

ACCOUNT NAME

Applicant’s Details

Full Name (As Per Identification Documents)

Title: Mr. ☐ Mrs. ☐ Ms. ☐ Minor ☐ Other (specify) \_\_\_\_\_

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

Middle Name \_\_\_\_\_

Surname / Last Name \_\_\_\_\_

Occupation: \_\_\_\_\_

PHYSICAL ADDRESS

Street \_\_\_\_\_ Building \_\_\_\_\_

Town/City \_\_\_\_\_ Country \_\_\_\_\_

POSTAL ADDRESS

P.O. Box \_\_\_\_\_ Postal code \_\_\_\_\_

Town/City \_\_\_\_\_ Country \_\_\_\_\_

CONTACTS

Preferred Mobile No

Alternate Mobile No

Preferred Email Address \_\_\_\_\_

FINANCIAL INFORMATION

Source of income

☐ Salary ☐ Commissions ☐ Professional Fees ☐ Self Employment Other (Specify)

ANNUAL GROSS INCOME ( FOR KES AND EQUIVALENT IN OTHER CURRENCIES)

If Kes ☐ Less than 100,000 ☐ 100,001 - 500,000 ☐ 500,001 - 1,000,000 ☐ 1,000,001 - 5,000,000 ☐ Above 5,000,000

COMMON REPORTING STANDARD (CRS)

Are you tax resident in a jurisdiction outside Kenya? ☐ Yes ☐ No

If you have answered YES to the above question, please fill in the CRS form

Identification

ID No. / Passport No/  
Alien Certificate No/  
Birth Certificate No.

Date of Birth:  Date of Issue:

Nationality \_\_\_\_\_ Expiry Date:

Country of Residence: \_\_\_\_\_

PIN Number

Service No.  
(Disciplined forces)

EMPLOYER’S DETAILS

Employer’s Name \_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

NEXT OF KIN DETAILS

Name \_\_\_\_\_

Relationship \_\_\_\_\_ ID Number \_\_\_\_\_

Phone Number \_\_\_\_\_

FATCA Compliance	Applicant	
	Yes	No
Kindly complete the section below with a YES or NO where appropriate		
Do you hold a US passport, green card or were you born in the US?		
Do you reside in the US or spend more than 183 days in the US annually?		
Do you have a US address (residential or correspondence)?		
Do you have a US telephone number?		
Do you receive/expect any payments to or from the US?		
Are you a shareholder or director of a US corporation, partnership, company, trust or estate?		

If you have answered YES to any of the above questions please fill in the relevant form (IRS Form W-9/IRS Form W-8BEN/IRS Form W-8BEN-E) available on [www.irs.gov](http://www.irs.gov)

Government official/Senior Management/Influential Person Declaration

Are you or any of the applicants or immediate family member/close associate currently holding or may have held any position such as/in government such as Member of Parliament, Senior executive of state owned corporations, important political party official, Senior military official and other members of the discipline forces, Member of the Judiciary, Senior State Officer, Senior Public Officer, Senior Official of an international organisation

☐ Yes

☐ No

If yes, please specify \_\_\_\_\_

State other account(s) held with ABC BANK

Account Name	Account No.	Bank	Branch

INDEMNITY FOR INSTRUCTIONS RECEIVED BY EMAIL

☐ YES

☐ NO

If YES, please complete the indemnity for email instructions form below.

I/We, the undersigned, hereby request and authorize the Bank to accept and act upon my/our instructions transmitted through email to talk2us@abcthebank.com Such email instructions shall: a) Be sent only from my/our registered email address(es), b) Bear signature(s) in accordance with the account operating mandate. In consideration of the Bank agreeing to act on instructions from myself/us from time to time by email (“the Instructions”) for the operations of all my/our account/s held with the Bank.

1. I/We acknowledge that email is not a secure means of communication and confirm that I/We:
- a) Accept all risks associated with sending instructions via email.
- b) Agree that the Bank shall not be liable for acting upon such instructions.
2. The Bank is hereby authorized to act on the Instructions received in accordance with the Indemnity herein.
3. The Bank reserves the absolute right to: a) Decline or refuse to execute any instruction without providing reason, b) Seek additional verification before executing any instruction, c) Suspend the email instruction service at any time
4. Any transaction executed pursuant to Instructions received in accordance with the Indemnity herein shall be binding upon me/us, irrespective of whether such Instructions were issued with or without my/our authority, knowledge, or consent.
5. I/We hereby covenant and undertake to comply with any and all procedures, protocols, and restrictions implemented by the Bank, whether existing or subsequently imposed, pertaining to the issuance and transmission of email instructions to the Bank.
6. I/We hereby jointly and severally covenant and undertake to, at all times hereafter, fully and effectually indemnify, defend, and hold harmless the Bank against any and all actions, causes of action, suits, proceedings, claims, demands, costs, charges, damages, expenses, losses, and liabilities whatsoever which may be brought, commenced, made, enforced, or prosecuted against the Bank, or which the Bank may pay, incur, sustain, or be put to, by reason of or in connection with, or arising from the Bank's action or omission to act pursuant to the aforementioned Instructions.

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Applicant

I/We confirm that the information provide is true to the best of my knowledge and request you to open an account in my name

Account holder(s) to sign below.

Name of Signatory	Date
<div>Signatory passport photograph</div>	<div>Signature</div> <div>FOR BANK USE ONLY</div>