

ACCOUNT OPENING FORM

■ **INDIVIDUAL**

■ **JOINT**

NAME: _____

DATE OF BIRTH: _____ SEX: (M / F) _____

RESIDENTIAL / BUSINESS ADDRESS: _____

TELEPHONE NO: _____

MAILING ADDRESS: _____

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

OCCUPATION: _____

EMPLOYER & EMPLOYER'S ADDRESS: _____

TELEPHONE NO: _____

MEANS OF IDENTIFICATION: _____

MOTHER'S MAIDEN NAME: _____

SPOUSE'S NAME: _____

SPOUSE'S CONTACT ADDRESS: _____

TELEPHONE NO: _____

NEXT OF KIN: _____ ADDRESS: _____

INITIAL DEPOSIT: CASH/CHEQUE NO- AMOUNT: _____

PURPOSE & DURATION: _____

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

1. Means of identifications 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
2. A passport photograph each of all Signatories to the Account
3. Utility Bill.

**FOR OFFICIAL USE ONLY
(INDIVIDUAL / JOINT ACCOUNT)**

APPROVED BY	INITIAL	DATE
Customer Service Officer		
Head of Financial Services		

ACCOUNTS OPEDED REEORD	INITIAL	DATE
ACCOUNT No.		
Signature Cards Distributed		
Documentation Filed		

Customer Introduced by _____

(Name, Signature & Date)