

ACCOUNT OPENING FORM-ENTITIES

(Incorporated & Non-Incorporated)

This form should be completed in CAPITAL LETTERS using BLACK INK. Characters and marks should be similar in style to the following 'ABC'

Currency				
KES	USD	EURO	GBP	YEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category of Business

Limited Liability Company Partnership Sole Proprietorship MDAs Schools Others _____

Type of Account (Please indicate the type of account you want to open by ticking in the boxes below)

Corporate Current Lawyers Account Mpower Biz Community Current Other _____

Account No. (for official use only)

Customer Number

Branch _____

1. COMPANY DETAILS (Please complete in BLOCK LETTERS and tick where necessary)

Company/Business _____

Certificate of Incorporation/Registration Number _____ Date of Registration

Jurisdiction of incorporation/Registration _____

Type/Nature of Business (Specific not generic) _____ Sector/Industry _____

Operating Business Address _____

Business

Address/Registered Office (If different from above) _____

Landmark/Nearest Bus-stop _____ E-mail Address _____

Website (if any) _____ Phone Number (1) _____

Phone Number (2) _____ Tax Identification Number (KRA PIN) _____

2. ANNUAL TURNOVER

(a) Less than KES50 Million KES50 Million-Less than KES500 Million KES500Million-Less than 5 Billion Above KES5 Billion

(b) Source of funds (Source of economic activities that generates income) _____

(c) Is your Company quoted on any Stock Exchange Yes No

(d) If answer to question (b) is yes, indicate which Stock Exchange and the Stock Symbol: _____

3. ACCOUNT SERVICE(S) REQUIRED (Please tick option below)

Do you want to be issued with a chequebook? Yes No If yes, indicate the number of leaves: 30 50 100

Would you like to sign up to mobile banking? Yes No

Would you like to get account notification alerts? Yes No

Would you like to be issued with a Debit Card? Yes No

Indicate names to be used on your Debit card _____

Would you like to sign up to internet banking? Yes No

Internet Banking Request Email Address _____

Electronic Banking Preferences: Primus+(Internet Banking) ATM POS Mobile Banking

Transaction Notification: SMS Alert (Fee applies) E-mail Alert (Free)

Statement Delivery Preferences: E-mail (Free) Branch

Statement Frequency: Monthly Quarterly Annually

4A. DETAILS OF THE DIRECTORS/SIGNATORIES/EXECUTIVES/TRUSTEES/ADMINISTRATORS/PRINCIPAL OFFICERS/SOLE PROPRIETOR

1. Name _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Sex: Male Female Means of Identification _____ ID Number _____

KRA PIN

--	--	--	--	--	--	--	--	--	--	--	--

 ID Issue Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 ID Expiry Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Do you have dual citizenship? Yes No If yes, please specify _____

Role: *please tick the appropriate box* Director Signatory Percentage Holding _____

Occupation
(Specific not generic) _____

Residential Address

Street Name _____

County/Town _____

Phone Number (1) _____ Phone Number (2) _____

E-mail address _____

Class of Signatory _____ Signature _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Affix Passport
Photograph Here

2. Name _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Sex: Male Female Means of Identification _____ ID Number _____

KRA PIN

--	--	--	--	--	--	--	--	--	--	--	--

 ID Issue Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 ID Expiry Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Do you have dual citizenship? Yes No If yes, please specify _____

Role: *please tick the appropriate box* Director Signatory Percentage Holding _____

Occupation
(Specific not generic) _____

Residential Address

Street Name _____

County/Town _____

Phone Number (1) _____ Phone Number (2) _____

E-mail address _____

Class of Signatory _____ Signature _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Affix Passport
Photograph Here

3. Name _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Sex: Male Female Means of Identification _____ ID Number _____

KRA PIN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 ID Issue Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 ID Expiry Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Do you have dual citizenship? Yes No If yes, please specify _____

Role: *please tick the appropriate box* Director Signatory Percentage Holding _____

Occupation
(Specific not generic) _____

Residential Address

Street Name _____

County/Town _____

Phone Number (1) _____ Phone Number (2) _____

E-mail address _____

Class of Signatory _____ Signature _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Affix Passport
Photograph Here

4. Name _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Sex: Male Female Means of Identification _____ ID Number _____

KRA PIN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 ID Issue Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 ID Expiry Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Do you have dual citizenship? Yes No If yes, please specify _____

Role: *please tick the appropriate box* Director Signatory Percentage Holding _____

Occupation
(Specific not generic) _____

Residential Address

Street Name _____

County/Town _____

Phone Number (1) _____ Phone Number (2) _____

E-mail address _____

Class of Signatory _____ Signature _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Affix Passport
Photograph Here

4B. DETAILS OF A SOLE PROPRIETORSHIP

1. DETAILS OF NEXT OF KIN (SOLE PROPRIETOR)

Title _____ Name _____

Date of Birth Sex: Male Female Relationship _____

Contact Details:

Phone Number (1) _____ Phone Number (2) _____

E-mail address _____

5. ACCOUNT MANDATE

Account Type:

a. Account name _____

b. Account No. Account No.

Account No. Account No.

c. Mandate authorisation / Combination rule (Please tick as appropriate): Sole Signatory Two or more

If two or more are to sign, please specify _____

6. ADDITIONAL DETAILS

I. Name of affiliated company/Body: 1. _____

2. _____

II. Parent Company's Country of Incorporation: _____

III. DETAILS OF ACCOUNTS HELD WITH OTHER BANKS BY THE PROSPECTIVE COMPANY/PARTNERSHIP/SOLE PROPRIETORSHIP

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	DATE ACCOUNT OPENED	STATUS: ACTIVE/DORMANT
1					
2					

7. LETTER OF INDEMNITY

The Customer hereby agrees that the Customer shall, at his/its own expense, indemnify, defend and hold harmless Access Bank Kenya Plc from and against any and all liability any other loss that may occur, arising from or relating to the operation or use of the Account or the Services or breach, non-performance or inadequate performance by the Customer of any of these Terms or the acts, errors, representations, misrepresentations, misconduct or negligence of the Customer in performance of its obligations.

