Business Banking Account Opening Insert.

ACCOUNT NAME

L													
Director/Partner/	Share	-holder/Sign	atory										
Director/Partner/Shareholder/Signatory													
Stakeholder Type: Shareholder Partner Sole proprietor Director Signatory Other													
Mr/Mrs/Ms	First Name Middle Name					Last N	ame						
Nationality		Identification Document Type Identification Document Number											
Date of Birth	Date of Birth National ID Passport KRA PIN												
Physical (Residential) Address													
Country of Residence		Kenya	Other (Specify)										
Postal Address		Postal Code Town Co				Country	,						
Contact Details (Requ	Email Address												
Contact Details (Nequ	iii eu)	Mobile Numbe	er				Oth	ner Number					
Position in the Compa Organization													
COMMON REPOR	RTINC	STANDARD	(CRS)										
Are vou tax resider	nt in a	iurisdiction o	utside Kenva?	Yes		No							
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													
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FATCA Compliance Applicant							icant						
Kindly complete the section below with a YES or NO where appropriate  Yes				No									
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 Y	ES to a	any of the abov	e questions please f	îll in the re	levant f	orm (IRS Form W-9	/IRS F	orm W-8BEN	/IRS Form W	V-8BEN-E)	available on	www.ir	s.gov
Stakeholder(s) to sig	gn bel	ow.											
Name of Signatory										Date			
			 _ Signature										_ ¬
			Jigilature						I				
Signato			1										
passport pho		agh FOR BANK USE ONLY											

ACCOUNT NAME													
Director/Partner/S	hare	holder/Sign	natory										
Stakeholder Type:	Sł	nareholder	Partner Sol	e proprieto	or [	Director Si	gnato	ry Otl	ner				
First Name					Middle Name Last Name						ame		
Mr/Mrs/Ms													
Nationality	Identification D			cument Type Identification [			ocument Number						
Date of Birth	National ID			Passp	Passport KRA PIN								
Physical (Residential) A	ddres	S											
Country of Residence		Kenya	Other (Specify)										
Postal Address				Postal Co	de	To	own	1		Country			
Contact Details (Requir	(Required) Email Address												
(	Mobile Number				Other Number								
Position in the Company/ Organization						Occupation							
COMMON REPORT	TING	STANDARD	C(CRS)										
Are you tax resident	in a	jurisdiction o	utside Kenya?	Yes		No							
If you have answere	d YES	to the above	question, please	fill in the	CRS fo	orm							
FATCA Compliance							Appli	icant					
Kindly complete the section below with a YES or NO where appropriate						Yes	No						
Do you hold a US passport, green card or were you born in the US?													
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## Stakeholder(s) to sign below.

Name of Signatory	Date
	Signature
Signatory passport photogragh	FOR BANK USE ONLY