



PERSONAL /JOINT ACCOUNT OPENING FORM

FOR OFFICIAL USE ONLY
Branch _____ Customer ID No. (Cumm.) _____ Date
Account No. _____

I/we wish to open an account at Equity Bank Ltd. and undertake to comply, observe and be bound by the General Terms and Conditions in force from time to time governing the operation of accounts with the bank.

TYPE OF ACCOUNT Current Equity Ordinary Account Other (Specify) _____

PERSONAL ACCOUNT HOLDER

Account Name _____

1ST APPLICANT

Full Names (Mr./Mrs./Ms/Miss./Dr./Prof.) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Division _____ Location _____ Sub-Location _____

Mailing Address: P.O Box _____ Code _____

Tel. Office _____ Mobile No. _____

Fax _____ Email _____

Currency: KShs. Foreign Currency (Specify) _____

Occupation _____

Employer _____

Employer's Postal Address _____

Next of Kin _____ Relationship _____

ID/Passport No. _____

Next of Kin Address _____

Tel. _____

JOINT ACCOUNT HOLDER (FOR JOINT ACCOUNT)

IF NOT REQUIRED INDICATE N/A

2ND APPLICANT

Full Names (Mr./Mrs./Ms/Miss./Dr./Prof.) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Division _____ Location _____ Sub-Location _____

Mailing Address: P.O. Box _____ Code _____

Tel. Office _____ Mobile No. _____

Fax _____ Email _____

Employment /Occupation Details _____

Personal File No. /Growers No. /Others _____

Employer's Postal Address _____ Tel: _____

3RD APPLICANT

Full Names (Mr./Mrs./Ms/Miss./Dr./Prof.) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Division _____ Location _____ Sub-Location _____

Mailing Address: P.O. Box _____ Code _____

Tel. Office _____ Mobile No. _____

Fax _____ Email _____

Employment /Occupation Details _____

Personal File No. /Growers No. /Others _____

Employer's Postal Address _____ Tel: _____

4TH APPLICANT

Full Names (Mr./Mrs./Ms/Miss./Dr./Prof.) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Division _____ Location _____ Sub-Location _____

Mailing Address: P.O Box _____ Code _____

Tel. Office _____ Mobile No _____

Fax _____ Email _____

Employment /Occupation Details _____

Personal File No. /Growers No. /Others _____

Employers Postal Address _____ Tel: _____

INTRODUCER

Full Names (Mr./Mrs./Ms/Miss./Dr./Prof.) _____

Mailing Address: P.O Box _____ Code _____

Tel. Office _____ Mobile No. _____

Account No. _____

Do you have any other account(s) with Equity Bank or any other Bank? Yes No

If you have give details:

Account Number	Bank	Branch
1.		
2.		
3.		
4.		

Allow Sweep: Yes No

Why did you choose Equity Bank? _____

Signature authority or the Account Mandate: (Tick as appropriate).

Singly Either to sign All of us jointly Any two to sign

Other (Specify) _____

DECLARATION

I/We confirm that;

a) The information I/ We have provided herein and the disclosures made are true; and

b) I/We have received read and understood the General Terms and Conditions of the Bank and undertake to comply, observe and be bound by the same.

Names in Full (BLOCK LETTERS) of Authorised Signatories	National ID / Passport No.	Specimen Signature
1st Applicant		
2nd Applicant		
3rd Applicant		
4th Applicant		

FOR BANK USE ONLY

Account Number

Branch _____

Account Name _____

Mobile Code _____

Account Opened by _____

NAME OF STAFF

Signature _____

Date

	Form completed by/in presence of	Details input by	Account verified by
Initials/ Sign.			
Date Signed			

DOCUMENTS REQUIRED CHECK LIST

- Original ID's / Passports Sighted
- ID's / Passports copies obtained
- Application Details completed
- Specimen Signature Obtained
- Cheque book ordered
- Mandate forms completed

I confirm that I have checked that all the above details have been completed in accordance with KYC procedures and that relevant document are attached. I confirm acceptance of this customer relationship with Equity Bank Limited.

Branch Manager _____

WRITE NAME

Signature _____

Date