

Please read carefully and complete all relevant sections. Should you have any questions, a member of staff will be willing to assist you (Please complete in BLOCK CAPITALS and tick where necessary)

Soma aya mabwiriza witonze maze wuzuze iyi nyandiko uko bikwiye. Niba hari ibyo ushaka gusobanura, umukozi wacu yiteguye kuguha ibisobanuro wifuza. (Usabwe kuzuza iyi nyandiko ukoresheje inyuguti z'icyapa zisomeka neza kandi ugashyira akamenyetso ffl aho bisabwa)

PERSONAL DETAILSSurname/Nom/Izina: First Name / Prenom / Izini Ry'idini: Mobile Number: Preferred Language: Kinyarwanda / English / French **CORPORATE DETAILS (If applicable)**Acronym/ Sigle/ Izina Rihinye: Corporate Name/Raison Sociale/ Izina Rirambuye: Assigned signatory (+supporting letter): **IDENTIFICATION**

ID No/No Y'ikimuranga	Date of issue/Igihe yatangiye	Expiry Date/Igihe Izarangirira	Issued at/aho yatangiye
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

CLIENT DETAILSBPR Current Account Number: Branch Name: **LAST DATE OF TRANSACTION**Place: Date: **TOOLS**Booklet ☐ Chequebook ☐ Debit Card ☐ Mobile Banking ☐ SMS Alerts ☐ E-Statements ☐**E - STATEMENT**E - Statement main receiver's e-mail: E - Statement other receiver's e-mail: **Period of statement**

- ☐ Daily
☐ Weekly
☐ Every two weeks
☐ Monthly
☐ Other period

SMS ALERTSSMS alert receiver's number: **Types of notifications**

- ☐ Debit transactions only
☐ Credit transactions only
☐ Both types of transactions

Account Operating tools Form

BOOKLET

- ☐ First time order
☐ Reorder
☐ Cancellation

CHEQUEBOOK/PAYMENT ORDER

- ☐ First time order
☐ Reorder
☐ 24 Pages
☐ 48 Pages
☐ Signatory(s) : Names (s)
☐ Cancellation

DEBIT/ATM CARDCard Number:

- ☐ First time application
☐ Reorder
☐ Reprint PIN
☐ Increase limit to
☐ Cancellation

MOBILE BANKING

- ☐ Registration
☐ Salary Alerts
☐ Change Phone Number (ONLY
after failing to identify
when calling Call Center)

Serial Numbers Cheque: to: **REASON**

Stolen / Missing / Finished/ Other. Please Specify

Place:.....

Date:...../...../.....

	Names	Signature
Signatory 1		
Signatory 2		
Signatory 3		
Signatory 4		

OFFICE USE ONLY

Employee's Name and Signature