



DIAMOND
TRUST
BANK

Account Opening Form
Business / Corporate Account

Account Number:

Existing Base of Applicant :

Branch

Date: / /

Product type

Account name

Currency *(Please ✓ tick where applicable)*

☐ KES ☐ USD ☐ GBP ☐ Other *(Specify)*

What is the legal status of the institution? *(Please ✓ tick where applicable)*

☐ Sole Proprietor ☐ Partnership ☐ Limited company ☐ Government entity
☐ Society / Association/Club / Trust ☐ NGO / International Charity
☐ Other *(specify)*

Institution / Trading name

What is the date of incorporation ?

/ /

What is the registration number ?

Nature of business

Expected turnover *(per month)*

No. of shareholders

Company Nationality

Company PIN No.

Company VAT No.

Telephone No.

Telephone No.2 *(if applicable)*

E-mail address

Postal Address

P.O.Box

Postal Code

Town

Country

Full physical address of the institution *(Plot/Building/Road/Street/ Town/Country)*

Tell us about your stakeholders (1st Stakeholder)

What is your role in the company ?

☐ Director ☐ Partner ☐ Trustee ☐ Member ☐ Proprietor ☐ Shareholder
☐ Other (Specify)

Name *as per identification document*

Nationality **Identity Document** ☐ National ID ☐ Passport ☐ Other (Specify)

ID/Passport No **Passport Expiry Date** / /
Date of Birth / /
Gender ☐ Male ☐ Female (Please ✓ tick as applicable) **Marital Status**

Are you registered with any taxation authority? ☐ Yes ☐ No

If yes, list the countries along with the respective tax identification number / social security number

Country	<input type="text"/>	Country	<input type="text"/>
PIN/TIN/SSN	<input type="text"/>	PIN/TIN/SSN	<input type="text"/>

Are you a citizen of any country other than Kenya? ☐ Yes ☐ No

If yes, indicate the name of the country

State the percentage shareholding you have in the company %

How can we reach you ?

Telephone No. **Telephone No.2 (if applicable)**

Email Address

Postal Address
P.O.Box **Postal Code**
Town **Country**

Where Do You Live? (Plot/Building/Road/Street)
Town
Country

Next of Kin

Name (as per Identification document)

National ID **Passport**

☐ Other (Specify)

Tel no. **Email address**

Postal Address
P.O.Box **Postal Code**
Town **Country**

Tell us about your stakeholders (2nd Stakeholder)

What is your role in the company ?

☐ Director ☐ Partner ☐ Trustee ☐ Member ☐ Proprietor ☐ Shareholder
☐ Other (Specify)

Name as per identification document

Nationality Identity Document ☐ National ID ☐ Passport ☐ Other (Specify)

ID/Passport No Passport Expiry Date
Date of Birth Place of Birth
Gender ☐ Male ☐ Female (Please ✓ tick as applicable) Marital Status

Are you registered with any taxation authority? ☐ Yes ☐ No

If yes, list the countries along with the respective tax identification number / social security number

Country	<input type="text"/>	Country	<input type="text"/>
PIN/TIN/SSN	<input type="text"/>	PIN/TIN/SSN	<input type="text"/>

Are you a citizen of any country other than Kenya? ☐ Yes ☐ No

If yes, indicate the name of the country

State the percentage shareholding you have in the company %

How can we reach you ?

Telephone No. Telephone No.2 (if applicable)

Email Address

Postal Address

P.O.Box	Postal Code
Town	Country

Where Do You Live? (Plot/Building/Road/Street)

<input type="text"/>	Town
	Country

Next of Kin

Name (as per Identification document)

National ID Passport

☐ Other (Specify)

Tel no. Email address

Postal Address

P.O.Box	Postal Code
Town	Country

Tell us about your stakeholders (3rd Stakeholder)

What is your role in the company ?

