

# DIASPORA BANKING ACCOUNT APPLICATION FORM

FOR OFFICIAL USE ONLY:

CUSTOMER ID: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**CLIENT DETAILS** *(Please complete in block letters and Tick appropriately)*

Title: Mr./Mrs./Dr./Ms./Prof		Name:		<b>AFFIX PHOTO HERE</b>
ID/Passport No.:		Date of Issue:	Expiry Date:	
Nationality:		KRA Pin No.:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: .....		
Current Residential Address:				
City:		Country:		
Telephone:(+)		Email:		
Sources of Funds: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Other:				
Employer's Name or Business Name if Self employed:				
Nature of Business:		Designation/Job Title:		
Monthly Income: <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EURO <input type="checkbox"/> ZAR <input type="checkbox"/> AUD <input type="checkbox"/> CAD		Amount in Figures:		
Student Details	Name of Institution:			
	Student Id No.:		Graduation Date:	
Minor Details	Name of child			
	Birth Certificate/Notification number:			
	Relationship:			
	Date of Birth:			
Next of Kin/Alternative Contact - Name:				
Contact:	Telephone:		Email:	

Customer Signature: ..... Date: .....

## ACCOUNT DETAILS

Do you have an account with KCB BANK?  YES  NO If Yes, Account Number: .....

I hereby apply for an account as follows:

Account Currency: <input type="checkbox"/> KES <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EURO <input type="checkbox"/> AUD <input type="checkbox"/> CAD <input type="checkbox"/> CHF <input type="checkbox"/> ZAR
Type: <input type="checkbox"/> Individual <input type="checkbox"/> Joint (Complete separate Individual forms)
Account: <input type="checkbox"/> Current <input type="checkbox"/> Transactional <input type="checkbox"/> Simba Savings <input type="checkbox"/> Student <input type="checkbox"/> Cub

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

Issue Debit Card <i>(Where Applicable)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Note: Debit cards issued to joint accounts ONLY if “ANY TO SIGN”</b>	
Register for KCB Mobi Bank?	If Yes, Primary Mobile No.: .....
Automatic Sending of SMS/EMAIL Alerts <i>(Tick appropriately)</i>	
<input type="checkbox"/> Salary <input type="checkbox"/> All Credits <i>(Specify amount):</i> .....	<input type="checkbox"/> All Debits <i>(Specify amount):</i> .....
Register for KCB Internet Banking? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Receive Transaction Authorization Numbers (TAN) via <input type="checkbox"/> Email <input type="checkbox"/> Mobile <input type="checkbox"/> BOTH	
Would you like us to accept your electronic instructions from provided Email of Fax <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>(This is mandatory for any email/fax instructions from Account holder)</i>	

FATCA - (If you live in USA) Foreign Account Tax Compliance Act (FACTA)	YES	NO
Are you a US Resident?		
Are you a US Citizen?		
Are you holding a US Permanent Resident Card (Green Card)		
Were you born in the US?		
Have you granted Power of Attorney or Signatory authority to a person with a US address?		
Have you granted Power of Attorney or Signatory authority to a person with a US address?		
Do you have a US Residential Address?		
Do you have a correspondence, C/O or Hold Mail address in the US?		
Do you have a standing order to a US Bank Account?		
Do you have a US Telephone Number?		
Are you FATCA compliant?		

**CUSTOMER DECLARATION** *(Please place your initials next to the box)*

- I hereby authorize the Bank to register me for the above indicated services. By signing on this form, I agree that I have read, understood and accept the General and Specific Terms and Conditions of these services provided at <https://ke.kcbgroup.com/legal/>, as may be amended from time to time, including the authority and indemnity for Electronic Instructions provided therein, and agree to be bound by the same.
- I confirm that the information given above is true to the best of my 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 Term and Conditions of this account, provided at <https://ke.kcbgroup.com/legal/> 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: .....

Signature:  Date: .....

Signed in the presence of (Notary Public/Kenyan Embassy Stamp & Signature): .....

Date: .....

## FOR BANK USE ONLY

Name of Sales Staff/Agent:		Sales Code (12x): KEAGTUK00005	
Staff Number:	Branch Name:	Branch DAO:	
Immediate Sales Supervisor:		Sales Code (12x):	
Name of staff making the sale referral:			Staff Number:
Sector:	Target:	Customer Type:	Risk Class:

## CUSTOMER INFORMATION CHECKLIST

<input type="checkbox"/> Valid Identification documents obtained and verified	<input type="checkbox"/> Foreign Individual - Letter from Employee/Student ID
<input type="checkbox"/> Customer information obtained	<input type="checkbox"/> Photographs obtained/captured and authenticated
<input type="checkbox"/> Pep Check	<input type="checkbox"/> Manadate signatures obtained (where applicable)
<input type="checkbox"/> Blacklist checked	<input type="checkbox"/> Operating Tools required indicated
<input type="checkbox"/> Financial statements	<input type="checkbox"/> Sources of Income/Funding obtained and verified
<input type="checkbox"/> KRA Pin provided	<input type="checkbox"/> FATCA information collected

Authorising Official's Signature: ..... Branch Stamp: .....  
 (And Signature Number)