



BUSINESS ACCOUNT OPENING APPLICATION

BUSINESS BANKING ACCOUNT OPENING APPLICATION FORM

Please complete all details in CAPITAL letters.

I/We wish to open the following account(s) and undertake to comply, observe and be bound by the Bank's General Terms and Conditions. (To expedite processing, please enclose the requisite documents indicated in the aide memoire checklist).

Account name _____

Indicate type of account required:

Account type: ☐ Current ☐ Savings ☐ Call deposit ☐ Fixed deposit ☐ Other (specify) _____

Currency: ☐ KES ☐ USD ☐ GBP ☐ EURO ☐ Other (specify) _____

Foreign Currency Accounts: Please state the nature and source of the Foreign Currency _____

Expected monthly business turnover (KES Equivalent) ☐ Below 1m ☐ 1m - 10m ☐ Above 10m

Expected number of monthly transactions ☐ Below 20 ☐ 20-50 ☐ Above 50

ENTITY DETAILS

Company type: ☐ Limited Company ☐ Sole Proprietorship ☐ Partnership ☐ NGO ☐ Other (specify) _____

Registered name: _____ Trading name: _____

Nature/Description of business: _____

Business registration number: _____ Date of registration/ Incorporation: _____

Country of registration: _____ PIN: _____

Postal address: _____ Postal code: _____ Town/ City: _____

Country: _____ Physical address: _____ Plot number: _____

Tel. number: _____ Mobile number: _____ Fax number: _____

Email: _____ Website: _____

Associate company(ies): _____

STAKEHOLDER INFORMATION

Number of Directors/ Partners: _____

Number of Shareholders/Ultimate Beneficiaries _____

(NOTE: IT IS MANDATORY THAT SHAREHOLDER/ DIRECTORS/ PARTNERS DULY COMPLETE THE STAKEHOLDERS INFORMATION FORM)

Name in Full	Shareholding %
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

TO BE COMPLETED BY STAKEHOLDER 1 - SHAREHOLDER/DIRECTOR/PARTNER/ULTIMATE BENEFICIAL OWNER

Stake Holder Type: ☐ Shareholder ☐ Partner ☐ Sole proprietor ☐ Director ☐ Other (specify) _____

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify) _____

Name _____

Date of Birth: _____ Gender: _____ Marital status: _____ Nationality: _____

ID/PassportNo.: _____ Passport/Expirydate: _____ PIN/Number: _____

Postal address: _____ Postal code: _____

Town/ City: _____ Country: _____

Physical (Residential) address: _____ Street name: _____

Estate: _____ Hse/L.R No.: _____ Tel Off.: _____

Tel Home: _____ Mobile number: _____ Email: _____

Do you have income form US: ☐ Yes ☐ No Do you have a US registered business? ☐ Yes ☐ No if Yes indicate source of funds

(Tick where appropriate) are you: ☐ An American citizen ☐ US resident ☐ US green card holder

US passport number: _____ US Tel. number: _____ US postal address: _____

Next of Kin: _____

Name	Relationship	Mobile No.	ID/ Passport No.

TO BE COMPLETED BY STAKEHOLDER 2 - SHAREHOLDER/DIRECTOR/PARTNER/ULTIMATE BENEFICIAL OWNER

Stake Holder Type: ☐ Shareholder ☐ Partner ☐ Sole proprietor ☐ Director ☐ Other (specify) _____

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify) _____

Name _____

Date of Birth: _____ Gender: _____ Marital status: _____ Nationality: _____

ID/PassportNo.: _____ Passport/Expirydate: _____ PIN/Number: _____

Postal address: _____ Postal code: _____

Town/ City: _____ Country: _____

Physical (Residential) address: _____ Street name: _____

Estate: _____ Hse/L.R No.: _____ Tel Off.: _____

Tel Home: _____ Mobile number: _____ Email: _____

Do you have income form US: ☐ Yes ☐ No Do you have a US registered business? ☐ Yes ☐ No if Yes indicate source of funds

(Tick where appropriate) are you: ☐ An American citizen ☐ US resident ☐ US green card holder

US passport number: _____ US Tel. number: _____ US postal address: _____

Next of Kin: _____

Name	Relationship	Mobile No.	ID/ Passport No.

TO BE COMPLETED BY STAKEHOLDER 3 - SHAREHOLDER/DIRECTOR/PARTNER/ULTIMATE BENEFICIAL OWNER

Stake Holder Type: ☐ Shareholder ☐ Partner ☐ Sole proprietor ☐ Director ☐ Other (specify) _____

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify) _____

Name _____

Date of Birth: _____ Gender: _____ Marital status: _____ Nationality: _____

ID/PassportNo.: _____ Passport/Expirydate: _____ PIN/Number: _____

Postal address: _____ Postal code: _____

Town/ City: _____ Country: _____

Physical (Residential) address: _____ Street name: _____

Estate: _____ Hse/L.R No.: _____ Tel Off.: _____

Tel Home: _____ Mobile number: _____ Email: _____

Do you have income form US: ☐ Yes ☐ No Do you have a US registered business? ☐ Yes ☐ No if Yes indicate source of funds

(Tick where appropriate) are you: ☐ An American citizen ☐ US resident ☐ US green card holder

US passport number: _____ US Tel. number: _____ US postal address: _____

Name	Relationship	Mobile No.	ID/ Passport No.
Next of Kin: _____			

TO BE COMPLETED BY STAKEHOLDER 4 - SHAREHOLDER/DIRECTOR/PARTNER/ULTIMATE BENEFICIAL OWNER

Stake Holder Type: ☐ Shareholder ☐ Partner ☐ Sole proprietor ☐ Director ☐ Other (specify) _____

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify) _____

Name _____

Date of Birth: _____ Gender: _____ Marital status: _____ Nationality: _____

ID/PassportNo.: _____ Passport/Expirydate: _____ PIN/Number: _____

Postal address: _____ Postal code: _____

Town/ City: _____ Country: _____

Physical (Residential) address: _____ Street name: _____

Estate: _____ Hse/L.R No.: _____ Tel Off.: _____

Tel Home: _____ Mobile number: _____ Email: _____

Do you have income form US: ☐ Yes ☐ No Do you have a US registered business? ☐ Yes ☐ No if Yes indicate source of funds

(Tick where appropriate) are you: ☐ An American citizen ☐ US resident ☐ US green card holder

US passport number: _____ US Tel. number: _____ US postal address: _____

Name	Relationship	Mobile No.	ID/ Passport No.
Next of Kin: _____			

SPECIMEN SIGNATURE FORM (MANDATE FILE) AND CONTACT DETAILS

<div></div>	Name: _____	First name	Middle name	Surname
	Designation: _____			
	I/D or Passport number: _____			
	Mobile number: _____			
	Email: _____			

Signature: _____

<div></div>	Name: _____	First name	Middle name	Surname
	Designation: _____			
	I/D or Passport number: _____			
	Mobile number: _____			
	Email: _____			

Signature: _____

<div></div>	Name: _____	First name	Middle name	Surname
	Designation: _____			
	I/D or Passport number: _____			
	Mobile number: _____			
	Email: _____			

Signature: _____

<div></div>	Name: _____	First name	Middle name	Surname
	Designation: _____			
	I/D or Passport number: _____			
	Mobile number: _____			
	Email: _____			

Signature: _____

MANDATE: AS PER THE BOARD RESOLUTION

Operating mandate: ☐ Solely ☐ Either/or ☐ All to sign ☐ Other (specify) _____

Special signing instructions: _____

Other accounts held currently (with NCBA or other banks)

Bank name: _____ Branch: _____ A/C No.: _____

Bank name: _____ Branch: _____ A/C No.: _____

Are the current Directors/Partners/Shareholders holding similar positions in other companies maintaining accounts at NCBA Bank Kenya PLC.

☐ Yes

☐ No

If yes, please state the company(ies)

Bank name: _____ Branch: _____ A/C No.: _____

Bank name: _____ Branch: _____ A/C No.: _____

CHEQUE BOOKS, SMS ALERTS, SWIFT ADVISES AND STATEMENT DETAILS

Cheque Book: ☐ 1 Book ☐ 2 Book ☐ Other (specify) _____

(Note: Cheque book to be collected from the domicile branch. Any other arrangements to be requested after four working days.)

Statement Cycle: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ No Statement ☐

E-Statement and Swift Advices preferred email address _____

Additional Email address _____

E-CHANNELS

- | | | |
|----------------------------------|------------------------------|---|
| 1. Mobile Banking | <input type="checkbox"/> Yes | <input type="checkbox"/> No (if yes provide mobile number: _____ *) |
| 2. Lipa na Mpesa | <input type="checkbox"/> Yes | <input type="checkbox"/> No (if yes complete Lipa na M-Pesa Application Form) |
| 3. Online Banking | <input type="checkbox"/> Yes | <input type="checkbox"/> No (if yes complete online Banking Application Form) |
| 4. Business Credit Card | <input type="checkbox"/> Yes | <input type="checkbox"/> No (if yes complete Credit Card Application Form) |
| 5. Business Debit Card | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. NCBA SASA Distributor Finance | <input type="checkbox"/> Yes | <input type="checkbox"/> No (if yes complete NCBA Sasa Distributor form) |

BUSINESS DEBIT CARD, MOBILE BANKING APPLICATION AND PESALINK SERVICES (Applicable for: Sole Signatory, Either/Any to sign mandates)

Note: Pesalink services will be offered as part of the Mobile and/or Online Banking Service.

Auto Sweep Services (applicable to Business collection Accounts Only)

From Account name: _____ Account number:

To Account name: _____ Account number:

Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ Others (Specify): _____

Note: All funds collected in the specified cycle as per the frequency period above will be transferred to the designated account.

DECLARATION

1. We have read and been explained to (in a language that we comprehend and understand) and agree to be bound by the Account Opening General Terms and Conditions referred to herein and which form part of this application form that are available in all NCBA branches or website www.ncbagroup.com and the General Terms and Conditions (GTC) that apply to the Bank's products and services and we further acknowledge that we are bound by any variation that the Bank makes to these documents and confirm that we have obtained a copy of the Account Opening General Terms and Conditions.
2. We confirm and warrant that all information (including any documents) we have given to the Bank in connection with this application is correct, complete and not misleading. If any of the information provided is incorrect or misleading we will be personally liable either jointly or severally for the same. We undertake to promptly notify the Bank if we become aware that any information we have given changes, is incorrect or misleading.
3. We agree that the Bank will send all correspondences in online form using email or any other online media. However, the Bank reserves the right to send paper correspondences to me at my last known address as per the Bank's records.
4. We represent and warrant that we have all the necessary power and authorisations to own assets, carry on business, and enter into each of the banking agreements and any other arrangement with the Bank to ensure compliance with our obligations under this Agreement.
5. We confirm that the personal information provided in this application form and that of our joint account holder (if any) or authorised person (if any) will apply to the account(s) we hold with the Bank unless we expressly tell you otherwise.
6. We consent to the Bank contacting me at the address, email address and phone numbers we have provided to them, to give you information on other products and services that the Bank, or its strategic partners, may offer.

PRIVACY NOTICE

At NCBA, we value your privacy and are committed to protecting your personal information.

This form is used to collect personal information from you which is necessary for us to provide you with the services you require and to comply with applicable legal obligations. We may share your information with other NCBA Group members.

While using your information for authorized purposes, we may need to engage the services of third parties that may process your information outside of Kenya. When we do this, we'll ensure that the transfer is done lawfully and only to third parties who are obligated to handle the information with an appropriate level of protection to ensure the security of your information.

From time to time we may contact you with details of other bank products, services or offers we provide or events and competitions we run and you may opt-out of this at any point by sending an email to contact@ncbagroup.com.

For further details on how we use your information, and your rights in relation to our use of this information, please refer to our Privacy Notice at <https://ke.ncbagroup.com/privacy-policy/> or you may request a hardcopy at any of our branches.

I/We the undersigned, confirm that I/We have read and understood the terms outlined in the Privacy Notice available at <https://ke.ncbagroup.com/privacy-policy/>. I/We hereby authorize NCBA and its affiliates to process my personal information for the purpose stated above and as stipulated in the Privacy Notice.

AUTHORISED SIGNATORY(IES)

By signing on this form I/we request you to open an account(s) in my/our name. I/We commit to provide any and all documentary proof that the Bank will find necessary for the validation of this application.

I/We confirm that the information provided, is correct and to the best of my knowledge. By signing this application form, I/We understand that I/We will be deemed to and I/We confirm that, prior to signing this application form, I/we have read, understood and accepted the General Terms and Conditions (GTC) that apply to the Bank's products and services and I/we hereby agree to comply, observe and be bound by the GTC (as amended from time to time) and update on the Bank's website www.ncbagroup.com.

For

Name	Signature	ID number	Date

* Company Seal (where applicable)

FOR OFFICIAL USE ONLY

Customer number: _____ Account number:

Account officer: _____ Account opened by _____

Account officer code (DAO 1): _____ Preferred branch (DAO 2): _____ Sales code (DAO 3): _____

Signature: _____ Date: (dd/mm/yyyy)

Authorized by: _____

Signature: _____ Date: (dd/mm/yyyy)

Sector: _____ Industry: _____ Legal Entity: _____

Account Number:

Account Restrictions: _____ Special instructions: _____

AML Risk Category: _____ Review date: _____ PEP status: _____

FATCA INDICATOR

1. Are any of the stakeholders US persons (from questions included in stakeholder details)? If so, is the total shareholding of these US persons more than 10%? Yes No

2. Has the customer indicated whether the entity expects to receive US source investment income? Yes No

3. Has the customer indicated whether the entity expects to receive US source trade and business income? Yes No

FATCA status Yes No

If Yes, FATCA documentation to be completed;

1. Form W9
2. Form W-8BEN-E
3. Form W-8ECI

See guide on which forms are applicable based on the above responses:

Question 1	Question 2	Question 3	Form to fill
y	y	y	W-9
y	n	n	W-9
y	n	y	W-9
n	y	y	W-8BEN-E & W-8ECI
n	y	n	W-8BEN-E
n	n	y	W-8ECI

