

Nationality  Division  Location  Sub-location

Postal Address  Postal Code  City/Town

Mobile Phone No (1)  Mobile Phone No (2)

Residential Area  Estate  Street  House No

Employers/ Company's Name

Employers/ Company's postal address  Postal Code  Tel. Office

Occupation/ business  Email Address

Do you have any other account (s) with any Bank, Sacco, and a Micro finance? If Yes ( ) No ( ) if yes please give details.

Account Number	Bank	Branch
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>

Signatories Name	Signature	ID No.
1 <input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>

### DECLARATION

I confirm that the information I have provided herein and the disclosure made are true and I have agreed to the general terms and conditions of operating the account and undertake to comply, observe and be bound by the same.

Name	Signature	ID No.
1 <input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>

### Official use only

Maker

Signature  Date

Authorizer

Signature  Date

NOTE: IDENTIFICATION DOCUMENTS **MUST** BE ATTACHED

\*Terms and condition applies.