

RETAIL ACCOUNT OPENING FORM

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BETTER TOGETHER**

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Consolidated Bank
Growing with you

PERSONAL INFORMATION (First Applicant)Title: Mr. Mrs. Ms. Dr. Prof. Hon. Other (Please specify _____)Full name _____
*First Middle Last*Nationality _____ Identity document Passport National ID

Date of birth _____ Passport/national ID _____

KRA PIN Number _____

TAX Identification Number (For Foreign Applicants) _____

Gender Male female Marital status Married Single otherEducation High School Diploma Undergraduate Post – Graduate Other _____**1. ACCOUNT DETAILS**

Account name													
Existing a/c no.													
New a/c no.													

Reason and need to hold more than one account _____

2. CONTACT DETAILS

Postal Address _____ Postal Code _____

Town/City _____ Country _____

Residential Address _____

Length of stay at Current Residence in Years _____ Nearest Landmark _____

Is the property Company house Rented Owned Mortgaged Live with Parents

Mobile Number (1) _____ Mobile Number (2) _____

I authorise the Bank to register me for Mobile Banking Yes No Internet Banking Yes No

(Kindly tick where applicable) N.B. If yes kindly provide the mobile number and email address that you would like to be used

Email (Preferred) _____ Mobile Number _____

Will send your monthly account statement on email (e-statement) to the email address you have provided

2A. NEXT OF KIN DETAILS

Name _____

Mobile Number _____

Relationship Spouse Child Parent Sibling Other (Please specify) _____

Passport or National ID _____

NOTE: For joint accounts, the joint Applicant should complete section 5 of this form**2B. SOURCE OF FUNDS / EMPLOYMENT/ BUSINESS DETAILS**Employment terms Permanent Contract Casual Self employed

Name of employer / business _____

Employment /staff number _____ Occupation _____

If self employed (Nature of business) _____

Contact at employer _____

If employed on contract, Contact tenure _____ (In years) Contract Expiry / /

Address of employer (for salaried employees)/ address of business (for self-employed)

Building _____ Floor _____

Street/Road _____ Town _____

P. O. Box _____ Code _____

Monthly salary receipt date _____ Monthly gross income (Kshs) _____

Other monthly income e.g. rental/ business (Kshs) _____

3. FATCA STATUS

1. Are you or any of you a United States of America (USA) Citizen Yes No

2. Do you receive any income from United States of America (USA) Yes No

3. If yes please fill out the attached form. Income could include interest dividends, rents, salaries, wages, premiums, annuities, compensation etc.

4. PRODUCTS

Which solutions / products would you like to apply for?

Current Accounts	Savings Account
<input type="checkbox"/> Current Account	<input type="checkbox"/> Dream Saver Account
<input type="checkbox"/> Salary Account	<input type="checkbox"/> Diamond Saver Account
<input type="checkbox"/> Student Account	<input type="checkbox"/> Junior 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"/> Foreign Currency Savings Account
<input type="checkbox"/> E-cash Account	
<input type="checkbox"/> Solid Plus Account	

Please note, all current accounts come with Mobile and Internet

Fixed deposit

Deposit amount (Kshs) _____

Transfer deposit from _____

Tenure of deposit 1 month 3 months 6 months 1 year other _____

Maturity instructions (Account number)

<input type="checkbox"/> Credit interest to																				
<input type="checkbox"/> Credit principal to																				

Special instructions _____

*All term deposits will automatically roll over for a similar tenure on maturity at the prevailing counter rates unless written instructions are given to the Bank on the contrary.

5. JOINT/SUPPLEMENTARY APPLICATION DETAILS/CHILD'S DETAILS (FOR JUNIOR SAVER)

Title: Mr. Mrs. Ms. Dr. Prof. Hon. Other (Please specify _____)

Full name _____
First Middle Last

Nationality _____ Identity document Passport National ID Birth Certificate
Date of birth _____ Passport/National ID _____ Birth Certificate No. _____
Gender Male female Marital status Married Single other
Education High School Diploma Undergraduate Post – Graduate Other _____

