

Help us personalize your banking experience

What financial services are you interested in?

- ☐ Insurance ☐ Savings & Investments ☐ Payments ☐ Loans
- ☐ Personal Accident
- ☐ Income Protection
- ☐ Other services you're interested in:

Note: By selecting any of the insurance services we will sign you up for the policies.

What type of account will work for you?

Preferred Currency

- ☐ Kenya Shillings (KES) ☐ Other:

Primary Account Purpose

- ☐ Salary ☐ Business ☐ Other:

Current Account	<input type="checkbox"/>
<input type="checkbox"/> Bundled Package <input type="checkbox"/> Pay As You Transact	

Savings Account	<input type="checkbox"/>
<input type="checkbox"/> Save as you Spend % <input type="text"/>	
<input type="checkbox"/> Regular Savings	

How would you prefer to access banking services?

- ☐ Cheque book ☐ Debit Card ☐ Prepaid Card ☐ Mobile Banking ☐ Internet Banking
- ☐ 25 Leaves
- ☐ 50 Leaves
- ☐ 100 Leaves

Note: By selecting any of the above, we will set you up on Internet Banking and Mobile Banking; a Debit, Prepaid Card and Cheque book will be ordered on your behalf.

Tell us about yourself

Gender:

- ☐ Male ☐ Female

Title:

- ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Other:

First Name:

Middle Name:

Last Name:

Nationality:

Residence Country:

Date of Birth: (DD/MM/YYYY)

Identity Document:

- ☐ National ID ☐ Passport ☐ Alien Registration ☐ Other:

Document Number:

Issue Date: (DD/MM/YYYY)

Expiry Date: (DD/MM/YYYY)

Tax Information: Country:

PIN/TIN/SSN:

How can we stay in touch?

Primary Mobile Number:

Secondary Mobile Number:

Email Address:

P.O. Box:

Postal Code:

Town / County:

Residential Address (Plot/Building):

Residential Address (Road/Street):

Country:

Next of Kin (Full Name):

Relationship:

Mobile Number:

Tell us what you do

Employed

Employer Name:

Employment Terms:

☐ Permanent

☐ Contract

Designation:

Industry:

Gross Monthly Income Range:

☐ Below 150K

☐ 150K-500K

☐ Above 500K

Business

Business Name:

Registration No:

Business KRA PIN:

Nature of Business:

Annual Turnover Range:

☐ Below 500K

☐ 500K - 1M

☐ Above 1M

Student

Institution Name:

Student ID:

Other

☐

Specify:

Gross Monthly Turnover Range:

☐ Below 150K

☐ 150K-500k

☐ Above 500K

Declaration

1. I have (a) read and understood or (b) have been explained to in a language that I understand the bank's general terms and conditions which form part of this application form, and which are available at all Ecobank branches or on our Ecobank Website <https://www.ecobank.com/upload/publication/202202160825385123WF9VH3GTS/20220216082507829W.pdf> and I agree to be bound by the general terms and conditions (including any variations and amendments that may be published by Ecobank from time to time). In particular, I understand that by entering into this binding agreement, I have given the Ecobank certain indemnities, authorisations, consents and waivers and agree to limitations of our liability.

2. I acknowledge that the general terms and conditions include the data protection terms and conditions (the Privacy Notice). I acknowledge and admit that we have read and understood the Ecobank's Privacy Notice. I further consent to the collection, use, processing, retention, transfer and disclosure of all information collected by the bank as per the Data Protection laws of Kenya.

3. I represent and warrant that I have power and all necessary authorisations to enter into each of the banking services and any other arrangement with Ecobank and to comply with our obligations and exercise our rights under them.

4. I confirm and warrant that all information (including documents) given to Ecobank in connection with this application is correct, complete, and not misleading. If any of the information provided is incorrect or misleading, I will be personally liable either jointly or severally for the same. I undertake to promptly notify the bank if we become aware that any information, we have given changes, is incorrect or misleading.

5. I authorize the bank to disclose to and verify any of the information we have given to the bank or our credit standing from anyone the bank may consider appropriate (such as an authority or credit reference agency).

6. I confirm that the personal information provided in this application form and that of our joint account holder (if any) or authorized person (if any) or agent (if any) will apply to the account(s) we hold with the bank unless I expressly tell you otherwise in a form acceptable by the bank.

7. I consent to the bank contacting me at the address, email address and phone numbers I have provided to them, to give me information on other products and services from the bank unless I expressly withdraw that option.

8. I agree and acknowledge that if we are applying for a bundled product that the Bank may vary or terminate the package offers or change of terms of the package by giving us notice as per the notice period applicable to the nature of service impacted shall not exceed 30 (days) period. I also understand that should we wish to terminate one of the bundled products that the bank may charge us an additional fee for the remaining product(s).

9. I agree and acknowledge that notices by Ecobank shall be considered as served if the notice is posted on the bank's website or the notice section on the bank's premises. I further agree that Ecobank will send all correspondences in electronic form using email or any other available electronic platform. However, Ecobank may also send paper correspondences to me us at my last known address as per the bank's records.

10. I undertake to provide the underlying documentation to support all transactions above the equivalent of USD 10000 conducted on my account(s) or such other amount as the Central Bank of Kenya may determine from time to time.

11. If I am applying for a product which comprises of Insurance Plans, I understand that I have an option of using an Insurance Provider of my own choice or choosing one from Ecobank panel of Insurance Providers. Should I/we opt to take an Insurance Provider from Ecobank panel, I agree that the insurance is underwritten by our Insurance Service Provider and that the Insurance Service Provider is not an associate or subsidiary or related corporation of Ecobank. I agree and authorize Ecobank to collect my information and send it to our Insurance Service Provider for processing and review.

☐ I confirm that I have read and understood the global terms and conditions

☐ I confirm that I have read and understood the Privacy Notice available on the Ecobank website which provides detailed information on how my personal data is collected, used, and protected.

Date: (DD/MM/YYYY)

Signature:

Confirmation for assisted applications

I agree to abide by the contents of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

Customer Thumbprint:

Magistrate/Commissioner for Oaths:

Name of interpreter:

Address of interpreter:

Language:

Bank Use Only (Verification & Processing)

Account number:

Customer ID:

Branch Code:

Account Introducer:

Customer Service Representative:

Account officer:

Approval date: (DD/MM/YYYY)

Signature Verified:

Approved by: