



## PERSONAL / JOINT NON RESIDENT ACCOUNT OPENING FORM

### FOR OFFICIAL USE ONLY

Branch \_\_\_\_\_

Customer ID No. (Cumm.) \_\_\_\_\_

Date

Account No \_\_\_\_\_

I / We wish to open an account at Equity Bank Ltd. And undertake to comply, observe and be bound by the general terms and conditions in force from time to time governing the operation of the accounts with the bank

### TYPE OF ACCOUNT

Current

Savings

Other (Specify) \_\_\_\_\_

### PERSONAL ACCOUNT HOLDER

Account Name \_\_\_\_\_

### 1ST APPLICANT

Full Names (Mr./Mrs./Ms./Miss./Dr./Prof.) \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID/ Passport No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. Office: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

Currency:  Ssp.  Foreign Currency (Specify)

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

Employer: \_\_\_\_\_

Employer's Postal Address: \_\_\_\_\_

Next of kin: \_\_\_\_\_

ID/ Passport No: \_\_\_\_\_

Next of kin Address: \_\_\_\_\_

Tel: \_\_\_\_\_

**JOINT ACCOUNT HOLDERS (WHERE APPLICABLE)**

**2ND APPLICANT**

Full Names (Mr./Mrs./Ms./Miss./Dr./Prof. \_\_\_\_\_)

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID/ Passport No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. Office \_\_\_\_\_ Mobile No. \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Employment/Occupation Details \_\_\_\_\_ Personal File No. / Growers No. \_\_\_\_\_

Employer's Postal Address \_\_\_\_\_ Tel: \_\_\_\_\_

**3RD APPLICANT**

Full Names (Mr./Mrs./Ms./Miss./Dr./Prof. \_\_\_\_\_)

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID/ Passport No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. Office: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Employment/Occupation Details \_\_\_\_\_ Personal File No. / Growers No: \_\_\_\_\_

Employer's Postal Address \_\_\_\_\_ Tel: \_\_\_\_\_

Do you have any other Account(s) with Equity Bank or any other Bank? Yes  No  If yes, please give details:

Account Number	Bank	Branch
1.		
2.		

Do you want to be issued with a cheque book? Yes  No  If yes, indicate:

Number of leaves: 25  50  100  Size: Corporate  Personal  Voucher

Allow Sweep: Yes  No

Why did you choose Equity Bank?

Signature authority or the Account Mandate: (Tick as appropriate).

Singly  Either to sign  All of us jointly  Any two to sign

Other (Specify) \_\_\_\_\_

### SMS BANKING SERVICE

Please provide me with this service as per details provided below:-

Mobile No \_\_\_\_\_ Home Tel. No. \_\_\_\_\_ Account Alias Name 4 letter code

Mobile registered in the name of \_\_\_\_\_ SMS

### ALERTS

Include the following SMS Alert Services. (Tick required services below) Please note each SMS alert is charged as per prevailing bank tariffs.

- When cheque is cleared
- On overdrawing of account
- On loan repayment date
- On large debit Ssp
- On large Credit Ssp
- On salary credit
- Account balance time
- daily
- weekly
- ATM withdrawal

I need this service for the following Accounts

1.   
2.   
3.

Specify the Account that you will most frequently use with this service. (Tick as appropriate) 1  2  3

I hereby admit my acceptance to the terms and conditions of SMS banking overleaf and confirm that:

1. The information given is correct
2. Any use / uses of my account alias name and pin code will be considered as used by me and I will be responsible for all the alerts and transactions made
3. I will change my Pin Code for security purpose when I receive it and it is my personal responsibility. The Bank will not be held responsible for any use or misuse. Also I do agree with all the terms and conditions fixed by the bank governing the accounts and the services provided by the Bank.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ATM SERVICES

\* Do you have an Atm card? Yes  No

If yes please indicate the card No.

Would you like to link this account to above indicated card? Yes  No

\* If you do not have an ATM Card, would you like to be issued with an ATM card? Yes  No

I hereby confirm that the information given above is correct and I admit my acceptance to the ATM terms and conditions governing ATM

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INTRODUCER

Full Names (Mr./Mrs./Ms./Miss./Dr./Prof.

Mailing Address: \_\_\_\_\_ Street: \_\_\_\_\_ State \_\_\_\_\_ Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Tel. Office \_\_\_\_\_ State: \_\_\_\_\_ Account No \_\_\_\_\_

### DECLARATION

I/We confirm that;

- a) The information I/We have provided herein and the disclosures made are true; and
- b) I/We have received, read and understood the general terms and conditions of the Bank and undertake to comply, observe and be bound by the same.

Names in Full (BLOCK LETTERS) of Authorised Signatories	National ID/ Passport No.	Specimen Signature
1st Applicant.		
2nd Applicant.		
3rd Applicant.		

### FOR BANK USE ONLY

Account Number  Branch \_\_\_\_\_

Account Name \_\_\_\_\_

Account Opened by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME OF STAFF

	Form completed by/in presence of	Details input by	Account verified by
Initials / Sign.			
Date Signed			

### ACCOUNT OPENING CHECK LIST

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Original ID's/Passport Sighted | <input type="checkbox"/> Specimen Signature Obtained    | <input type="checkbox"/> ATM services data keyed in           |
| <input type="checkbox"/> ID's/Passport copies obtained  | <input type="checkbox"/> Cheque book ordered            | <input type="checkbox"/> SMS banking data keyed in            |
| <input type="checkbox"/> Application details completed  | <input type="checkbox"/> Photo taken, signature scanned | <input type="checkbox"/> Signed terms and conditions attached |

**CURRENT BANKERS AUTHENTICATION**

**Name of the Bank:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Bank Tel No:** \_\_\_\_\_

**Banks Official:** \_\_\_\_\_

**Stamp & Signature:** \_\_\_\_\_

I confirm that I have checked that all the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I confirm acceptance of this customer relationship with Equity Bank Limited.

Branch Manager.....  
WRITE NAME.....Signature..... Date