☐ Director

☐ Partner

☐ Trustee

☐ Member

☐ Proprietor

☐ Shareholder

☐ Other (Specify)

Name as per identification document

Nationality

Identity Document ☐ National ID ☐ Passport ☐ Other (Specify)

ID/Passport No

Date of Birth / /

Gender ☐ Male ☐ Female (Please ✓ tick as applicable)

Passport Expiry Date / /

Place of Birth

Marital Status

Are you registered with any taxation authority? ☐ Yes ☐ No

If yes, list the countries along with the respective tax identification number / social security number

Country

PIN/TIN/SSN

Country

PIN/TIN/SSN

Are you a citizen of any country other than Kenya? ☐ Yes ☐ No

If yes, indicate the name of the country

State the percentage shareholding you have in the company %

How can we reach you ?

Telephone No.

Telephone No.2 (if applicable)

Email Address

Postal Address

P.O.Box

Postal Code

Town

Country

Where Do You Live? (Plot/Building/Road/Street)

Town

Country

Next of Kin

Name (as per Identification document)

National ID

Passport

☐ Other (Specify)

Tel no.

Email address

Postal Address

P.O.Box

Postal Code

Town

Country

Tell us about your stakeholders (4th Stakeholder)

What is your role in the company ?

☐ Director ☐ Partner ☐ Trustee ☐ Member ☐ Proprietor ☐ Shareholder
☐ Other (Specify)

Name as per identification document

Nationality Identity Document ☐ National ID ☐ Passport ☐ Other (Specify)

ID/Passport No Passport Expiry Date
Date of Birth Place of Birth
Gender ☐ Male ☐ Female (Please ✓ tick as applicable) Marital Status

Are you registered with any taxation authority? ☐ Yes ☐ No

If yes, list the countries along with the respective tax identification number / social security number

Country	<input type="text"/>	Country	<input type="text"/>
PIN/TIN/SSN	<input type="text"/>	PIN/TIN/SSN	<input type="text"/>

Are you a citizen of any country other than Kenya? ☐ Yes ☐ No

If yes, indicate the name of the country

State the percentage shareholding you have in the company %

How can we reach you ?

Telephone No. Telephone No.2 (if applicable)
Email Address
Postal Address
P.O.Box Postal Code
Town Country
Where Do You Live? (Plot/Building/Road/Street)
Town
Country

Next of Kin

Name (as per Identification document)
National ID Passport
☐ Other (Specify)
Tel no. Email address
Postal Address
P.O.Box Postal Code
Town Country

Tell us about your other shareholders

No.1

Name (as per Identification Document)

Designation

Percentage of ownership

ID/PP Number

Nationality

No.2

Name (as per Identification Document)

Designation

Percentage of ownership

ID/PP Number

Nationality

No.3

Name (as per Identification Document)

Designation

Percentage of ownership

ID/PP Number

Nationality

No.4

Name (as per Identification Document)

Designation

Percentage of ownership

ID/PP Number

Nationality

What account facilities would you like?(Please tick ✓as applicable)

☐ Cheque Book

☐ 25 Leaf Cheque Book

☐ 100 Leaf Cheque Book

Name to appear on cheque book
(if different from institution / trading name)

Which branch would you like to collect your cheque book from ?

Would you like to receive e-statements?

☐ Yes

☐ No

If yes please enter the Email Address(es) to receive

Email address for 1st applicant *(if different from above)*

I want to receive e-statements ☐ Daily ☐ Weekly ☐ Monthly ☐ I don't want to receive e-statements

Email address for 2nd applicant *(if different from above)*

I want to receive e-statements ☐ Daily ☐ Weekly ☐ Monthly ☐ I don't want to receive e-statements

Email address for 3rd applicant *(if different from above)*

I want to receive e-statements ☐ Daily ☐ Weekly ☐ Monthly ☐ I don't want to receive e-statements

Email address for 4th applicant *(if different from above)*

I want to receive e-statements ☐ Daily ☐ Weekly ☐ Monthly ☐ I don't want to receive e-statements

Would you like to register for Mobile Banking?

