

# KCB | Diaspora Banking Account Opening Application form

[FOR OFFICIAL USE ONLY] CUSTOMER ID:

ACCOUNT NUMBER:

I/We hereby apply for account as follows: - Currency:  KES  TZS  UGX  RWF  BIF  SSP  ZAR  
 USD  GBP  EURO  AUD  CAD  CHF

TYPE:  Individual  Joint (Fill Separate Individual Forms)

ACCOUNT:  Current  Transactional  Investment  Student  Junior

Preferred Branch (Optional): \_\_\_\_\_

## DETAILS OF APPLICANT :

Last Name: \_\_\_\_\_ First & Middle Names: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Identification Document :  Passport  National ID Passport/ ID Number: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiry Date (if applicable): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

## RESIDENTIAL AND CONTACT DETAILS :

Residential Address (Specify Town, City, Country) \_\_\_\_\_

Mobile Telephone No: \_\_\_\_\_ Alternative Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

MAILING DETAILS : Check box if same as above

Mailing Address: (Specify Town, City, Country) \_\_\_\_\_

Type of Residence:  Self Owned  Rented  Company Provided  Other (specify) \_\_\_\_\_

## ACCOUNT HELD IN KCB/OTHER BANKS

Account Number: \_\_\_\_\_ Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

EMPLOYMENT/BUSINESS DETAILS  Salaried  Self Employed  Retired  Other (specify)

Name of Employer: \_\_\_\_\_ Occupation/ Designation: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Employment Terms:  Permanent  Contract If Contract, Expiry Date: \_\_\_\_\_

Employer Address (Specify Town, City, Country) \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Monthly income levels (US \$ equivalent):  0-1,000  1,001 – 5,000  5,001 – 10,000  Over 10,000

(Attach Documentary Proof of Residence e.g utility bill or other)

## ADDITIONAL STUDENT DETAILS

Name of learning Institution: \_\_\_\_\_ Student ID No.: \_\_\_\_\_ Expiry/Graduation Date: \_\_\_\_\_

## ADDITIONAL JUNIOR DETAILS:

Name of Child: \_\_\_\_\_

Gender  Male  Female Relationship with Applicant: \_\_\_\_\_

Birth Notification/ Certificate Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**INSTRUCTIONS TO ORDER** (Tick where applicable)

Cheque Book  50 leaves  100 leaves  ATM (For joint account, applicable only if Mandate held is either/or to sign)

**E-BANKING DELIVERY CHANNELS**

**MOBILE BANKING** ([Terms & Conditions link](#)):  YES  NO

**INTERNET (ONLINE) BANKING** ([Terms & Conditions link](#)):  YES  NO

If YES, I/we hereby authorize the bank to register this account for mobile and internet banking

Mobile phone no:  E-mail:

**AUTHORITY AND INDEMNITY INSTRUCTIONS** ([link](#)) -  YES  NO

(This is mandatory for any email/fax instructions from Accountholder)

I/we hereby authorize the Bank to register me/us for the above indicated services. By signing on this form, I agree that I have read, understood and accepted the corresponding Terms and Conditions supplied separately including the AUTHORITY AND INDEMNITY INSTRUCTIONS and agree to be bound by them.

**CUSTOMER DECLARATION**

I confirm that the information given above is true to the best of my/our knowledge.

By signing on this form I request you to open an account in my/our names. I agree that I have read, understood and accepted the Terms and conditions of this account, supplied separately, and agree to be bound by them.

I hereby authorize the Bank to disclose any information relating to the account (s) to any Credit Reference Agency, any other institution or third party as it deems necessary.

**MODE OF SIGNING** : (If joint) : Any/Both/All to sign/ Others – Specify: \_\_\_\_\_

Applicant's Signature:

All copies of documents must be verified either by the home country embassy, Notary Public, current banker or KCB Appointed Agents.

**Signed in the presence of:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone Number (mobile) : \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICIAL USE ONLY**

Name of Sales Staff/Agent:		Sales Code(12X):	
Staff Number:	Branch Name:	Branch DAO Code:	
Immediate Sales Supervisor:		Staff Number:	
Name of staff making the Sale referral:		Sales Code(12X):	
Sector:	Target:	Customer Type:	Risk Class:

**CUSTOMER INFORMATION CHECKLIST**

- Valid identification documents obtained & authenticated
- Photograph captured/obtained & authenticated
- Blacklist checked
- Customer contact(s) obtained
- Account operating tools/services required indicated
- Mandate signature(s) obtained

**Authorizing Official's Name**:..... **Signature No.**:.....

**Signature & Branch Stamp** :.....