

ACCOUNT OPENING FORM

■ CORPORATE

NAME: _____

DATE OF INCORPORATION: _____

BUSINESS ADDRESS: _____

TELEPHONE NO: _____

MAILING ADDRESS: _____

TELEPHONE NO: _____ FAX: _____ E-MAIL: _____

SIGNATURE (A): _____ ADDRESS: _____

TELEPHONE NO: _____

TELEPHONE NO: _____

FAX: _____ E-MAIL: _____

SIGNATURE (B): _____ ADDRESS: _____

TELEPHONE NO: _____ FAX: _____ E-MAIL: _____

INITIAL DEPOSIT: CHEQUE NO: _____ AMOUNT (In words) _____

(In Figure) _____

I / We request the opening of an individual / joint account with you and confirm that the above information is true

Authorised Signatory & Date

Authorised Signatory & Date

CHECKLIST FOR ACCOUNT OPENING FOR CORPORATE CLIENTS

1. Certificate of Incorporation/Memo and Article of Association
2. Letter of Signatory Mandate
3. Means of Identification of Signatories to the Account which could be either:
 - (a) Photocopy of Driver's License
 - (b) Photocopy of National Identity Card
 - (c) Photocopy of photo page of International Passport
4. A passport photograph each of all Signatories to the Account
5. Utility Bill.

**FOR OFFICIAL USE ONLY
(CORPORATE ACCOUNT)**

Customer Introduced by _____
(Name, Signature & Date)

APPROVED / REVIEW BY	INITIAL	DATE
Customer Service Officer		
Head of Financial Services		

ACCOUNT OPENED RECORD	INITIAL	DATE
Account No.		
Signature Cards Distributed		
Documentation Filed		

KEY CONTACT PERSON(S) Corporate Bodies

NAME	JOB TITLE	CELL PHONE	DIRECT LINE	E-MAIL