

DIASPORA BANKING ACCOUNT APPLICATION FORM

CLIENT DETAILS *(Please complete in block letters)*

Title:	Name:			PHOTO
Passport No.:	Date of Issue:	Expiry Date:		
National ID:				
Nationality:	KRA Pin No.:			
Marital Status:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Residential Address:				
City:	Country:			
Telephone:(+)	Email:			

SOURCES OF FUNDS:	<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	Other(specify):		
Employer's Name:					
Nature of Business:			Designation:		
Monthly Income:	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EURO	<input type="checkbox"/> ZAR	Other(specify):
Amount in Figures:					
Student Details	Name of Institution:				
	Student ID No.:		Graduation Date:		
Next of Kin/Alternative Contact - Name:					
Contact Address:	Telephone:		Email:		

Signature: Date:

ACCOUNT DETAILS

Do you have an account with KCB YES NO If Yes, Account Number:

I hereby apply for an account as follows:

Currency:	<input type="checkbox"/> KES	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EURO	<input type="checkbox"/> AUD	<input type="checkbox"/> CAD	<input type="checkbox"/> CHIF	<input type="checkbox"/> ZAR
Type:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint <i>(Complete separate Individual forms)</i>						
Account:	<input type="checkbox"/> Current	<input type="checkbox"/> Transactional	<input type="checkbox"/> Simba	<input type="checkbox"/> Student				

INSTRUCTIONS TO ORDER *(Tick where applicable)*

Debit Cards – Note: Issued to joint Accounts ONLY if “ANY TO SIGN”	
Issue Debit Card (Where Applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cheque Book (Where Applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Statement Cycle:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
Register for KCB Mobi Bank?	
Automatic Sending of SMS Alerts <i>(Tick appropriately)</i>	
Salary <input type="checkbox"/> All Credits (specify amount):	<input type="checkbox"/> All Debits(Specify amount):
Issue with a Credit Card?	<input type="checkbox"/> Visa Personal <input type="checkbox"/> MasterCard Personal <i>(Fill appropriate form)</i>
Register for KCB Internet Banking	<input type="checkbox"/> YES <input type="checkbox"/> NO
Receive Transaction Authorization Numbers(TAN) Via	<input type="checkbox"/> Email <input type="checkbox"/> Mobile
Would you like us to accept your electronic instructions from provided Email or Fax?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(This is mandatory for any email/fax instructions from Accountholder)</i>	



FATCA - (If you live in USA) Foreign Account Tax Compliance Act

	YES	NO
Are you a US Resident?		
Are you a US Citizen?		
Are you holding a US Permanent Resident Card (Green Card)		
Were you born in the US?		
Have you granted Power of Attorney or Signatory authority to a person with a US address?		
Do you have a US Residential Address?		
Do you have a correspondence, C/O or Hold Mail address in the US?		
Do you have a standing order to a US Bank Account?		
Do you have a US Telephone Number?		
Are you FATCA compliant?		

CUSTOMER DECLARATION

I hereby authorise the Bank to register me for the above indicated services. By signing on this form, I agree that I have read, understood and accept the General and Specific Terms and Conditions of these services provided at <https://ke.kcbgroup.com/legal/>, as may be amended from time to time, including the authority and indemnity for Electronic Instructions provided therein, and agree to be bound by the same.

I confirm that the information given above is true to the best of my knowledge.

By signing on this form I request you to open an account in my/our names. I agree that I have read, understood and accepted the Terms and Conditions of this account, supplied separately, and agree to be bound by them.

I hereby authorize the Bank to disclose any information relating to the account(s) to any Credit Reference Agency, any other institution or third party as it deems necessary.

Mode of signing: (If Joint):

Any Both All to Sign Other – Specify:

Signature:

Date:

Signed in the Presence of (Notary Public stamp): Signature:

Telephone No.: Date:

FOR BANK USE ONLY

Name of Sales Staff/Agent:		Sales Code (12x):	
Staff Number:	Branch Name:	Branch DAO	
Immediate Sales Supervisor		Sales Code (12x):	
Name of staff making the Sale referral:		Staff Number:	
Sector:	Target:	Customer Type:	Risk Class:

CUSTOMER INFORMATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Valid Identification documents obtained & authenticated | <input type="checkbox"/> Foreign Individual – Letter from Employee/Student ID |
| <input type="checkbox"/> Customer information obtained | <input type="checkbox"/> Photographs obtained/captured and authenticated |
| <input type="checkbox"/> Pep Check | <input type="checkbox"/> Mandate signatures obtained (where applicable) |
| <input type="checkbox"/> Blacklist checked | <input type="checkbox"/> Operating Tools required indicated |
| <input type="checkbox"/> Financial statements | <input type="checkbox"/> Sources of Income/Funding obtained and verified |
| <input type="checkbox"/> KRA Pin provided | <input type="checkbox"/> FATCA information collected |

Authorizing Official's Signature: Branch Stamp:

(And Signature No.)

Regulated by the Central Bank of Kenya

