

BUSINESS ACCOUNT OPENING FORM

Customer ID (Generated by the system): _____ Account Number: _____ Date: _____

Company Type: Limited Company Account Sole Proprietorship Partnership NGO Other Specify: _____

TYPE OF ACCOUNT

SME Business Account Signature Account CDF Current Account Ungana Group Account Nawiri Account (For sole proprietors only)

Fixed/Call Deposit Account Other(please Indicate) _____

Currency: KES USD GBP EUR Other (Specify) _____

BUSINESS DETAILS

Name Of Company/Business _____

Date of Registration/Incorporation: _____ DD/MM/YYYY Nature of Business: _____

Country of Incorporation/Registration: _____ Certificate Registration Number: _____

PIN Number: _____

CONTACT ADDRESS

Official Postal Address: _____ Postal Code: _____ Town/City: _____ Country: _____

Office Telephone: _____ Cell Phone No.: _____ E-mail: _____

PHYSICAL ADDRESS

Location: _____ Street/Building/Estate: _____

DETAILS OF DIRECTORS

No. of Directors: _____

NAME	E-MAIL ADDRESS	ID NO.	TELEPHONE NUMBER	PIN NUMBER	NATIONALITY

FATCA Declaration: To be completed by director.

Name: _____

Do you have income from the US? Yes No Do you have a registered business? Yes No If yes, indicate the source of funds _____

Tick where appropriate: Are you; An American Citizen A US Citizen US Greencard Holder US passport number _____

US telephone number _____ US postal address: _____

Next of kin details: Name _____ Relationship _____

Mobile Number _____ ID/Passort Number: _____

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Mobile Number _____ ID/Passort Number: _____

ACCOUNTS HELD IN OTHER BANKS

Account Number: _____ Bank: _____ Branch: _____

Account Number: _____ Bank: _____ Branch: _____

ESTIMATED TURNOVERS: (Tick Appropriately)

0 - 100,000

100,001 - 500,000

500,001 - 1,000,000

Over 1,000,000

ACCOUNT MANDATE

As per Board Resolution: Sole All Any Either

Other signing instructions: _____

SPECIMEN SIGNATURES

1. Name _____ 2. Name _____ 3. Name _____ 4. Name _____
 ID/Pport No. _____ ID / Pport No. _____ ID/Pport No. _____ ID/Pport No. _____
 Designation _____ Designation _____ Designation _____ Designation _____
 E-mail: _____ E-mail: _____ E-mail: _____ E-mail: _____

SPECIMEN SIGNATURES

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ACCOUNT OPERATING TOOLS

Debit (Applicable to Joint Accounts ONLY IF ANY TO SIGN)

Issue Debit Card: Yes No Cheque Book Size: (Where Applicable) 50 Leaves 100 Leaves
 Receipt of Account E-statements: Daily Weekly Monthly Quarterly Annually

Receipt of SWIFT advices: Yes No Receipt of RTGS advices: Yes No

Primary email address to be used for receiving statements and bank notices.

SidianVIBE (MOBILE BANKING)

Yes No

Services available: Balance Enquiry, Airtime purchase, Send/Withdraw Money, Transfer Funds, Pay bill (Utility) etc.

I/We hereby authorize the Bank to register this account for SidianVIBE Mobile Banking as stated below:

Yes No If Yes. Primary Cell Phone: _____

We will automatically set you up on mobile banking and register your number stated above

INTERNET BANKING

Yes No

I/We authorise the bank to register this account for internet banking

Service: View View & Transact Daily Limit: _____

TRANSACTION ALERTS

Yes No

- Alerts for over the counter transactions: Debit & Credit Alerts
- Loan notifications (loan in arrears)
- Cheque Debits
- Cheque Deposit
- Other _____

INTERNET BANKING MANDATES

Inputter:

Name: _____ Email Address: _____ Phone Number: _____

Name: _____ Email Address: _____ Phone Number: _____

Name: _____ Email Address: _____ Phone Number: _____

Agent:

Name: _____ Email Address: _____ Phone Number: _____

Name: _____ Email Address: _____ Phone Number: _____

Name: _____ Email Address: _____ Phone Number: _____

Authorizer:

Name: _____ Email Address: _____ Phone Number: _____

Limit: _____

Name: _____ Email Address: _____ Phone Number: _____

Limit: _____

Name: _____ Email Address: _____ Phone Number: _____

Limit: _____

INTERNET BANKING MANDATE:

As per board resolution Special mandate (Attach special mandate resolution)

The Client / Company, has reviewed The Bank's Digital Banking Terms and Conditions. The client / company agrees to be bound by all conditions and to pay all fees and charges imposed by the Bank in connection with the provision of said services as selected above. We declare that, all of the selections set forth above have been duly authorized and agreed to by the Company/client and shall apply to and be binding upon all successors to the Company without the need or requirement of any subsequent ratification by any such successor/ assignee.

1. _____ 2. _____ 3. _____

DECLARATION

I/We confirm that the information given above is true to the best of my/our knowledge. By signing on this form, I/We request you to open an account in my/our name(s). I/We have read, understood and agree to be bound by the Terms & Conditions/Tariffs in force, copy of which has been availed to me/us. I/We hereby authorize the Bank to disclose any information relating to my/our account (s) to any authorized Credit Reference Agency.

I/We hereby warrant my/our acceptance that the operations of the account will be subject to the General Terms and Conditions as updated on the Bank's website; www.sidianbank.co.ke.

DIRECTORS' SIGNATURE

1. Name _____ 2. Name _____ 3. Name _____ 4. Name _____

Signed in the presence of (Bank Official's Name): _____

Signature: _____ Date: _____ DD/MM/YYYY

FOR BANK USE ONLY

INTRODUCED BY:

Name of Sales Staff / Agent: _____ Sales Code: _____

Staff Number/Agent Code/ Sales Executive Code: _____ Branch Name: _____

Customer Type: _____ Risk Class: _____

Signature: _____

CUSTOMER INFORMATION CHECKLIST

- Valid Identification documents obtained & authenticated
- Photographs obtained/captured and Authenticated
- Blacklist checked
- Customer Contact information obtained
- Operating Tools required indicated
- Mandate signatures obtained (where applicable)

FATCA Indicator

1. Are any of the stakeholders US persons (from questions included in stakeholder's details)? If so, is the total shareholding of these US persons more than 10%? Yes No

2. Has the customer indicated whether the entity expects to receive US source investment income? Yes No

3. Has the customer indicated whether the entity expects to receive US source trade and business income? Yes No

FATCA status Yes No

If yes, FATCA documentation to be completed:

1. Form W9
2. Form W-8BEN-E
3. Form W-8ECI

See guide on which forms are applicable based on the above responses:

Question 1	Question 2	Question 3	Question 4
Y	Y	Y	W-9
Y	N	N	W-9
Y	N	Y	W-9
N	Y	Y	W-8BEN-E & W-8ECI
N	Y	N	W-8BEN-E
N	N	Y	W-8ECI

VERIFIED BY:

Name: _____ Signature: _____ Date: _____ DD, MM, YYYY, YY

CHECKED BY:

Name: _____ Signature: _____ Date: _____ DD, MM, YYYY, YY

AUTHORIZED BY:

Name: _____ Signature: _____ Date: _____ DD, MM, YYYY, YY