☐ Yes

☐ No

Mobile no. to register for 1st applicant

I want the following notifications

☐ Credits ☐ Weekly Balance ☐ Loan Instalment Due ☐ Overdrawn Account

☐ Daily Balance ☐ Monthly Balance ☐ Fixed Deposit Maturity

☐ Notify me only of transactions above

***Charges apply** *(please enquire for details)*

Mobile no. to register for 2nd applicant

I want the following notifications

☐ Credits ☐ Weekly Balance ☐ Loan Instalment Due ☐ Overdrawn Account

☐ Daily Balance ☐ Monthly Balance ☐ Fixed Deposit Maturity

☐ Notify me only of transactions above

***Charges apply** *(please enquire for details)*

Mobile no. to register for 3rd applicant

I want the following notifications

- ☐ Credits
- ☐ Weekly Balance
- ☐ Loan Instalment Due
- ☐ Daily Balance
- ☐ Monthly Balance
- ☐ Fixed Deposit Maturity
- ☐ Overdrawn Account
- ☐ Notify me only of transactions above

***Charges apply** *(please enquire for details)*

Mobile no. to register for 4th applicant

I want the following notifications

- ☐ Credits
- ☐ Weekly Balance
- ☐ Loan Instalment Due
- ☐ Daily Balance
- ☐ Monthly Balance
- ☐ Fixed Deposit Maturity
- ☐ Overdrawn Account
- ☐ Notify me only of transactions above

***Charges apply** *(please enquire for details)*

Introducer

Introducer Name

Institution Name

Physical address

Mobile no. DTB a/c no. *(if applicable)*

Known the applicant for months/years

Signature mandate

Account Mandate / Signing Instructions

Singly

Jointly

Either or Survivor

Other (specify)

I/We have read and understood the conditions necessary to open and run an Account with Diamond Trust Bank Kenya Ltd and we undertake to comply therewith. I/We agree that this account shall be opened solely at the discretion of Diamond Trust Bank Kenya Ltd and hereby agree to indemnify Diamond Trust Bank Kenya Ltd at our cost against claims arising out of the account being closed by Diamond Trust Bank Kenya Ltd upon issuance of 14 days notice as per Prudential Guidelines due to unsatisfactory performance. Furthermore I/we accept that the operations of the account will be subject to the General Terms and Conditions as published from time to time and confirm that all given information on this form is true and correct.

I/We have read and understood the conditions necessary to open and run an Account with Diamond Trust Bank Kenya Ltd and we undertake to comply therewith. I/We agree that this account shall be opened solely at the discretion of Diamond Trust Bank Kenya Ltd and hereby agree to indemnify Diamond Trust Bank Kenya Ltd at our cost against claims arising out of the account being closed by Diamond Trust Bank Kenya Ltd upon issuance of 14 days notice as per Prudential Guidelines due to unsatisfactory performance. Furthermore I/we accept that the operations of the account will be subject to the General Terms and Conditions as published from time to time and confirm that all given information on this form is true and correct.

1st Signatory	2nd Signatory

1st Signatory	2nd Signatory

Date / /

Date / /

*Attach
passport size photo*

*Attach
passport size photo*

3rd Signatory

4th Signatory

3rd Signatory

4th Signatory

Date / / Date / /

*Attach
passport size photo*

*Attach
passport size photo*

Documents required *(Please provide copies of these documents certified by Company Secretary or Branch Official)*

- ☐ • Introduction/Reference
- ☐ • ID/Passport copy of all authorised signatories
- ☐ • Certified copy of PIN/TIN of all authorised Signatories
- ☐ • Letter from Auditor/Co. Secretary certifying names of existing directors
- ☐ • Certified copy of latest annual returns and filing receipt
- ☐ • Confirmation of address of each signatory director/partner/trustee/proprietor
(Utility bill in name of individual or Company letter stating the residential numbers of the individuals) addresses and telephone
- ☐ • Confirmation of business address (Utility bill*/Tenancy Agreement)
- ☐ • One passport photograph of all authorised signatories
- ☐ • Memorandum and articles of association of company/by-laws or constitution of organization
- ☐ • PIN certificate of company or organisation
- ☐ • Certificate of incorporation/business registration
- ☐ • Board resolution/extracts of committee meeting signed by Chairman and Secretary
- ☐ • Partnership deed
- ☐ • Business permit

For bank use only

Account canvased by

Branch Managers approval

Name Signature

Relationship Manager

Account opened by

Account authorised by
Name Signature

Additional comments

Limited company account

We wish to inform you that at a meeting of the Directors of Limited
(the Company) held at on the day of 20 .