The Customer shall keep Access Bank Kenya Plc indemnified at all times against, and save Access Bank Kenya Plc harmless from all actions, proceedings, claims, losses, damages, costs, interest (both before and after judgement) and expenses (including legal costs on a solicitor and client basis) which may be brought against or suffered or incurred by Access Bank Kenya Plc in resolving any dispute relating to the Customer's Account with Access Bank Kenya Plc or in enforcing Access Bank Kenya Plc's rights under or in connection with these Terms and conditions contained herein, or which may have arisen either directly or indirectly out of or in connection with Access Bank Kenya Plc performing its obligations hereunder or accepting instructions, including but not limited to, fax and other telecommunications or electronic instructions, and acting or failing to act thereon.

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO)

(This form shall be filled by shareholders/Directors of companies seeking to open account)

AML/CFT Regulations require Access Bank Kenya to obtain the details and identity of the Ultimate Beneficial Owners (UBOs) of an applying Corporate. The UBO is an individual who ultimately owns or controls 5% or more of the Company or Group of Companies, or on whose behalf a transaction or activity is being conducted including decision makers whether de jure or de facto exercising control over the company

Name of Customer/Client

DETAILS OF BENEFICIAL OWNERS (UBOS):

I/We hereby declare that the above named company is ultimately owned by the following listed entities:

S/N	COMPANY NAME	NATURE OF BUSINESS	% OF SHARES	RC NO
1				
2				
3				

DETAILS OF BENEFICIAL OWNERS (UBOS):

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	INDIVIDUAL A	INDIVIDUAL B	INDIVIDUAL C	INDIVIDUAL D
First Name				
Middle Name				
Last Name				
Company Name				
Nationality				
Identification Document No				
Residential Address				
% of shares				

8. TERMS AND CONDITIONS, DECLARATION AND DATA PROTECTION

I/We hereby apply for the opening of an account or accounts with Access Bank (Kenya) PLC

I/WE have read, understood and accepted the Terms and Conditions hosted on the bank's website <https://kenya.accessbankplc.com> governing the opening of an account with Access Bank (Kenya) PLC and those relating to various products and services that I/We have requested including but not limited to Debit Cards/Credit Cards/Internet Banking/Mobile Banking/SMS and Email Alerts.

CUSTOMER INFORMATION

I/We understand that the information given herein is the basis for opening such account (s) and hereby warrant that such information is correct.

I/we further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided by the Bank.

AUTHORITY TO DEBIT ACCOUNT FOR SEARCH REPORT

I/We hereby authorize you to debit my/our account with the sum of KES.....being the legal cost of search conducted on our account by the Registrar of Companies.

I/We hereby affirm that in line with the relevant laws on Data Protection in Kenya, I consent to the collection and processing of my Personal Data/information in the absence of any fraud, duress, undue influence or coercion for the purpose of forming the basis of this banking relationship and other necessary data processing activities which may arise therefrom, including for the performance of the creation of a bank account between myself and Bank Kenya Plc I affirm that I have the requisite capacity under the law to consent to the collection and processing of my Personal Data. I affirm that I am aware and take cognizance of my rights under the relevant Data Protection Laws in Kenya which include the right to request for access, amendment, rectification or cancellation or destruction of my Personal Data/information, the right to lodge complaint with the relevant authority as well as the right to object to the processing of my Personal Data. I further consent to the processing of my Personal Data (within or outside Kenya), including transfer of my Personal Data to any third party for reasons associated with the purpose for which the data is being processed as stated above, including but not limited to data collection, processing and storage.

Company Stamp/
Company Seal

Date:

1. Director
Name _____
Signature _____

1. Signatory
Name _____
Signature _____

2. Director
Name _____
Signature _____

2. Signatory
Name _____
Signature _____

3. Director
Name _____
Signature _____

3. Signatory
Name _____
Signature _____

4. Director
Name _____
Signature _____

4. Signatory
Name _____
Signature _____

FOR BANK USE ONLY

9. IN THE PRESENCE OF/RM

Name _____ Occupation _____

Address _____

Signature:

Date:

A. ACCOUNT OPENED BY:

Name _____

Signature:

Date:

D. ACCOUNT OPENING AUTHORIZED/APPROVED BY:

Name _____

Signature:

Date:

10. REQUIREMENTS CHECKLIST

S/N	DOCUMENTS REQUIRED	PRESENTED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature				
3.	Copy of certificate of Registration				
4.	Board Resolution				
5.	Copy of Memorandum and Article of Association (certified as true copy by the Registrar of Company)				
6.	Form CR1 Particulars of Directors/Form CR2 allotment of shares				
7.	Form CR12				
8.	Partnership Deed				
9.	Approval Letter (for Government Agency)				
10.	Gazette (for Government Agency)				
11.	Two (2) passport sized photograph of each signatory to the account with name written on the reverse side				
12.	Introduction letter with (2) passport sized photograph of contact person or authorized agent				
13.	Resident Permit (for Non-Kenyans)				
14.	Search Report				
15.	Power of Attorney (Where Applicable)				
16.	Letter of Indemnity				
17.	Proof of Company address				
18.	Proof of identity of all signatories and Directors whose name appear in the account opening form or document (valid means of ID must be provided)				
19.	Proof of address of all signatories and Directors, or officers whose name appear on the account opening form/document utility bill				
20.	Evidence of registration with KRA				
21.	Copy of the audited financial statements				

