

## PERSONAL ACCOUNT OPENING FORM

### TELL US ABOUT YOURSELF

Title:  Mr.  Mrs.  Ms.  Dr.  Prof.  Hon.  Other (please specify): \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ dd/mm/yyyy Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Residence (country): \_\_\_\_\_ Marital status:  Single  Married  Other (specify) \_\_\_\_\_

ID/ Passport Number: \_\_\_\_\_ Passport expiry date: \_\_\_\_\_

(Alien ID, Disciplined forces ID)

KRA PIN number: \_\_\_\_\_ Tax Exempted  No  Yes (Attach certificate)

Mother's maiden name/ memorable word (security feature for your protection) \_\_\_\_\_

### JUNIOR/CHILD ACCOUNT (BELOW 18 YEARS) – provide birth certificate of minor

Child Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ dd/mm/yyyy Relationship: \_\_\_\_\_

Birth Certificate/ Notification No.: \_\_\_\_\_ Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

### HOW CAN WE REACH YOU?

Mobile number\* \_\_\_\_\_ Office phone number: \_\_\_\_\_

\*We will automatically set you up on mobile banking and register your number on PesaLink.

Email address\*: \_\_\_\_\_ Twitter handle/ Facebook: \_\_\_\_\_

\*We will send your monthly account statements on email (e-statement) to the email address you have given us above.

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

Physical address: \_\_\_\_\_ Street name: \_\_\_\_\_ Estate/ Village: \_\_\_\_\_ House No.: \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### ACCOUNT DETAILS

Current Account:  KES  USD  GBP  EUR  Other (specify) \_\_\_\_\_

Savings Account:  KES  USD  GBP  EUR  Other (specify) \_\_\_\_\_

Account service level:  Bundled  Pay as you go

Account category:  Individual  Joint

Names of joint applicant(s) \_\_\_\_\_ Account title \_\_\_\_\_

### SOURCE OF INCOME

Salaried  Self-employed  Others (Specify) \_\_\_\_\_

Gross/Estimated Monthly Income: \_\_\_\_\_

Occupation/ Position/ Designation: \_\_\_\_\_ Employee department: \_\_\_\_\_

Name of employer/ Business \_\_\_\_\_ Nature of business: \_\_\_\_\_

Employer's/ Business postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_ Town/ City: \_\_\_\_\_

Physical address: \_\_\_\_\_ Street: \_\_\_\_\_ Country: \_\_\_\_\_ Tel. number: \_\_\_\_\_

Employer's/ Business email address: \_\_\_\_\_

Are you expecting funds in foreign currency?  Yes  No If Yes state the currency \_\_\_\_\_

## BANK ACCOUNT(S)

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ A/C No.: \_\_\_\_\_ No. of Years \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ A/C No.: \_\_\_\_\_ No. of Years \_\_\_\_\_

## FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Do you have income from USA:  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  Yes  No US resident  Yes  No US green card holder  Yes  No

## OTHER SERVICES & PRODUCTS (Account operating tools)

I/We request to be subscribed to the following services /products whose terms of use I/We confirm to have read and understood.  
(Additional form may be required)

Debit Card  Online Banking  Cheque Book  Email Indemnity

Debit Card (Issued to Joint Accounts where the mandate is any or either to sign)

My preferred domicile branch is \_\_\_\_\_  
(We will send your cheque book and cards to this branch).

Operating Mandates:  Sole  Either/or  All to sign  Other (specify) \_\_\_\_\_

## 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.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (dd/mm/yyyy) Date: \_\_\_\_\_ (dd/mm/yyyy)

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

Sign here (within the boundary of this box)

Attach  
coloured  
passport  
photo

