



GulfAfricanBank

Excellence. Trust. Together.

Account Opening Form Corporate/Business Account

Branch:

Customer Name:

A/C Number:

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APPLICATION TO OPEN CORPORATE OR BUSINESS ACCOUNT



I/We hereby apply to open the following account and undertake to comply, observe and be bound by the terms and conditions that shall be accessed in the banking hall and at the Gulf African Bank's official website. <http://www.gulfafricanbank.com>

Please tick (✓) the appropriate box below:

1) Account Details

- (a) Account Type: Tijara Current Account, Biashara Current Account, Annisaa Business Account, Umma (Charity) Account, Other (please specify)

- (b) Currency: KES, USD, EURO, GBP, Other (please specify)

- (c) Cheque book required? Yes, No, if yes, number of cheque leaves required (25,50,100 leaves), other (please specify)

- (d) SMS Alert on transactions required? Yes, No, If yes please specify telephone number

- (e) Please indicate email address for statement delivery:

2) Customer Type (please complete this section 2 in full):

Please state your legal status:

- Partnership, Company, Club, Society, Sole proprietorship, Parastatal, Trustee, NGO, Association, School, Other (please specify)

3) E- Channel; Do you wish to register for:

- (a) GABPesa (for Sole Proprietors only): Yes, No. If yes, please indicate mobile Number: Sign:

If no please give reason:

- (b) GABNet: Yes, No. If yes please indicate E-mail address:

If no please give reason:

Sign: Sign: Sign:

4) Customer Details

Account Name:

Nature of Business*1

Registration Certificate Number: Date of Registration/Incorporation:

P.O. Box: Postal Code: Town:

Physical Location Town: Area of Town: Road:

Tel (nos) (office): Mobile: PIN:

Website or E-mail:

Expected annual turn over (Kes or equivalent) *2

Up to 20 million 21 to 150 million 151 to 300 million 301 million to 1 billion Over 1 billion

Deposits/Facilities held with other banks:			
Bank Name	Branch	Deposits	Facilities Taken
i)			
ii)			
iii)			
iv)			



5) Details of the Share Holders/Owners/Managing Members

Name of Sole Proprietor/Director /Partner/Shareholders /Member	Designation	ID/Passport/Alien Certificate number	Gender	Percentage Ownership *3	Address	Signature
1.						
2.						
3.						
4.						
5.						

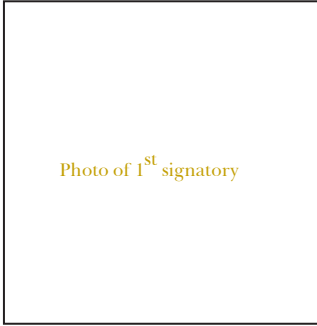
6) Next of Kin for Sole Proprietor

Name		Telephone No.	
Physical Address	P.O.Box	Code	Country of Residence
Physical Location(town)			Estate/Plot no _____
			Building/Floor _____
			Road/Street _____



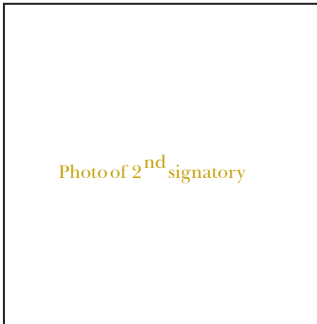
7) Details of the Authorised Signatories

Photo and signature of 1st signatory



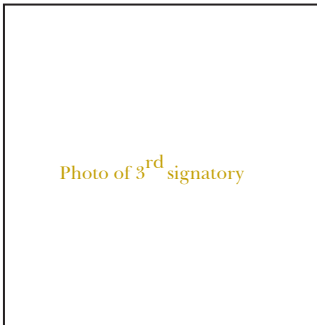
Signature of 1 st Signatory:
Name :
ID/PP Number:
Mobile Number:
PIN:
PP Expiry Date: DD /MM /YYYY Visa Expiry Date : DD /MM /YYYY

Photo and signature of 2nd signatory



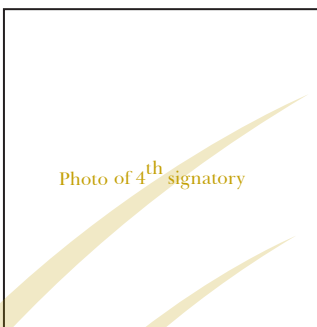
Signature of 2 nd Signatory:
Name :
ID/PP Number:
Mobile Number:
PIN:
PP Expiry Date: DD /MM /YYYY Visa Expiry Date : DD /MM /YYYY

Photo and signature of 3rd signatory



Signature of 3 rd Signatory:
Name :
ID/PP Number:
Mobile Number:
PIN:
PP Expiry Date: DD /MM /YYYY Visa Expiry Date : DD /MM /YYYY

Photo and signature of 4th signatory



Signature of 4 th Signatory:
Name :
ID/PP Number:
Mobile Number:
PIN:
PP Expiry Date: DD /MM /YYYY Visa Expiry Date : DD /MM /YYYY

8) Signing instruction/mandate

Please indicate how you wish to be signing on your account:

Solely

Either or

All to sign:

Other (please specify)

9) By signing below I/We unequivocally agree and accept:

- a) This mandate and agreement.

- b) That you can make credit reference and other enquiries about me/us now and at any time in future for the purpose of considering and requests for services and /or credit facilities;

- c) This mandates includes the bank's terms and conditions that may be accessed in any banking hall and on Gulf African Bank`s official website and may be amended from time to time.

Name: _____ Signature: _____ Date: DD /MM /YYYY	Name: _____ Signature: _____ Date: DD /MM /YYYY
Name: _____ Signature: _____ Date: DD /MM /YYYY	_____ Signature: _____ Date: DD /MM /YYYY



10) For Branch Use Only

(a) Initial deposit received: Kes _____ In form of Cash Cheque Transfer

(b) *1 Economic Sector : _____

(c) *2 Sub - Segment: _____

(d) *3 Gender: Female Male

(e) Customer Information Checklist (Please tick (✓) the box if the requirement is satisfied):

- National ID/PP/Alien Cert/Birth Cert -Certified and copy obtained
- Photographs obtained and authenticated
- Latest copies of utility bill / bank statement verified and copy obtained
- Copy of PIN certificate
- Cheque book ordered
- Debit Card ordered
- Company Search Charge recovered & Request forwarded to BSS
- Certificate of incorporation
- Constitution for societies
- Board resolution
- Customer contact information available

OFFICER ID CODE		ROLE CODE	
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f) Account Opened By:

Name: _____ Signature _____

Date: DD /MM /YYYY

g) Account Authorised By:

Name: _____ Signature _____

Date: DD /MM /YYYY

11) For BSS use only

(a) Static Data Input By:

Name: _____ Signature _____

Date: DD /MM /YYYY

(b) Static Data Authorised By:

Name: _____ Signature _____

Date: DD /MM /YYYY

