

CUSTOMER INFORMATION UPDATE FORM

[Individual]

Please complete this form in BLOCK CAPITALS

Date (dd/mm/yyyy)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

A. Account Information

Title:

Surname Name..... Other Names

Account Number:

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

B. Customer Information Update (Please attach copy of ID/Passport and PIN certificate)

National ID/ Passport No.: Nationality:

KRA PIN No: Date of Birth: (dd/mm/yyyy)/...../.....

P.O Box Postal Code: Town:

Residential Address:

Employer address/ Business Location:

Mobile Phone Number: Email Address:

C. Next of Kin Details

Name.....

Nature of Relationship.....

P.O Box Postal Code: Town: County:

Mobile Phone Number: Email Address.....

D. Section D Foreign Account Tax Compliance Act

1. Are you a United States of America (USA) Citizen? YES/NO
2. Do you receive any income from the United States of America (USA)? YES/NO
(If so, then kindly fill out the attached form. Income could include interest, dividends, rents, salaries, wages, premiums, annuities, compensations, remunerations and emoluments)

E. Declaration by Applicant

I warrant you that the information given above is true and complete and I authorize you to make any enquiries necessary in connection with this application. I accept and agree to be bound by the Terms and Conditions necessary to operate the above account and oblige to abide by them as amended by the bank from time to time and notified in any appropriate manner.

Applicant(s) Signature.....

F. For Official Use

Posted by (Name and Signature): Reviewed by (Name and Signature):