It was resolved: "That a (name of account) bank account or bank accounts for the Company
be opened at the Branch of DIAMOND TRUST BANK KENYA LIMITED (the Bank) and that
the Bank be and is hereby authorised and requested to pay all Cheques, Bills of Exchange, Promissory Notes and other negotiable
instruments purporting to be signed, made or accepted on behalf of the Company and to debit the same to the account(s) to be kept
with them by the Company, whether such account(s) be in credit or otherwise, to hold the Company liable on all endorsements of
Cheques, Bills of Exchange, Promissory Notes, and other negotiable instruments, and to bind the Company to all agreements or
indemnities in connection with the issue of Letters of Credit, Drafts, Telegraphic Transfers and the usual Banking transactions,
provided that the said Cheques, Bills, Promissory Notes or other afore said documents are signed by:

Name of Signatories	Signing Instructions
<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"/>

and that:

- (i) the aforesaid signatories complete the requisite signature and mandate form;
- (ii) the Bank be advised in writing of any changes that may take place in the same from time to time;
- (iii) a copy of this resolution, duly executed, be furnished to the Bank; and
- (iv) this resolution remains in force until the receipt by the Bank of a further resolution by the Company rescinding the same".

Please fill table below if details are different from the table above

Name of Directors	Address	Signature
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CERTIFICATE THAT MEMORANDUM AND ARTICLES OF ASSOCIATION ARE UP TO DATE

We hereby certify that the Memorandum and Articles of Association of the Company given by us to the Bank are up to date. We further
undertake that the Bank will be advised of any future amendments to the Memorandum and Articles of Association within fourteen
days of such amendment(s).

We hereby undertake to indemnify the Bank against any loss, expenses and damages it may sustain in the event through our failure to
notify or delay in notifying it of any alterations or amendment to the Company's Memorandum and Articles of Association.

Dated at this day of 20

Chairman/Director

Director/Secretary



Partnership account

We, the undersigned being individual partners trading under the style or firm name _____ of _____ (insert name of partnership) (hereinafter called "the firm"), hereby appoint you, DIAMOND TRUST BANK KENYA LIMITED to be our bankers and hereby authorise and request you to open a _____ (name of account) account in the firm's name

And we jointly and severally undertake:

1. To honour and comply with all cheques, drafts, bills of exchange, promissory notes, acceptances, negotiable instruments and orders expressed to be drawn accepted made or given by anyone of us in the name of the firm at any time or times whether our banking account is overdrawn or any overdraft is increased by any payment thereof or in relation thereto or is in credit or otherwise be without prejudice to your right to refuse to allow any overdraft or increase of overdraft and for any balance on the said account which may become due to you at any time we agree to be jointly severally liable.
2. To honour and comply with all instructions to deliver or dispose of any securities or documents held by you on our behalf; to hold us liable on all agreements and indemnities in connection with the issue of letters of credit, drafts, telegraphic transfers and with all banking instructions, provided any such cheques, drafts, bills of exchange, promissory notes, acceptances, negotiable instruments, orders, instructions, agreements and indemnities are signed by anyone of us in the name of the firm.
3. To treat all cheques, drafts, bills of exchange promissory notes, acceptances, negotiable instruments and orders as being endorsed on our behalf and to discount or otherwise deal with them provided such endorsement purport to be signed by anyone of us in the name of the firm.
4. That all instructions in connection to this account and in particular, but without limiting the generality of the foregoing, all instructions relating to instruments and securities and the charging pledging disposal and withdrawal thereof are in order if given by anyone of, us in the name of the firm.
5. That notwithstanding any alteration in the constitution of the firm this authority shall remain in force and in the event of such alterations or of others besides the partners being authorised to sign, due notice in writing will be given to you and such notice will be binding on the partnership if given in the firm's name by anyone of the signatories hereto.
6. That this authority shall continue in force until anyone of us shall have expressly revoked it by notice in writing delivered to you at the above mentioned branch and it shall not be revoked by the death of any of us.