5A. CONTACT DETAILS

Postal Address P.O. Box _____ Postal Code _____
Town/City _____ Country _____
Residential Address _____
Length of stay at Current Residence in Years _____ Nearest Landmark _____
Is the property Company house Rented Owned Mortgaged Live with Parents
Mobile Number (1) _____ Mobile Number (2) _____
I authorise the Bank to register me for Mobile Banking Yes No Internet Banking Yes No
(Kindly tick where applicable) N.B. If yes kindly provide the mobile number and email address that you would like to be used
Email (Preferred) _____ Mobile Number _____
Will send your monthly account statement on email (e-statement) to the email address you have provided

5B - NEXT OF KIN DETAILS

Name _____
Mobile Number _____
Relationship Spouse Child Parent Sibling Other (Please specify) _____
Passport or National ID _____
Applying for: Joint Account

5C. SOURCE OF FUNDS / EMPLOYMENT/ BUSINESS DETAILS

Employment terms Permanent Contract Casual Self employed
Name of employer / business _____
Employment /staff number _____ Occupation _____
If self employed (Nature of business) _____
Contact at employer _____
If employed on contract, Contact tenure _____ (In years) Contract Expiry / /
Address of employer (for salaried employees)/ address of business (for self –employed)
Building _____ Floor _____
Street/Road _____ Town _____
P. O. Box _____ Code _____
Monthly salary receipt date _____ Monthly gross income (Kshs) _____
Other monthly income e.g. rental/ business (Kshs) _____

6. ACCOUNT OPERATING MANDATES

	Mode of operation		Signatory for joint Account		
Current Account	<input type="checkbox"/> individual	<input type="checkbox"/> joint	<input type="checkbox"/> any one of us	<input type="checkbox"/> all of us	<input type="checkbox"/> other
Savings Account	<input type="checkbox"/> individual	<input type="checkbox"/> joint	<input type="checkbox"/> any one of us	<input type="checkbox"/> all of us	<input type="checkbox"/> other
Fixed Deposit	<input type="checkbox"/> individual	<input type="checkbox"/> joint	<input type="checkbox"/> any one of us	<input type="checkbox"/> all of us	<input type="checkbox"/> other

7. BENEFICIAL OWNERSHIP INFORMATION

Full Name _____

Passport/National ID _____ Mobile No. _____

KRA PIN / TIN Number _____ Postal Address. _____

Email _____ Percentage of ownership _____

Residential Address _____

8. PLEASE CONSIDER THESE VALUABLE SERVICES

E-statements for our products will be sent to your preferred email address as indicated in section 1 of the form. We will not send physical statements unless requested. The default frequency for sending out the e-statement on current account and savings account will be monthly.

*Please refer to our guide for charges for physical statements.

Cheques books Yes No

I would like to be informed about promotions, products and services that consolidated Bank, or its strategic partners, may offer through email any other form the bank wishes to use.

Declaration

By signing these general terms and conditions:

1. You agree that we will send all correspondences in electronic form using email or any other electronic media. However, we reserve the right to send paper correspondence at your last known address as per our records.
2. You name the ultimate beneficial owner of the accounts opened in relation to the minor; you do not hold the account or any funds in the account as a trustee, nominee, agent or other capacity. The minor has no right or interest in any funds in the account.
3. You represent and warrant that all information (including any documents) you have given us in connection with this application including minor accounts, if applicable, is correct, complete and not misleading. If this is not the case, you may be personally liable. You must notify us if you become aware that any information you have given changes, is incorrect or misleading.
4. You represent and warrant that you have power and all necessary authorizations to own your assets and carry on any business you conduct, to enter into each of our banking agreements and any other arrangements with us and comply with your obligations and exercise your rights under them.
5. You authorize us to disclose to, and verify any of the information you have given to us or your credit standing from anyone we may consider appropriate (such as an authority or credit reference agency).
6. You confirm that your personal information provided in this application form and that of your joint account holder (if any) or authorized person (if any) will apply to the accounts you hold with us unless you expressly tell us otherwise.
7. You consent to each of Consolidated Bank of Kenya Limited, its officers, employees, agents and advertisers disclosing information relating to you (including details of our banking agreement, the accounts, the products or any arrangement with us), to our head office and any other member of the Consolidated Bank of Kenya Limited, professional advisers, services providers (whether located in Kenya or outside Kenya) for purposes of providing any services to you in connection with this application for investment services (including data processing), or independent contracts to, or agents of, the permitted parties, such as debt collection agencies, data processing firms and correspondents who are under of confidentiality to the parties, any actual or potential participants or sub-participants in relation to any of our obligations under our banking agreements between us, or assignee, nova tee or transferee (or any officer, employee, agent or adviser of any of them) any credit reference agency, rating agency, business alliance partner, insurer, or insurance broker of, direct or indirect provider of credit protection to, or any permitted parties, any court, tribunal or authority (including an authority investigating an office) with jurisdiction over the permitted parties; a merchant or member of VISA international or Master card international where disclosure is in connection with an account.

