

BUSINESS ACCOUNT OPENING FORM

**WE'RE
BETTER TOGETHER**

www.consolidated-bank.com



Consolidated Bank
Growing with you

PLEASE COMPLETE THIS FORM IN BLOCK CAPITAL LETTERS AND TICK WHERE APPLICABLE

Date

Account Name _____ Branch _____

Account Number _____

Type of Account

1. Current/ Transactional Accounts	Savings Account
<input type="checkbox"/> Current Account	<input type="checkbox"/> Dream Saver Account
<input type="checkbox"/> Flat Fee Account	<input type="checkbox"/> Diamond Saver Account
<input type="checkbox"/> Vuna Chama Current Account	<input type="checkbox"/> Vuna Chama Savings account
<input type="checkbox"/> Foreign Currency Account	
<input type="checkbox"/> E-cash Account	
<input type="checkbox"/> Solid Plus Account	

2. BUSINESS/COMPANY DETAILS

Business Type

- Sole Proprietorship Society NGO
 Partnership Government Other (Specify)
 Company Groups

P.O. Box _____ Postal Code _____

Town _____ Telephone (office) _____

Nature of business _____

Expected annual business turnover _____

Physical Address _____

Street/Road _____ Building _____

Date of Incorporation/ Registration _____ Certification of Incorporation Number _____

KRA PIN Number _____

TIN Number (Tax Identification Number) _____

Contact Person

Full names _____

Position/Role _____

Telephone _____ Email _____

Contact Person

Full names _____

Position/Role _____

Telephone _____ Email _____

Associated Companies

1 _____
2 _____
3 _____

Foreign Account Tax Compliance Act

1. Are any of the directors/shareholders a United States of America (USA) Citizen? Yes No
2. Do you/they receive any income from the United States of America (USA)? Yes No

(If so, kindly fill out the attached form. Income could include interest, dividends, rents, salaries, wages, premiums, annuities, compensations, remunerations and emoluments)

Accounts held with us or Other Banks

Bank	Branch	Account Number
1.		
2.		
3.		

Reason and need to hold more than one account _____

3. DIRECTORS/SIGNATORIES DETAILS

1st Signatory

Full name _____
Surname _____ *Other names* _____

P. O. Box _____ Postal Code _____ Country _____

Role in business _____ Passport/National ID _____

KRA PIN number _____

Tax Identification number (For Foreign Applicants) _____

Mobile number _____ Email address _____

Nature of business _____ Expected income _____

Next of Kin Details

Full names _____

Nature of Relationship _____

Passport / National ID details _____

Mobile Phone Number _____

photograph	signature
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photograph

signature

4th Signatory

Full name _____

Surname

Other names

P . O. Box _____ Postal Code _____ Country _____

Role in business _____ Passport/National ID _____

KRA PIN number _____

Tax Identification number (For Foreign Applicants) _____

Mobile number _____ Email address _____

Nature of business _____ Expected income _____

Next of Kin Details

Full names _____

Nature of Relationship _____

Passport / National ID details _____

Mobile Phone Number _____

photograph

signature

4. BENEFICIAL OWNERSHIP INFORMATION

Full Name _____

Passport/National ID _____ Mobile No. _____

Email Address. _____

KRA PIN _____ TIN Number _____

Postal Address. _____ Residential Address. _____

Percentage of ownership/ Control _____

5. SIGNING INSTRUCTIONS

Any to sign Any two Any three Any four All to sign

Sole signatory

Special instructions _____

Cheque book ordered (tick)* Number of leaves 50 Leaves 100 Leaves

Debit Card Ordered? Yes No

MOBILE BANKING SERVICES. Only available where signing instructions is 'Sole Signatory' – (Please fill the form if you would like the service)

Yes No

NB: Please indicate the mobile number and email address to be used _____

INTERNET BANKING SERVICES. (Please fill the form if you would like the service)

Yes No

6. CONSUMER DECLARATION TO THE CONSOLIDATED BANK OF KENYA LIMITED

I/We agree that this account/s shall be operated solely at the discretion of the Bank and agree to hereby indemnify the Bank at my/our cost against any loss or claims arising out of the account getting closed by the Bank without notice due to unsatisfactory performance. I/We confirm having read and understood the General Terms and Conditions, a copy of which has been availed to me /us this day month year and I/We accept the said Terms and Conditions.

1st Signatory Name _____ Signature _____ Date _____

2nd Signatory Name _____ Signature _____ Date _____

3rd Signatory Name _____ Signature _____ Date _____

4th Signatory Name _____ Signature _____ Date _____

7. FOR OFFICIAL USE

Customer Information Checklist

Valid identification documents obtained and authenticated as per procedure	Yes	No	All customers contact	Yes	No
Photograph obtained/ captured and authenticated	Yes	No	Mandated signatures obtained	Yes	No
Black list register checked	Yes	No	Debit Card Ordered	Yes	No
Joint application forms attached	Yes	No	Statement request completed	Yes	No
Cheque book ordered on MICR	Yes	No	Internet banking subscribed	Yes	No
Mobile Banking Registered	Yes	No	Confirm beneficial ownership details have been obtained	Yes	No
DATA INPUT INFORMATION Business Division Code ARM Code DSR/BDO Code			Confirm that FATCA / CRS details have been obtained	Yes	No

AML Category: Low	Medium	High
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Account opened by: Name and Signature _____

Reviewed by: Name and Signature _____

Stamp



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 www.consolidated-bank.com

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Consolidated Bank is regulated by the Central Bank of Kenya