kenya Limited Privacy Notice uploaded in CIB Kenya Limited website [www.cibke.com](http://www.cibke.com).

I/We accept the said Terms and Conditions.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY****TO BE COMPLETED BY SALES/BRANCH TEAM**

The above is a true reflection of my knowledge about above named entities/person(s). I recommend that the relationship be established with the Bank.

Sales person name: \_\_\_\_\_ Staff code: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account RM/RO: \_\_\_\_\_ RM/RO code: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo(s) and signature(s) attested by:**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY BRANCH/OPERATIONS TEAM****KYC checked by:**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorised by:**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Screened against sanctions YES ☐ NO ☐ By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_**Account opened by:**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Account opening authorised by:**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

