

DATE: .....

**1. INSTITUTION DETAILS**

(Please fill the box below in capital letters)

Name of Institution:	
Nature of Institution (Industry):	

**2. CONTACT ADDRESS AND PHYSICAL ADDRESS**

(Please fill the box below in capital letters)

Postal Address:		Postal Code:		Town/City:	
Telephone:		Cell phone number:		C/O where applicable:	
Fax Number:		E-mail:		Website:	
Physical address:		Street/Road:		Building:	
Building block number:		Utility Company:		Utility Account Number:	

**3. CORPORATE IDENTIFICATION TYPE**

Certificate of registration  Certificate of Incorporation

Number:		Issuing Authority:	
Place of Issue:		KRA PIN Number:	
Date of Incorporation/Registration:		VAT Number:	

**4. DIRECTORS/SIGNATORIES DETAILS**

DETAILS	SIGNATORY 1	SIGNATORY 2	SIGNATORY 3	SIGNATORY 4
NAME				
DESIGNATION				
DATE OF BIRTH				
NATIONALITY				
POSTAL ADDRESS/CODE				
MOBILE PHONE				
TELEPHONE				
EMAIL				
RESIDENCE/HSE NO.				
SHAREHOLDING %				

**5. ACCOUNTS HELD IN OTHER FINANCIAL INSTITUTIONS**

Account Number:		Bank:		Branch:	

CHEQUE BOOK REQUEST (Where applicable)

Cheque book size: (tick appropriately)  50 Leaves  100 Leaves  No. of books

Statement Delivery:  Post Office box  Email  Retain

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 agree that I/We have read, understood and accepted the terms and conditions of this account and agree to be bound by them.

I/We hereby authorize the Society to disclose any information relating to my/our account (s) to any credit reference agency, any other institution or third party as it deems necessary.

1st Signatory

2nd Signatory

3rd Signatory

4th Signatory

Signature

Signature

Signature

Signature

Signing Instructions:

.....

Signed in the presence of..... Signature.....

Date..... Branch's Official Stamp.....

OFFICIAL USE ONLY

CUSTOMER INFORMATION CHECKLIST

1. Valid Identification documents obtained & authenticated
2. Resolution obtained
3. Contact information available obtained
4. Document copies clear, complete & duly certified
5. Photographs obtained
6. Alterations countersigned
7. Physical Address Verification/Utility bill obtained


Official Stamp

Checked by: ..... Signature: ..... Date: .....