



BUSINESS 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 accounts with the bank.

Account Opened Date

(Tick inside appropriate box)

Type of Business: Sole Proprietor Partnership Limited Liability Company

Informal Body e.g. Reg. Group School Trust

Type of Account: Current Equity Business Account Other (Specify) _____

Currency: Kshs. Foreign Currency (Specify) _____

BUSINESS DETAILS

Name of Business / Company / Group: (As per Registration certificate)

Nature of Business _____

Certificate of Registration / Incorporation No. _____

Date of Business / Company / Group Registration: _____

Postal address (P.O Box) _____ Code _____

Office Tel. No. _____ Mobile No. _____

Email address _____

Fax Number(s) _____

Business / Group Location (Town / Shopping Centre) _____

(Plot / Bldg / Street / Road) _____

P.I.N. (If Any) _____

PROPRIETOR / DIRECTOR

Full Names as per ID: (Mr./Mrs./Miss/Rev./Prof./Dr.)

ID/Passport No. _____ Personal P.I.N. _____

Nationality _____ Date of Birth

Marital Status: (Tick where Applicable): Single Married

Permanent Postal address _____

Tel. No. _____ Personal Mobile No. _____

Email address _____

Current Place of Residence _____

Home District _____ Division _____

Location _____ Sub-Location _____

Please list Accounts you have with Equity Bank and other Banks.

Account Number	Bank	Branch

2ND - DIRECTOR / PARTNER

Full Names as per ID: (Mr./Mrs./Miss/Rev./Prof./Dr.)

ID/Passport No. _____ Personal P.I.N. _____

Nationality _____ Date of Birth

Marital Status: (Tick where Applicable): Single Married

Permanent Postal address _____

Tel. No. _____ Personal Mobile No. _____

Email address _____

Current Place of Residence _____

Home District _____ Division _____

Location _____ Sub-Location _____

Please list Accounts you have with Equity Bank and other Banks.

Account Number	Bank	Branch

3RD - DIRECTOR / PARTNER

Full Names as per ID: (Mr./Mrs./Miss/Rev./Prof./Dr.)

ID/Passport No. _____ Personal P.I.N. _____

Nationality _____ Date of Birth

Marital Status: (Tick where Applicable): Single Married

Permanent Postal address _____

Tel. No. _____ Personal Mobile No. _____

Email address _____

Current Place of Residence _____

Home District _____ Division _____

Location _____ Sub-Location _____

Please list Accounts you have with Equity Bank and other Banks.

Account Number	Bank	Branch

4TH - DIRECTOR / PARTNER

Full Names as per ID: (Mr./Mrs./Miss/Rev./Prof./Dr.)

ID/Passport No. _____ Personal P.I.N. _____

Nationality _____ Date of Birth

Marital Status: (Tick where Applicable): Single Married

Permanent Postal address _____

Tel. No. _____ Personal Mobile No. _____

Email address _____

Current Place of Residence _____

Home District _____ Division _____

Location _____ Sub-Location _____

Please list Accounts you have with Equity Bank and other Banks.

Account Number	Bank	Branch

Why did you choose Equity Bank?

STATEMENT OF AFFAIRS

CAPITAL INVESTED:

What amount of capital has been/will be invested? _____

Please state source of funds: _____

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

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

Or Specify _____

EXPECTED TURN-OVER

What is the business' annual turnover likely to be? _____

EXPECTED EXPENDITURE

What is the business' annual expenditure likely to be? _____

CHEQUE BOOK REQUISITION

No. of cheque leaves in a book: 25 50 100

Type of cheque book (Size) required: Corporate Pocket

Allow Sweep: Yes 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/Directors/Partners.	National ID / Passport No. and Of cial Position.	Specimen Signature
1 st Applicant		
2 nd Applicant		
3 rd Applicant		
4 th Applicant		

FOR BANK USE ONLY

Account Number

Branch _____

Account Name _____

Mobile Code _____

Account Opened by _____

NAME OF STAFF

Signature _____

Date

	Form completed by/In presence of	Details input by	Account veri ed by
Initials / Sign.			
Date Signed			

DOCUMENTS REQUIRED CHECK LIST

- Original ID's / Passports Sighted
- ID's / Passports copies obtained
- Application Details completed
- Specimen Signature Obtained
- Cheque book ordered
- Mandate forms completed

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

Branch Manager _____

WRITE NAME

Signature _____

Date