

**Details of business**

Company name

Trading name (if different from the registered name)

Nature of business (Industry)  Manufacturing  Financial  Export/Import  Services  Retail  Wholesale  Consultancy  
Other (specify)

Certificate of Reg./Incorporation No.  Country of incorporation  Date of incorporation

PIN (if any)

**Contact address**

Postal address  Postal code  Town/City

Country  Telephone         Fax number

Cell phone number           Website

Email address

**Physical address**

Location/ Street  Building  Floor/Door number

Building block number

**Personal director details**

Full name as per ID  Gender

Surname  Other names

Nationality  Date of birth

Marital status  P.O. Box No.  Postal code

ID/Passport No.  Expiry date (where applicable)

Tel  Personal mobile

Physical address: Location  Building No.  House/Estate No.

**List of accounts with NBK/other banks**

A/C No.	Bank	Branch

**Personal director details**

Full name as per ID  Gender

Surname  Other names

Nationality  Date of birth

Marital status  P.O. Box No.  Postal code

ID/Passport No.  Expiry date (where applicable)

Tel  Personal mobile

Physical address: Location  Building No.  House/Estate No.

**List of accounts with NBK/other banks**

A/C No.	Bank	Branch

**Personal director details**

Full name as per ID  Gender  M  F

Surname  Other names

Nationality  Date of birth

P.O. Box No.  Postal code

ID/Passport No.  Expiry date (where applicable)

Tel  Personal mobile

Physical address: Location  Building No.  House/Estate No.

**List of accounts with NBK/other banks**

A/C No.	Bank	Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Personal director details**

Full name as per ID  Gender  M  F

Surname  Other names

Nationality  Date of birth

P.O. Box No.  Postal code

ID/Passport No.  Expiry date (where applicable)

Tel  Personal mobile

Physical address: Location  Building No.  House/Estate No.

**List of accounts with NBK/other banks**

A/C No.	Bank	Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Account details****Type of company**

- Limited liability (LTD)  Partnership  Sole proprietorship  Informal body e.g school, trust  Foundation/NGO
- Other (specify)

I/We hereby apply for:  Business Current  Savings  Transactional  Fixed Deposit  Call Deposit

Other (specify)

Currency:  Kshs  Foreign currency(specify)

**Financial information**

Please tick in the relevant boxes below to indicate the expected normal range of activity in your account

**Turnover (kshs)**

Transaction type	Anticipated No. of monthly transactions	Amount
Deposit	<input type="checkbox"/> 0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> >50	<input type="checkbox"/> <500K <input type="checkbox"/> >500K
Withdrawal	<input type="checkbox"/> 0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> >50	<input type="checkbox"/> <500K <input type="checkbox"/> >500K

**Reason for opening an A/C with NBK**

Business investment  Transactional  Overdraft  Loan repayment

Other (specify)

Cheque book requisition No. of cheque leaves  50  100

Account statement frequency  Daily  Weekly  Monthly  Quarterly  Semi-annually

Delivery channel  Mail  Internet  Email

Application for electronic banking facility  Yes  No

Application for mobile banking facility  Yes  No

Application for Business Club  Yes  No

Name of Applicant \_\_\_\_\_ Mobile telephone No. \_\_\_\_\_

I/We confirm that the information given above is true to the best of my/our knowledge. By signing on this form I/We request you to open an account in my/our name (s). I/We agree that I/We have read, understood and accepted the terms and conditions of this account, supplied separately, and agree to be bound by them. I/We hereby authorize the Bank to disclose any information relating to my/our account (s) to any credit reference agency, any other institution or third party as it deems necessary.

Director/signatory	Director/signatory	Director/signatory	Director/signatory
PLACE PHOTO HERE	PLACE PHOTO HERE	PLACE PHOTO HERE	PLACE PHOTO HERE
Signature	Signature	Signature	Signature

Customer Details

	1st applicant	2nd applicant	3rd applicant	4th applicant
Name				
ID Number				
Date				

Special Instructions/signing mandate

Date

Branch's official stamp \_\_\_\_\_

**Agent (for over the counter withdrawals, statement collection etc.)**

**Agent**

Surname  Other names  Gender  M  F

Identification type (Tick appropriately)  ID  Passport

Number  Issuing authority  Place of issue

Date of issue  Responsibility

Agent

Full names \_\_\_\_\_ Full names \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

**Certification**

We certify that the above have been authorized to sign on behalf of the firm as per the above mandates

Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**Official use only**

Branch personnel's name

Sales code  Signature  Date  D  D  M  M  Y  Y

Account No.

ISIC code number

Branch manager's name  Signature

Business segment code: Micros  Growing business  Medium enterprise