	Verified by:	Checked by:	Authorized by:
Name			
Signature			
Date	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)

AIDE MEMOIRE CHECKLIST

(Please tick requisite documents obtained and attached)

COMPANY

- ☐ Certified copy of Certificate of Incorporation
- ☐ Certified copy of Company Memorandum and Articles for Companies incorporated before the year 2015 For Companies incorporated from 2015 and after certified copy of Company registration (form CR1) or Registration Form
- ☐ Certified copy of the Model Memorandum for the company depending on the type of company
 - ☐ Certified Model memorandum for a Company limited by shares
 - ☐ Certified Model memorandum for a Company limited by guarantee
 - ☐ Certified Model memorandum for a Company whose liability is unlimited
- ☐ If the Company has opted to have its own articles or additional articles to supplement or modify the model articles then the certified Articles of Association should be provided. (Confirm adoption of the articles from the company registration form)
- ☐ List of current Directors / Notification of change of Directors A/C
- ☐ Resolution of Board of Directors to open the account and the appointment of the authorized signatories
- ☐ Certified copy of the Notice of appointment of the local representative or representatives (Foreign companies)
- ☐ Power of Attorney for the authorized signatories (where applicable)
- ☐ KRA PIN Number
- ☐ Directors KRA PIN Number
- ☐ Certified copy of the Appointment of Directors and their particulars (Certified form CR6 for new companies)
- ☐ Certified copies of ID & / or Passport for Directors and or Signatories. At a minimum 1 Director should be a natural person
- ☐ Work permits for Foreign nationals
- ☐ Certificate of Tax Compliance (Foreign Company)
- ☐ Certified Copy of Utility Bill/Tenancy/Lease agreement for the Company. The residential address can also be supported by CR8 status check, Business Permit/License/Letters from employer or bank reference letter.
(Notice of Residential Address)
- ☐ (2) Passport size photographs of Directors and or Signatories
- ☐ Audited Financial Statements (where entity is >18 months old); OR Un-Audited Financial Statements where entity is >12 months old but <18 months old); OR 12 months cash flow forecasts for new entities (exceptional waivers may apply where suitable alternatives are provided e.g. certified statement of account from other bank)

UNLIMITED PARTNERSHIP/LIMITED LIABILITY PARTNERSHIPS

- ☐ Certified copy of Business Registration Certificate
- ☐ Partnership Mandate or Deed
- ☐ Certified copies of ID/ Passport and KRA PIN Number for officials or Authorised Signatories
- ☐ (2) Passport size photographs

- ☐ Certified Copy of Utility Bill/Tenancy/Lease agreement in the Business Name. The residential address can also be supported by CR8 status check, Business Permit/License/Letters from employer or bank reference letter. (Notice of Residential Address)
- ☐ KRA PIN Number
- ☐ Audited Financial Statements (where partnership is >18 months old); OR Un-Audited Financial Statements (where partnership is >12 months old but <18 months old); OR 12 months cash flow forecasts for new partnerships (exceptional waivers may apply where suitable alternatives are provided e.g. certified statement of account from other bank)

CLUBS/SOCIETIES/PUBLIC BENEFIT ORGANIZATIONS/DIPLOMATIC MISSIONS

- ☐ Certified copy of Constitution/Rules/By-laws
- ☐ Certified copy of Certificate of Registration/Trust Deed or Exemption
- ☐ Certified copy of Board Resolution
- ☐ List of Registered Officials
- ☐ List of Current Members of the Board
- ☐ Resolution/ Minutes of the Board
- ☐ Certified copies of ID or Passport and PIN of Officials and/ or Signatories
- ☐ (2) Passport size photographs of Officials and/ or Authorized Signatories
- ☐ Certified Copy of Utility Bill/Tenancy/Lease agreement for the organisation. The residential address can also be supported by CR8 status check, Business Permit/License/Letters from employer or bank reference letter. (Notice of Residential Address)
- ☐ KRA PIN Number for the organization
- ☐ Authorised letter and work permit/ Diplomatic pass for signatories

SOLE PROPRIETORSHIP

- ☐ Certified copy of Business Registration Certificate
- ☐ Certified copy of ID or Passport of the registered proprietor
- ☐ (2) Passport size photographs of the registered proprietor Certified
- ☐ Certified Copy of Utility Bill/Tenancy agreement
- ☐ Certified Copy of KRA PIN Certificate of the registered proprietor
- ☐ Work permits for Foreign nationals
- ☐ Business permits from relevant Authorities
- ☐ Audited financial statements (where proprietorship is >18 months old) OR Un-Audited Financial Statements (where proprietorship is >12 months old but <18 months old); OR 12 months cash flow forecasts for new proprietorship (exceptional waivers may apply where suitable alternatives are provided e.g. certified statement of account from other bank)(exceptional waivers may be considered for new proprietorships)

