



ACCOUNT OPENING FORM

Individual



more than banking

Access Bank (Kenya) PLC is regulated by the Central Bank of Kenya.

ACCOUNT OPENING FORM-INDIVIDUAL

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

Category of Account:
 (Tick as appropriate)

Individual Joint

Type of Account
 (Please tick as appropriate)

Savings Current Fixed Investment

KES	USD	EUR	GBP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Branch:

Account No. (for official use only)

Customer No. (for official use only)

1. PERSONAL INFORMATION

Title: Mr. Mrs. Prof. Other: _____

Name: _____
Surname First Name Middle Name

Nationality: _____ County: _____ Town: _____

KRA PIN: _____ Date of Birth: ID No.:

National ID Card International Passport Alien ID/work permit for non-citizens * Others (please specify) _____

Purpose of Account: _____ Mobile No.: _____

E-mail address: _____

Physical Address: _____

2. PERSONAL INFORMATION II (Joint applicant where applicable)

Title: Mr. Mrs. Prof. Other: _____

Name: _____
Surname First Name Middle Name

Nationality: _____ County: _____ Town: _____

KRA PIN: _____ Date of Birth: ID No.:

National ID Card International Passport Alien ID/work permit for non-citizens * Others (please specify) _____

Purpose of Account: _____ Mobile No.: _____

E-mail address: _____

Physical Address: _____

3. EMPLOYMENT DETAILS

Employment Status: Employed Self Employed Unemployed Retired Student Others _____

Annual Salary/Expected Annual Income Range

(a) KES0 -KES 50,000 (b) KES51,000 - KES250,000 (c) KES251,000-KES500,000 (d) KES501,000-Less than KES1000,000
 (e) KES1million-Less thanKES5million (f) KES 5million- Less-than KES 10million (g) KES10million-Less than KES 20million (h) Above KES 20million

Employer's Name: _____ Date of Employment (if employed):

D	D	M	M	Y	Y	Y	Y
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Employer's Address: City/Town: _____ County: _____

Nature of Business/ Occupation: _____ Office Phone Number: _____

4. 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

5. DETAILS OF NEXT OF KIN

Title: _____ Name: _____

Relationship: _____ ID/Passport No.: _____

E-mail address: _____ Mobile No.: _____

6. ACCOUNT MANDATE

Account Name: _____

Account No. (for official use only)

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Mandate authorization/Combination rule: (Please tick as appropriate): Either to sign Both to sign Sole Signatory

Signatories
 Surname: _____ First Name: _____ Middle Name: _____

Identification Type: _____ Identification No: _____ Phone Number: _____

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Signatories (Joint Applicant)

Surname: _____ First Name: _____ Middle Name: _____

Identification Type: _____ Identification No: _____ Phone Number: _____

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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7. DECLARATION

I/We hereby apply for the opening of account(s) with Access Bank (Kenya) PLC. I/We understand that the information given herein and the documents supplied are the basis for opening such account (s) and I/We therefore 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.

Name: _____

Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Name: _____

Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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8. ACCOUNT OPENED BY:

Surname: _____ Name: _____

Signature:

Salesperson MIS Code: _____ Date:

D	D	M	M	Y	Y	Y	Y
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9. DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORIZED BY:

Surname: _____ Name: _____

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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10. ADDRESS VERIFICATION CARRIED OUT BY:

Surname: _____ Name: _____

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Comment(s) (Address description and result finding):

14. ACCOUNT OPENING AUTHORIZED/APPROVED BY:

Surname: _____ Name: _____

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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CUSTOMER ATTESTATION

I/We.....
attest that our account will not be used for the following businesses listed below, as prohibited by Access Bank (Kenya) PLC. In the event of such transactions, please take this as an instruction to close my account with the Bank:

- 1. Cryptocurrency (Trading/Exchanger) 2. Online Betting/Casino 3. Gambling/Lottery businesses 4. Bitcoin or other virtual currency dealers 5. Nested/Downstream Correspondent Banks 6. Online gaming firms 7. Foreign Shell banks 8. Arms dealers 9. Red light 10. Informal Value Transfer System (IVTS)[1] payments in accordance with FinCEN's 2010 Advisory**

The attestation should be signed as per account mandate.

