



KCB Making the Difference

ACCOUNT OPENING APPLICATION FORM

Personal and Micro Banking Accounts

(IF APPLYING FOR A JOINT ACCOUNT, EVERY INDIVIDUAL IS TO COMPLETE SEPARATE APPLICATION FORM)

1. DETAILS OF APPLICANT Title: MR/MRS/MISS/DR/PROF/ENG (Tick appropriately)

Surname:	Other Names:	Gender:
Date of Birth:	Marital Status:	Nature of Business (Industry):
Profession/Status:	Nationality:	Country of Residence:

2. CONTACT ADDRESS

Postal Address:	Postal Code:	Town/City:
Country:	Telephone:	Fax Number:
Cell phone number:	E-Mail:	

3. PHYSICAL ADDRESS

Location:	Street/Building/Estate:	House Number:
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4. IDENTIFICATION ID/Passport (Tick Appropriately)

Number:	Issuing Authority:	Place of Issue:
Date of issue:	Expiry Date(where Applicable):	KRA PIN Number:

5. NEXT OF KIN

Surname:	Other Names:	Address:
Town/City:	Postal Code:	Telephone/Cell phone:

6. VERIFICATION OF PHYSICAL ADDRESS (Utility Bill or Referee Details):

Utility Bill:

Utility:	Utility Company:	Account Number:
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OR

Referee:

Introducer:	Surname:	Other Names:
Account Number:	Branch:	

7. EMPLOYMENT (Tick Appropriately) Salaried/Self-employed/Retired/Other (Specify).....

Employment Details

Name of Employer:	Date Employed:	Department:
Station:	Designation:	Personal / Staff No:
Building Name:	Building Block No:	Street:
Office Tel No.	Office Address:	Postal Code:
Fax No.	E-mail:	Website:
Town:	Country:	
Terms of Employment (Permanent / Contract)	Expiry of Contract:	Gross Salary:
		Net Salary:

8. ACCOUNTS HELD IN OTHER BANKS

Account:	Bank:	Branch:
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9. ACCOUNT DETAILS

I/We hereby apply for an Account as follows: - Currency: KES USD GBP EURO Other (Specify).....

Type: Individual Joint (Tick Appropriately)

- Current Account Mapato Simba Savers KCB Student Account Golden Account
 KCB Cub Account Gold plus Jiinue Account Boresha Account Bankika Personal
 Bankika Business Other: Specify.....

10. ADDITIONAL DETAILS FOR STUDENTS (Account available for duration of course only)

College /University:	End (Graduation) Date:
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11. ADDITIONAL DETAILS FOR MINOR (Up to 18 years only)

Surname:	Other Names:	Gender:
Date of Birth:	Birth Certificate:	Relationship with Applicant:

12. FINANCIAL INFORMATION

Please tick in the relevant boxes below to indicate the expected normal range of activity in your account

Value of Transactions	Expected Range (Shs. equivalent)			
	upto 100,000	100,000-500,000	500,000- 1 Million	Over 1 Million
Sum of all payments into account per month				
Total value of Cash				
Deposits per month				
Total value of Foreign				
Remittances per month				

13. MANDATE

Surname	Other Names	Identification Type: ID/Passport (Tick Appropriately)		
Number	Issuing Authority	Place of Issue	Date of Issue	Conditions

Signature:

14. ACCOUNT OPERATING TOOLS

ATM Cards (Applicable to Joint Accounts ONLY if ANY TO SIGN)

ATM Card to: 1st Applicant 2nd Applicant All Applicants

Cheque Book Size: (Where Applicable) 50 Leaves 100 Leaves

Statement Cycle: Daily/Weekly/Monthly/Quarterly/Semi Annually/Annually (Tick Appropriately)



15. Banking anytime and anywhere Tick appropriately to select the required features

ALIAS (4X): _ _ _ _

- Account Balance Mini Statement Salary Alerts Order for Statement
 Facility Interest Rate Request Foreign Exchange Rate Request Cheque Book Ordering Stop a Cheque
 Fixed Deposit instructions Funds Transfer Report Loss of ATM/credit Card
 Flash Back airtime top up

Name of Applicant:..... Mobile Telephone No:.....

16. DECLARATION

I/We confirm that the information given above is true to the best of my/our knowledge.

By signing on this form I/We request you to open an account in my/our name (s). I/We agree that I/We have read, understood and accepted the terms and conditions of this account, supplied separately, and agree to be bound by them. I/We hereby authorize the Bank to disclose any information relating to my/our account (s) to any credit reference agency, any other institution or third party as it deems necessary.

MODE OF SIGNING: Mode of Signing (If Joint): Any/Both/All to Sign/Others-Specify.....

APPLICANT'S SIGNATURE

Full Names:..... Identification

Contact:..... Signed in the presence of.....

Date.....

OFFICIAL USE ONLY

Name of Sales Staff:		Sales Code(10x):	
Staff Number:	Branch Name:	Branch DAO Number:	
Immediate Sales Supervisor:		Sales Code(10x):	
Customer ID.: (Generated by the system)	Account Number:	Sector:	
Target:	Customer Type:	Risk Class:	

Branch Manager's Signature..... Branch

Stamp.....