

PERSONAL/JOINT ACCOUNT OPENING FORM

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

TYPE OF ACCOUNT

Nawiri Account Msingi Savings Account Premium Savings Account Mshahara Account Flexxy Account Fixed/Call Deposit Account

Signature Account Individual Curren Account

I/We hereby apply for an account in the following currency: KES USD GBP EURO Other (Specify) _____

Purpose of account _____ Source of funds: _____

TELL US ABOUT YOURSELF

Title (Mr/Mrs/Miss/Ms./Dr./Hon.) Other, specify: _____ First Name: _____ Middle Name: _____

Surname: _____ Marital Status: _____ Telephone: _____
We will automatically set you up on mobile banking and register your number stated above

Date of Birth: D D M M Y Y Y Y KRA PIN Number: _____ Country of Residence: _____

Nationality: _____ Any other Nationality: _____ Country: _____

Postal Address & Code: _____ City: _____ E-mail: _____
We will automatically set you up on internet banking and register your email address stated above

Identification ID Passport Alien ID Military ID Work Permit (VISA) Identification number: _____ Expiry Date: D D M M Y Y Y Y

NEXT OF KIN DETAILS

NAME	ID NO.	TELEPHONE NO.	RELATIONSHIP	EMAIL ADDRESS

EMPLOYMENT

Name of Employer: _____ E-mail: _____

Office Tel No: _____ Postal Address: _____ Postal Code: _____

Town: _____ Website: _____ Office Address: _____

Terms of employment: Permanent Contract Position/Title: _____ Profession/Status: _____

IF SELF-EMPLOYED

Location: _____ Street/Building/Estate: _____ Type of Business: _____

ESTIMATED MONTHLY INCOME LEVELS (Amounts specified in KES.)

10,001 - 50,000 50,001 - 200,000 200,001 - 500,000 500,001 - 1,000,000 Above 1,000,000 Specify source of income: _____

ADDITIONAL DETAILS FOR STUDENTS/MINOR(Up to 18 years)

Last Name: _____ Other Names: _____ Gender: _____

Date of Birth: _____ DD/MM/YYYY Birth Certificate/Notification No.: _____ Relationship with Applicant: _____

College / University: _____

ACCOUNT MANDATE

Tick where applicable: Single Jointly Any Either or Survivor Other signing instructions: _____

SPECIMEN SIGNATURES

1. Name _____	2. Name _____	3. Name _____	4. Name _____
ID/Passport No. _____	ID / Passport No. _____	ID/Passport No. _____	ID/Passport No. _____
Telephone: _____	Telephone: _____	Telephone: _____	Telephone: _____
SPECIMEN SIGNATURE	SPECIMEN SIGNATURE	SPECIMEN SIGNATURE	SPECIMEN SIGNATURE

ACCOUNT OPERATING TOOLS

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

Issue Debit Card: Yes No. Cheque Book Size: (Where Applicable) 50 Leaves 100 Leaves Mobile Banking: Yes No.

TRANSACTION ALERTS Yes No.

ACCOUNTS HELD IN SIDIAN AND OTHER BANKS

Account Number: _____ Bank: _____ Branch: _____

Account Number: _____ Bank: _____ Branch: _____

CUSTOMER EMAIL INDEMNITY TO SIDIAN BANK

In consideration to receive my/our instructions via e-mail, I/We.....
ID/PP No..... agree to keep you indemnified against all actions, proceedings, liability claims, costs and expenses suffered to you by the consequence hereof or arising there out and hereby request that you honor instructions issued via email for the following account be send to the e-mail provided below;
A/c Name.....A/c No.....
Mobile Phone No.....
E-mail Address.....

Kindly accord me the necessary assistance and execute the above request/changes.

Yours Faithfully,

Authorized account signatories

Name: _____ Signature: _____ Date: / /

Name: _____ Signature: _____ Date: / /

Name: _____ Signature: _____ Date: / /

FATCA Declaration: To be completed by signatory.

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: _____

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.

Name: _____ Signature: _____ Date: / /

Name: _____ Signature: _____ Date: / /

Name: _____ Signature: _____ Date: / /

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

Signature: _____ Date: / / DD/MM/YYYY

FOR OFFICIAL USE ONLY

INTRODUCED BY:

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

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

Sector: _____ Customer Type: _____ Risk Class: _____

Signature: _____

AT THE BRANCH

INPUTTER'S NAME:

Name: _____ Signature: _____ Date: / /

AUTHORIZED BY:

Name: _____ Signature: _____ Date: / /