

TYPE OF ACCOUNT

TELL US ABOUT YOURSELF

EMPLOYMENT

IF SELF-EMPLOYED

ESTIMATED MONTHLY INCOME LEVELS (Amounts specified in KES.)

MSINGI ACCOUNT DETAILS (Below 18 years)

ACCOUNT MANDATE

ACCOUNT OPERATING TOOLS (Alternative Channels)

☐ Cheque Book Size: ☐ 50 Leaves ☐ 100 Leaves Transaction SMS Alerts ☐ Yes ☐ No *(Kindly note that the Transaction SMS is charged)*

ACCOUNTS HELD IN SIDIAN AND/OR OTHER BANKS

BANK	ACCOUNT NAME	ACCOUNT NUMBER

FATCA Declaration: To be completed by signatory.

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 Resident ☐ US Greencard Holder

US telephone number _____ US postal address: _____

USA Tax Identification Number (TIN): _____ Tax Identification Expiry Date: DD/MM/YYYY US passport number _____

Common Reporting Standards (CRS)

If TIN is unavailable please provide reason A, B or C as appropriate:

- Reason A: The country where you are resident does not issue TINs to its residents.
- Reason B: You are unable to obtain a TIN (Please explain why account holder is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C: No TIN is required (Note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require TIN to be disclosed)

COUNTRY/JURISDICTION OF TAX RESIDENCE	TAX IDENTIFICATION NUMBER (TIN)	IF TIN OR FUNCTIONAL EQUIVALENT IS PROVIDED, INDICATE REASON A,B OR C

If Reson B is selected above, explain why the Account Holder is unable or not required to obtain a TIN in the corresponding row below _____

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;

NAME	ACCOUNT NO.	MOBILE NUMBER	EMAIL ADDRESS

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

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

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. 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](#).

I/We the undersigned confirm I/we have read and understood the terms of the Bank’s Privacy Notice and hereby give express, unequivocal, free, specific and informed authority to the Bank and its Affiliates to use and process my/ our data pursuant to the terms as set out herein and as further set out in the Bank’s Privacy Notice , (as amended from time to time) and updated on the Bank’s website [www.sidianbank.co.ke](#).

I/we consent to the bank contacting me at the address, email address and phone number (s) I/we have provided to them to give me/us information on other products/services that the bank or strategic partners may offer.

I/we have read, understood and accepted the General Terms and Conditions (GTC) and Privacy Notice that apply to the Bank’s products and services and I/we hereby agree to comply, observe and be bound by the aforementioned (as amended from time to time) and updated on the Bank’s website [www.sidianbank.co.ke](#).

Declaration - Common Reporting Standards

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with Sidian Bank setting out how Sidian Bank may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country or jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Sidian Bank within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide Sidian Bank with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Name	Specimen Signature
ID/Passport/Alien ID/Military ID Number	
Mobile Number	

FOR OFFICIAL USE ONLY

INTRODUCED BY:

Staff Number: _____

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

REVIEWED BY:

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

AUTHORIZED BY:

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