KYC LITE - INDIVIDUAL CUSTOMER APPLICATION FORM



Thank you for choosing to bank with BancABC. For us to provide tailor made service, please complete ALL sections of this form using BLOCK letters and tick where appropriate. Feel free to contact any BancABC Branch Staff Member for assistance

PERSONAL DETAILS																									
Customer Type		Current C	ustomer			ew Customer																			
If Current Customer, Account Number													F	Branc	h										
Select your preferre	d pro	oducts ar	nd cha	nnels										Ji di ie											
Internet Banking Registration				erred Use	er ID																				
Mobile Money/Bank																bile									
Account Linking Local Card (ATM/POS	Wallet Type Transaction Alerts														Number										
card)	(SMS)										Number														
PERSONAL DETAILS																									
Title		Mr		Mrs	N	1iss		Ms			Prof			Or		Oth	er								
First Name												Gende	er			Male	2		Female	<u> </u>					
Middle Name												Date o	of Bir	th											
Surname			ID Number																						
Maiden Name													Marital Status												
Country of Residence														Country of Nationality											
Kindly provide us wi	th yo	our Passp	ort D	etails l	elow, i	f you	are	e not a	Zimba	bwea				-, _											
Passport Number												Passport Issue Date													
Passport Issuer Country												Passport Expiry Date													
CONTACT DETAILS																									
Residential Address	Residential Address											Email	Addr	ess											
											Home Telephone/														
											Mobile Number Years at current														
Postal Address - If Different From												residence													
Residential Address																									
Residential Status		Owned		Compar	y Owned	i		Mortgag	ed		Rent	ed	9	Stayir	ng With	Paren	ts	Othe	r						
SOURCE OF INCOME	e.g.	Employr				_	ents	s or spo	use, E	Busin	ess .		_												
Source Of Funds												Telepl	none	Num	ber										
Business Address	ldress											Designation													
											Gross Monthy Income														
Other Source of Funds											Other Source of Funds Amount														
DECLARATION												runas	AITIC	unc											
I , the undersigned, herel	ov dec	lare that																							
The information in this ap	plicat	ion is true																				ABC			
conditions.) I also agree t and fraud prevention che		ne credit re	ference	e agencie	s may in	turn, ı	make	e my reco	ord and	detail	s avai	lable to	othe	r cred	it grant	ors. I co	onsent	to Ba	ncABC o	arrying	out i	dentity			
How do you wish to recei	ve the	BancABC	Terms	and Con	ditions?			Link sent	:	Link s via Ei		p	Print		PDF doc sent via				locume hatsAp						
By ticking this						stood			be bou	-				_			gardin				ing, I	nternet			
Banking as we	ıı ds (our Genara	rerms	s and Col	iuitions.																				
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Date										Ļ															
Cust	ome	r Signatu	ıre					Attachi (Kindly						Copy D/Pa	of ssport		Copy		tudent	ID (Fo	r Stu	idents			