



Gulf African Bank

Excellence. Trust. Together.

Account Opening Form Personal or Joint Account Holder

Branch:

Customer Name:

Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

APPLICATION TO OPEN PERSONAL OR JOINT ACCOUNT



I/We hereby apply to open the following account and undertake to comply, observe and be bound by the Terms and Conditions as indicated on this form.

Please tick (✓) the appropriate box below:

Customer Type: Individual Joint Account Holders Child's Account

Account Type: Hazina Savings SASA Savings Hajj Savings
 Taaleb Savings Ujira Diaspora Savings
 Masrufi Annisaa Other (please specify) _____

Currency: KES GBP EUR USD Other (please specify) _____

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

ATM Card required? Yes No SMS Alert on transactions required Yes No

FIRST SIGNATORY DETAILS

First Name		Second Name	
Other Names		Nationality	
Date of birth (dd/mm/yy)		PIN Number	
Country of Residence		Marital Status	
Postal Address	P.O. Box	Code	Town & Country
Physical location (Town)			Estate
E-mail			Telephone
Occupation/Profession			Employer/Nature of Business
Employer's address	P.O. Box	Code	Town & Country
Income p.m. (KES)	0 - 50,000 <input type="checkbox"/>	50,001 - 100,000 <input type="checkbox"/>	100,001 - 500,000 <input type="checkbox"/>
	<input type="checkbox"/> 1,000,001 and over (Please specify amount) _____		

Other accounts currently held with Gulf African Bank or other banks

Bank Name		Branch		Account Number	
Bank Name		Branch		Account Number	

Photo and Signature of 1st Signatory:

Photo

Signature

Name:
ID / PP Number:
Mobile Number:

SECOND SIGNATORY DETAILS

First Name		Second Name	
Other Names		Nationality	
Date of birth (dd/mm/yy)		PIN Number	
Country of Residence		Marital Status	
Postal Address	P.O. Box	Code	Town & Country
Physical location (Town)		Estate	
E-mail		Telephone	
Occupation/Profession		Employer/Nature of Business	
Employer's address	P.O. Box	Code	Town & Country
Income p.m. (KES)	0 - 50,000 <input type="checkbox"/>	50,001 - 100,000 <input type="checkbox"/>	100,001 - 500,000 <input type="checkbox"/>
	<input type="checkbox"/>	1,000,001 and over (Please specify amount) _____	

Other accounts currently held with Gulf African Bank or other banks

Bank Name		Branch		Account Number	
Bank Name		Branch		Account Number	

Photo and Signature of 2nd Signatory:

Signature

Name:
ID / PP Number:
Mobile Number:

OPERATING MANDATE (for Joint Account holders)

Please indicate how you wish to be signing on your account

<input type="checkbox"/> Sole	<input type="checkbox"/> Either/Or	<input type="checkbox"/> All to sign	<input type="checkbox"/> Other (please specify) _____
-------------------------------	------------------------------------	--------------------------------------	---

CHILD'S ACCOUNT

Name of child		Gender	
Date of birth (dd/mm/yy)		Birth Certificate Number	

INTRODUCTION DETAILS**Details of introducer**

First Name		Second Name	
Other Names		Account Number	
Period Account Held		ID/PP Number	
Postal Address	P.O. Box	Code	Town & Country
Tel Number (Personal)		Tel Number (Office)	
E-mail			

Certificate by Introducer

I confirm that I have known the applicant(s) for _____ years months (tick where applicable) and that the details outlined in this account opening form are correct. I consider the person (s) to be fit to operate a bank account.

Signature: _____

Date: ___/___/___

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 personally now and at anytime in future for the purpose of considering any request for services or credit facilities.
- c) This mandate includes the Bank's term and conditions that may be accessed within the banking halls or the Gulf African Bank's official website, and may be amended from time to time.

Name: _____ Signature: _____ Date: ___/___/___	Name: _____ Signature: _____ Date: ___/___/___
Name: _____ Signature: _____ Date: ___/___/___	Name: _____ Signature: _____ Date: ___/___/___

NB: Any profits made by the Bank from the Joint Investment pool shall be distributed between the Customer and the Bank; with the Customer being entitled to at least 5% and the Bank being entitled to a maximum 95% of such profits respectively. The sharing weightages shall be posted on the Bank's website on a monthly basis.

FOR BANK USE ONLY

All details have been verified, callback done and introduction confirmed by:

Name: _____ Signature: _____ Date: ___/___/___

Initial Deposit Received: Kshs. _____		Deposit received in form of: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Transfer <input type="checkbox"/>	
Customer Information Check list (Please tick the box if the requirement is satisfied)			
Obtained certified copy of National ID/PP	<input type="checkbox"/>	Photographs obtained and authenticated	<input type="checkbox"/>
Address confirmation document obtained	<input type="checkbox"/>	Introduction obtained and verified	<input type="checkbox"/>
Black list checked	<input type="checkbox"/>	Application form duly completed	<input type="checkbox"/>
Account Opened by: Name: _____		Signature: _____ Date: ___/___/___	
Account Authorized by: Name: _____		Signature: _____ Date: ___/___/___	

For BSS use only

Static Data Input by: Name: _____		Signature: _____ Date: ___/___/___	
Static Data Authorized by: Name: _____		Signature: _____ Date: ___/___/___	

OFFICER ID CODE		ROLE CODE	
------------------------	--	------------------	--