8. You have read and understood or have explained to (in the language you understand) our General terms and conditions which forms our banking agreement. They are available on our website at www.consolidated-bank.com or call us on 0703016000 for physical copy. You agree to be bound by them when using any product we may provide you with; you acknowledge that you are bound by any variation we make to these documents, in accordance with our banking agreement. In particular, you understand that by entering into our banking agreement, you give indemnities, authorizations, consent and waiver and agree to limitations on our liability. If you are applying for bundled products, you agree and acknowledge that we may vary or terminate the package offers or change the term of the package by giving you notice.
9. You acknowledge that you have the right to exit any of the individual constituent product bundles. If you chose to do so we, may at our discretion revoke, the preferential pricing offered to you on products bundle. In the scenario, the pricing /fee on the remaining products will revert.
10. If you apply for a product, which comprises of insurance plans, you understand that you have an option of using an insurance provider of your own choice or choosing one from our panel of insurance providers.
 - a. Should you opt to take an insurance provider from our panel, you agree that our insurance services provider underwrites the insurance. Our insurance service provider is not our associated or subsidiary or related corporation. Our insurance service provider is solely responsible for all coverage and compensation there under. We collect your information and send it to our insurance service provider for processing and review. Collection of information does not necessarily mean that your insurance application will be approved.
 - b. Should you opt to take a provider of your choice the same shall be subject to our consent, which shall not be unreasonably withheld. You also understand that if you opt for your own choice of insurance provider , you are required to arrange with the said company to assign the cover to consolidated bank Kenya limited to the extent of the loan amount and total applied for . We reserve the right to verify the details of assigned policy. You also understand that you must present such cover to us prior to your loan being disbursed.
11. You agree that we have the right to set off the amount held in lien against which a cash secured facility has been granted to you by us, in event of default, you authorize us to purchase such foreign currency with the monies standing to the credit of your account(s) as may be necessary , to effect the set off and settle any outstanding amount on the loan facility. Where necessary to facilitate the offsetting of the facility in default. You agree that the lien will only be lifted upon full repayment of the facility. You agree that you lay no claim whatsoever to the funds lien until such time the facility is repaid in full.
12. You agree that this account shall be operated solely at the discretion of the bank and agree to hereby indemnify the bank at your cost against any loss or claims arising out of the account being closed by the bank without notice due to unsatisfactory performance that may include but not limited to non adherence to money laundering compliance requirements.
13. You agree that all the proceeds to/from this account will not be derived from/used for money laundering/terrorism financing/ proliferation financing activities.

TO CONSOLIDATED BANK OF KENYA LIMITED

Acceptance of these Terms and Conditions.

Dated the _____ Day of _____ 20 ____ and which I/We accept.

Signed _____
(Primary applicant)

Signed _____
(Secondary applicant)

9. PHOTOGRAPHS & SPECIMEN SIGNATURES

First Applicant

<p>photograph</p>	<p>signature</p>
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Second Applicant

photograph	signature
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A. To be filled by sales / Branch

Sales person name _____ ARM code _____
Signature _____ Closing ID _____
Referral person's name _____ Referral ID _____
Sales/Branch Manager's name _____
Sale/Branch Manager signature _____ Date _____

B. To be filled by Branch operations

Account Number _____ Relationship Number _____
Branch code _____ GL department ID _____
Segment Code _____ Employer Code _____

(for salaried customers only)

CHECKLIST

MANDATORY REQUIREMENTS

- Original Identity card/ Passport
- Original PIN certificate
- One passport size photograph
- Proof of residence – copy of latest utility bill, tenancy agreement
- Introduction letter from employer or CBKL account holder
- For children's account - Original birth certificate

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

Account opened by: Name and Signature _____

Reviewed by: Name and Signature _____

Stamp



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 www.consolidated-bank.com

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 [@consolidatedBK](https://twitter.com/consolidatedBK)

Consolidated Bank is regulated by the Central Bank of Kenya