We produce herewith a certified extract dated DD DD / MM MM / YY YY YY YY from the Registrar of Business names and confirm that no changes in the particulars registered with him have taken place since the date of issue of the extract.

We declare ourselves jointly and severally liable on all foregoing transactions.

Signed by all the partners in their personal capacity

Club, society or association account

At the meeting of the

(Insert 'Committee or Management' or as the case may be)

of the

(Insert name of Club, Society or Association)

held on the _____ day of _____ 20____

day of

20

It was resolved

1. That Diamond Trust Bank Kenya Limited (the Bank) be authorised to honour all cheques or other orders for payment drawn upon any account or accounts for the time being kept with the Bank in the name of the Club, Society or Association notwithstanding that any such payment may cause such account or accounts be overdrawn or increase any existing running finance provided they are signed by the under mentioned authorised signatories.
2. That the Bank be authorised to accept all requests and receipts for the delivery of securities, papers or other property if signed by the under mentioned authorised signatories.
3. That the Bank be advised in writing under in accordance with the constitution and/or rules of the Club, Society or Association of any changes to the authorized signatories that may take place.
4. That these Resolutions be communicated to the Bank and remain in force until revoked by notice in writing to the Bank such notice to be signed in accordance with the constitution and/or rules of the Club, Society or Association.

SPECIMEN SIGNATURES OF AUTHORISED SIGNATORIES

Name in full (in BLOCK CAPITALS)

Designation of officials
e.g. Secretary, Treasurer, Chairman

Signature

Chairman

Secretary

Other (if applicable)

Dated at _____ this _____ day of _____ 20____

this

day of

20

Date: / /

Date / /

Date / /

Sole proprietorship account

I the undersigned being the Sole Proprietor trading under the style or firm or (here in after called "the firm") appoint DIAMOND TRUST BANK KENYA LIMITED to be my bankers and hereby authorise and request you to open a (name of account) account in the firm's name;

And undertake:

1. To honour and comply with all cheques, drafts, bills of exchange, promissory notes, acceptances, negotiable instruments and orders expressed to be drawn accepted made or given by me in the name of the firm at any time or times whether my bank account is overdrawn or any overdraft is increased by any payment thereof or in relation thereto or is in credit or otherwise be without prejudice to your right to refuse to allow any overdraft or increase of overdraft and for any balance on the said account which may become due to you at any time I agree to be liable.
2. To honour and comply with all instructions to deliver or dispose of any securities or documents held by you on my behalf; to hold me liable on all agreements and indemnities in connection with the issue of letters of credit, drafts, telegraphic transfers and with all banking instructions, provided any such cheques, drafts, bills of exchange, promissory notes, acceptances, negotiable instruments, orders, instructions, agreements and indemnities are signed by me in the name of the firm.
3. To treat all cheques, drafts, bills of exchange promissory notes, acceptances, negotiable instruments and orders as being endorsed on my behalf and to discount or otherwise deal with them provided such endorsement purport to be signed by me in the name of the firm.
4. That all instructions in connection to my account and in particular, but without limiting the generality of the foregoing, all instructions relating to instruments and securities and the charging pledging disposal and withdrawal thereof are in order if given by me in the name of the firm.
5. That notwithstanding any alteration in the constitution of the firm this authority shall remain in force and in the event of such alterations or of others being authorised to sign, due notice in writing will be given to you and such notice will be binding on the firm, if given in the firm's name by myself or any other signatories hereto.
6. That this authority shall continue in force until I expressly revoke it by notice in writing delivered to the Bank.

I produce herewith a certified extract dated / / from the Registrar of Business Names and confirm that no changes in the particulars registered with him have taken place since the date of issue of the extract.
I declare my sole liability on all foregoing transactions of the firm.

(To be signed by the Sole Proprietor)

Dated this day of 20