



# BUSINESS ACCOUNT OPENING APPLICATION FORM



## 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 (Specify Product) \_\_\_\_\_

Currency:  KES  USD  GBP  EURO  Other (specify) \_\_\_\_\_

Foreign Currency Accounts: Please state the nature and source of the Foreign Currency \_\_\_\_\_

Expected annually business turnover (KES Equivalent)  Up to Kes 36,000,000  Kes 36,000,001 - Kes 500,000,000  
 above Kes 500,000,000

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: \_\_\_\_\_

Sector/Industry: \_\_\_\_\_

Business registration number: \_\_\_\_\_ Date of registration/ Incorporation: \_\_\_\_\_

Country of registration: \_\_\_\_\_ PIN: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_ Town/ City: \_\_\_\_\_

Country: \_\_\_\_\_ Physical address: \_\_\_\_\_ Building/Floor: \_\_\_\_\_

Mobile no: \_\_\_\_\_ Tel. no: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**

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/Passport No.: \_\_\_\_\_ Passport/Expiry date: \_\_\_\_\_ PIN/Number: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Town/ City: \_\_\_\_\_ Country: \_\_\_\_\_

Physical (Residential) address: \_\_\_\_\_ Street name: \_\_\_\_\_

Estate: \_\_\_\_\_ Hse/L.R No.: \_\_\_\_\_ Tel Off.: \_\_\_\_\_

Mobile no: \_\_\_\_\_ Tel. no: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you have income from 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**

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/Passport No.: \_\_\_\_\_ Passport/Expiry date: \_\_\_\_\_ PIN/Number: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Town/ City: \_\_\_\_\_ Country: \_\_\_\_\_

Physical (Residential) address: \_\_\_\_\_ Street name: \_\_\_\_\_

Estate: \_\_\_\_\_ Hse/L.R No.: \_\_\_\_\_ Tel Off.: \_\_\_\_\_

Mobile no: \_\_\_\_\_ Tel. no: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you have income from 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**

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/Passport No.: \_\_\_\_\_ Passport/Expiry date: \_\_\_\_\_ PIN/Number: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Town/ City: \_\_\_\_\_ Country: \_\_\_\_\_

Physical (Residential) address: \_\_\_\_\_ Street name: \_\_\_\_\_

Estate: \_\_\_\_\_ Hse/L.R No.: \_\_\_\_\_ Tel Off.: \_\_\_\_\_

Mobile no: \_\_\_\_\_ Tel. no: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you have income from 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 4**

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/Passport No.: \_\_\_\_\_ Passport/Expiry date: \_\_\_\_\_ PIN/Number: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Town/ City: \_\_\_\_\_ Country: \_\_\_\_\_

Physical (Residential) address: \_\_\_\_\_ Street name: \_\_\_\_\_

Estate: \_\_\_\_\_ Hse/L.R No.: \_\_\_\_\_ Tel Off.: \_\_\_\_\_

Mobile no: \_\_\_\_\_ Tel. no: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you have income from 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.
_____	_____	_____	_____	_____

**SPECIMEN SIGNATURE FORM (MANDATE FILE) AND CONTACT DETAILS**

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

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

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

	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) \_\_\_\_\_

Other accounts held currently (with NCBA or other banks)

Bank name: \_\_\_\_\_ Branch: \_\_\_\_\_ A/CNo.: \_\_\_\_\_

Bank name: \_\_\_\_\_ Branch: \_\_\_\_\_ A/CNo.: \_\_\_\_\_

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)

Account name: \_\_\_\_\_ Branch: \_\_\_\_\_ A/CNo.: \_\_\_\_\_

Account name: \_\_\_\_\_ Branch: \_\_\_\_\_ A/CNo.: \_\_\_\_\_

## CHEQUE BOOKS, SMS ALERTS, SWIFT ADVISES AND STATEMENT DETAILS

Cheque Book:  1 Book (50 Leaves)  1 Book (100 Leaves)  Other (specify) \_\_\_\_\_

Preferred cheque book collection branch \_\_\_\_\_

Statement Cycle:  Daily  Weekly  Monthly  Quarterly  No Statement

E-Statement and Swift Advices preferred email address \_\_\_\_\_

Additional Email address \_\_\_\_\_

## DECLARATION

1. We have read and been explained to (in a language that we comprehend and understand) and agree to be bound by the Business Banking Account Opening General Terms and Conditions referred to herein, the NCBA Till Short Code Terms and Conditions, the Online Banking General Terms and Conditions which form part of this application form that are available in all NCBA branches or website [www.ncbagroup.com](http://www.ncbagroup.com) and I/we agree to be bound by them. We further acknowledge that we are bound by any variation that the Bank makes to these documents and confirm that we have obtained a copies of the General Terms and Conditions aforementioned.
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 severably 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, 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 authorise the Bank to disclose to, and verify any of the information we have given to the Bank or our credit standing from anyone the Bank may consider appropriate (such as an authority or credit reference agency).
6. 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.
7. 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.
8. We agree and acknowledge that If we are applying for a bundled product that the Bank may vary or terminate the pack age offers or change the terms of the package by giving us notice.
9. We also understand that should we wish to terminate one of the bundled products, we agree that the Bank may charge us an additional fee for the remaining product(s).
10. We agree that the Bank has the right to set off the amount held in lien against which a cash secured facility(ies) has been granted to us by the Bank, in the event of default. We authorise the Bank to purchase such foreign currency with the monies standing to the credit of our account(s) as may be necessary, to effect the set off and settle any outstanding on the loan facility where necessary to facilitate the offsetting of the facility in default. We agree that the lien will only be lifted upon full repayment of the facility(ies). We further agree that we shall lay no claim whatsoever to the funds under lien until such time the facility is repaid in full.

**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](mailto: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.

**To be completed by the Directors / Partners / Ultimate beneficial owner / Sole proprietor / Officials / Trustees**

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](http://www.ncbagroup.com).

Name	Signature	ID number	Date

\* Company Seal (where applicable)

**Ultimate Beneficial Owners (UBO) not stakeholders/Directors**

Name	Physical Address	Nationality	County residence



**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

### 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



**E-CHANNELS**

1. Mobile Banking  Yes  No (if yes provide mobile number: \_\_\_\_\_)

**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.

2. NCBA Till  Yes  No (if yes complete below)

Registered organization name: \_\_\_\_\_ Credit account number: \_\_\_\_\_

Preferred NCBA Till short code in order of preference.

A. 6 Digits

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ (E.g. 123456)

OR

B. Alphabet or Alphanumeric

1. PAY \_\_\_\_\_ 2. PAY \_\_\_\_\_ 3. PAY \_\_\_\_\_ (E.g. PAYNCBA12)

NB: Above preferred codes are subject to availability else the bank shall allocate the next available short code

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(For payment SMS alerts e.g., Cashiers No) (For payment Email alerts)

3. Online Banking

**KINDLY INDICATE THE USER TO BE SET UP BELOW**

Title	Full Names	Viewer	Initiator (without view rights)	Initiator (with view rights)	Authorizer (Signatory)	Accounts to be accessed	Limit	Mobile Number	Email addresses

\* Limit is the maximum amount you wish to transact on any particular day

**To be completed by the Directors / Partners / Ultimate beneficial owner / Sole proprietor / Officials / Trustees**

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 updated on the Bank's website www.ncbagroup.com.

Name	Signature	ID number	Date

\* Company Seal (where applicable)