Individual/Proprietor/Director Name: _____

Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Individual/Proprietor/Director Name: _____

Signature: _____ Date:

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

Individual/Proprietor/Director Name: _____

Signature: _____ Date:

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

Bank Official:

Name: _____

Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Stamp

INDEMNITY FOR HONOURING NON-CHEQUE FUNDS TRANSFER INSTRUCTIONS

I/We are fully aware that funds transfer instructions in this Account shall be by my/our cheque signed according to mandate and I/we hereby acknowledge that the use of facsimile (fax), telephone, e-mail, letters (on letter head or otherwise) or other unsecured means of communication to convey instructions for funds transfers or any other such instructions not backed by my/our cheque that will lead to the debit or credit as the case may be of my/our account is associated with additional risks and fraud exposure.

In consideration of the Bank agreeing to accept and act upon any such instructions, communications and documents by facsimile (fax), telephone, e-mail, letters issued according to my/our mandate and unaccompanied by my/our cheque, I/We hereby irrevocably undertake to indemnify the Bank and hold it harmless from and against all costs (including without limitation legal fees and expenses, claims, losses, liabilities, damages and proceedings) whatsoever that the Bank may suffer or incur or that may arise as a result of the Bank's accepting or acting upon such instructions, communication or documents. Furthermore, I/We hereby irrevocably release the Bank from any and all liability in the event that any telephone, e-mail, facsimile transmission or letter is not received, or is mutilated, altered, illegible or interrupted, duplicated, incomplete, unauthorized, or delayed for any reason or is tampered with howsoever or suffers any other form of defect whatsoever.

The Bank shall have absolute discretion, for any reason whatsoever but without any obligation to disclose any such reason, to act or not to act upon documentation received by facsimile, email or letters or instructions received by telephone unaccompanied by my/our cheque and/or to request verification or authentication of documents and instructions received by such means

This indemnity shall remain valid for the duration of our relationship with Access Bank (Kenya) PLC.

Dated this _____ day of _____ 20_____

Authorized Signatory

Authorized Signatory

IN THE CASE OF A NON-CORPORATE ENTITY:

Name: _____ Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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DECLARATION

I/WE confirm that the information I/WE have provided herein, and disclosures made are correct and true to the best of MY/OUR 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 product and services hosted on the banks website <https://kenya.accessbankplc.com/> , and I/WE hereby agree to comply, observe and be bound by the GTC (as amended from time to time). I/WE further confirm that a copy of the GTC has been issued to me /us.

Authorized Signatory

Date:

Affix
Passport
Photograph
Here

Affix
Passport
Photograph
Here

Authorized Signatory

Date:

Affix
Passport
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DATA PROCESSING CONSENT FORM

I hereby agree and consent as follows:

1. That the Bank may collect, use, disclose and process my personal information as set out in my application form, account opening documents and/or otherwise provided by me or my authorized representatives or possessed by the Bank, for one or more of the purposes stated in the Bank's Privacy Statement.
2. My personal data may/will be disclosed by the Bank to its third party service providers or agents (including but not limited to its auditors, lawyers/law firms, debt collectors) which might be sited outside Kenya, for one or more purposes, as such third party service providers or agents. 3. If engaged by the Bank, would be processing my personal data for the Bank for one or more purposes set out in the Privacy Policy. I am aware that may withdraw my consent at any time by informing the Bank as per the Bank's Privacy Policy.
4. By signing below, I represent and warrant that I am the user of the personal data set put in my application form, account opening documents and/or authorized representatives or possessed by the Bank and that I have read and understood all the provisions of the Bank's privacy statement found on the Bank's website (<https://www.accessbankplc.com>)
5. Authorize the Bank may process the personal data both within and outside Kenya, in accordance with the Bank's Privacy Policy.

Signature:

