



Customer Details					
Date D M M Y Y Y Y Country of residence e.g. US, UK					
Preferred Family Bank Branch City / Town					
Please complete this form in CAPITAL letters					
I / we wish to open the following account(s) and underta	ake to comply, observe and be bound by the Terms and				
Conditions and tariffs made by the bank and as amended from time to time pertaining to such accounts as per					
the General Terms and Conditions document availed and	d read by me.				
Please check the appropriate box below					
A/C Type: Diaspora Savings Account Diaspora Current Account					
Account Name					
Account Number					
Account Currency					
First customer	life -				
Title Mr Mrs Ms Miss	Date of birth Nationality    D D M M Y Y Y Y				
Other					
Are you: male? female?	Second nationality (if you have dual nationality)				
First name	Home phone number (including area code)				
	Postal Address				
Middle names					
_	City / Town				
Surname	Mobile number				
Kenyan ID Number Passport Number					
Kenyan ID Number Passport Number	Email address 1				
Driving Licence (International)	Email address 2				
The state of the s	i i i				

Indicate Currence	y (Tick appropria	tely)				
☐ KES	□ USD	☐ GBP	☐ EURO	☐ Othe	r	
Income Range						
(per annum) 0 to 10,000 □10,001 - 25,000 □25,001 - 50,000 □ 50,001 - 100,000 □100,001 and above						
Other Account	ts Held at Family B	ank				
	Account No.			В	ranch	
Other Accounts	Currently Held Ove	erseas				
Bank Name	1		Account No.		Branch	
Bank Name		a	Account No.	V	Branch	
	IA//r	hvo	forlife			
Applic (Sign at th	ant's Signature ne Center of the box)		Affix Passport Si	ze Photo	Authenticator's Signature (Sign at the Center of the box)	
Signing Instructions (Tick appropriately)						
Sole — Any two/ or Survivor(s) — Any three/ or Survivor(s)						
Any four/ or Survivor(s) Other Specify						

Next of Kin:				
Name				
Postal Address	Postal Code			
Office Tel:	Mobile	ID/PP No		
Email Address				
Mobile Banking Services	Tick to get mobile bar	nking alerts		
Default Mobile Number		Other Mobile Number		
Internet Banking Registration	Tick to register			
Please register me for Family Bank Inte	ernet banking services. I	accept to be bound by the terms a	nd conditions for	
the use of internet banking services.				
Applicant Signature				
Applicant Signature				
TO FAMILY BANK LTD.				
I / We agree that this accounts shall be	operated solely at the disc	retion of the Bank and hereby agree t	o indemnify the Bank at	
my cost against any loss or claims arisin	ng out of the account bein	g closed by the Bank without notice d	ue to the unsatisfactory	
performance. I confirm having read and	d understood the General	Terms and Conditions on a copy which	has been availed to me	
this day month	year 20	and which I accept.		
Signed				
Signed				
Joint account applicants should attach	a second form (Diaspora J	oint Account Members Form)		

Tick if you want to order an ATM Card	
For Official Use only	
Customer Information Checklist	
Valid Identification documents obtained & authenticated Co	ustomer Contact information available
Photographs Obtained/Captured and authenticated Cho	eque book ordered
Mandated signatures Obtained	
Agent Name Agent Code / Staff Payrol	l Number
All copies of required documents must be certified by a Family Bank official	
I confirm that I have checked all the above details that they have been complete	d in accordance with the KYC procedures and other
relevant documents are attached. I confirm acceptance of this customer relations	ship with Family Bank Limited
Account Opened by: (Maker) Name:	
Signature:	Branch Stamp
Account Checked by: (Checker) Name:	branch stamp
Signature:	
Account Authorised by: Name	
Account Authorised by. Nume	Signature: