

ACCOUNT TRANSITION FORM - JUNIOR SAVINGS

I hereby acknowledge/inform the bank that my child is now 18 years of age and can now operate his/her own account.

I therefore would like to transition the account to him/her and give him/her full authority to transact on his/her own behalf.

For the funds available in the existing account; (Select the applicable option)

Transfer the funds to the new account Transfer to my account held in NCBA

Account name: _____

Account Number: _____ Amount _____ and thereafter proceed to close the account.

EXISTING ACCOUNT DETAILS

Account Name: _____ Account no: _____

Parent's/ Gurdian's Name: _____ Signed as per account mandate: _____

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

Sign here (within the boundary of this box)

NEW ACCOUNT HOLDER DETAILS

Title: Mr. Miss Name: _____

Date of birth: _____ Gender: _____ Nationality: _____

Residence (country): _____ Marital status: Single Married

ID/ Passport Number: _____ Passport expiry date: _____

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

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

HOW CAN WE REACH YOU?

Mobile 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) _____

SOURCE OF INCOME

Student Self-employed Salaried

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 Email Indemnity

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

Operating Mandates: Sole

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FOR BANK USE ONLY

Account Number: Customer Target _____ Customer Industry _____

Customer Sector _____ Account Officer code (DAO 1) _____ Preferred branch (DAO 2) _____

Sales Code (DAO 3) _____

Account Restrictions _____ Special instructions _____

AML Risk Category _____ Review date Foreigner Yes No PEP status Yes No

FATCA status: Yes No If Yes, FATCA documentation to be completed if yes, complete Foreigner Introduction Form

Form W9 (U.S Persons only) Form W-8BEN (Non U.S Persons only)

Written explanation for US born non-US citizens (Confirmation of renunciation of U.S Citizenship / reason for not taking up U.S citizenship at birth)

Authenticated by: _____ Authorised for opening by: _____ Input by: _____ Authorised by: _____

Name _____

Date _____

Signature _____