

Account Name	Account Number	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>																				
Account Type	<input type="checkbox"/> KES <input type="checkbox"/> USD <input type="checkbox"/> EURO <input type="checkbox"/> GBP <input type="checkbox"/> OTHER																					

CUSTOMER DETAILS: INDIVIDUAL/JOINT ACCOUNT - FIRST APPLICANT

Surname:										Other Names:																			
Date Of Birth:										Marital Status:																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; text-align: center;">D</td> <td style="width:12.5%; text-align: center;">D</td> <td style="width:12.5%; text-align: center;">M</td> <td style="width:12.5%; text-align: center;">M</td> <td style="width:12.5%; text-align: center;">Y</td> <td style="width:12.5%; text-align: center;">Y</td> <td style="width:12.5%; text-align: center;">Y</td> <td style="width:12.5%; text-align: center;">Y</td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>										D	D	M	M	Y	Y	Y	Y			Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/>									
D	D	M	M	Y	Y	Y	Y																						
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female					Nationality:					National ID/Passport No:					Expiry Date:														
Country of Residence										PIN/Tax number:																			
Mobile Telephone No.										Residential Telephone No.																			
Office Telephone No.										Email:																			
Residential Address (Physical):										Office Address (Physical):																			
Postal Address:					Postal Code:					Town:					Country:														
Number Of Dependants:																													
Next of Kin name/relation:										Address:					Tel No.														

The address given above shall be used to communicate confidential information.

Occupation:																													
Name of Employer/Line of Business/Industry (please provide details):															Designation/Job Title:														
Net income P.M.:					Expected Turnover					<input type="checkbox"/> <0.5M					<input type="checkbox"/> >0.5 to 1M					<input type="checkbox"/> >1M to 5M					<input type="checkbox"/> Over 5M				
Source of Funds: <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investments <input type="checkbox"/> Others (specify)																													
Property Holdings: <input type="checkbox"/> YES <input type="checkbox"/> NO					If Yes, Number of Properties:					Estimated Value:					KES/USD														
Accounts in Other Banks: <input type="checkbox"/> YES <input type="checkbox"/> NO					If Yes: <input type="checkbox"/> Cash <input type="checkbox"/> Securities																								
Name of Bank:					A/C No.:					Ongoing Loan or Facility: <input type="checkbox"/> YES <input type="checkbox"/> NO																			

REFERENCES / INTRODUCTION
Please obtain at least one reference from any of the following categories of persons:

Existing Account holders for at least 6 months

Reference Name:	Signature:	Address & Telephone No.:	Occupation/ Profession:	Account No. In BANK OF AFRICA:	Relationship with applicant:
1.					
2.					

FOR 123 COOL KIDS ACCOUNT

First Name:										Middle Name:										Last Name:										Gender: <input type="checkbox"/> M <input type="checkbox"/> F				
Date Of Birth:										Child Birth Certificate Number:																								
Relationship with Child: <input type="checkbox"/> Parent										<input type="checkbox"/> Guardian										<input type="checkbox"/> Other (Specify)														

FOREIGN ACCOUNT TAX COMPLIANCE ACT

Are you a U.S Resident / holder of U.S Green Card? <input type="checkbox"/> YES <input type="checkbox"/> NO										Are you a U.S Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO									
Have you granted power of attorney or signatory authority to a person with a U.S address? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
Were you born in the U.S? <input type="checkbox"/> YES <input type="checkbox"/> NO										Do you have a U.S residential address/hold mail address or C/O in the U.S <input type="checkbox"/> YES <input type="checkbox"/> NO									
Do you have a standing order from a U.S bank account <input type="checkbox"/> YES <input type="checkbox"/> NO																			

If yes, please fill in the applicable form:

W-9 (For U.S entity, citizens or resident) ; W-8BEN (For Foreign individuals)

POLITICALLY EXPOSED PERSONS DECLARATION

Does any stakeholder or signatory hold a senior position within a government? (Kenya/Foreign) or a government institution, parastatal or entity?

YES NO

If yes above please advise the following:

Name of Signatory that holds a senior role: _____

Position held: _____

(Use extra sheet in case the above provision is not enough)

Does any stakeholder or signatory have a close relative (parent, child, sibling, spouse/partner) that holds a senior position within a government (Kenya/Foreign) or a government institution, parastatal, entity?

YES NO

If yes above please advise the following:

Name of Signatory that holds a senior role: _____

Position held: _____

(Use extra sheet in case the above provision is not enough)

OTHER RELATED ACCOUNTS WITH BOA

Account Name(s) _____ Account Number(s) _____

AUTHORIZED SIGNATURE

APPEND PHOTO HERE

Name: _____

Signature: _____

Attach copies of personal identification for all authorized signatories

Mode of Account Operation

All to sign Singly Either or Survivor
 Any Two Other (specify) _____

VISA CLASSIC CARD: Yes No VISA GOLD CARD: Yes No Cheque Book: Yes No No. of leaves: 25 50

Daily Withdrawal Limit per Account: KES 50,000 Other (Specify): _____

B-MOBILE (MOBILE BANKING)

YES NO

Phone Number: _____ Default Account No: _____ Account Type: _____

SMS ALERTS AVAILABLE FOR:

• Credit Limit: KES _____ • Debit Limit: KES _____

(Please send me an SMS alert using the Designated Mobile Number when a credit of the limit amount and above is deposited into the Designated Account)

BOA WEB (INTERNET BANKING)

YES NO

User Name (All Users authorised to use BOA Web)	Account Number	Mode of Operation Single or Joint	Access Option (V) View (C) Create (S) Sign (A) All	Maximum Transaction Amount	Client Email

E-STATEMENT: YES NO

DECLARATION

I/We confirm that:

- I/We have been advised that I/We have the freedom not to enter into a contractual relationship with Bank of Africa Kenya Limited if I/We are not sure of the suitability of the products and or services or if the terms and conditions for the products or services appear onerous to me/us;
- I/We have had sufficient time to consider the terms and conditions on the Bank's products and services and I/We have decided that the same are suitable to my/our needs and that I/We are able to comply with the terms and conditions for the same;
- I/We confirm that the Bank has explained to me/us that the terms and conditions of the product may be subject to change from time to time;
- I/We therefore append my/our signature(s) hereto in acceptance of both the terms and conditions of the products and/or services (as may from time to time be amended by the Bank) and the Bank's general terms and conditions (as may from time to time be amended by the Bank), as contained on the Bank's website www.boakenya.com and accept to be bound by them and any variations thereto that may be made by the Bank from time to time and updated on the website, www.boakenya.com;

1st Signatory _____ I.D. No _____ 2nd Signatory _____ I.D. No _____

Signed in the presence of (Bank Official's Name) _____ Signature _____ Date _____

DO YOU REQUIRE A HARD COPY OF THE TERMS AND CONDITIONS? YES NO OR WILL YOU CONTINUE USING THE ONLINE VERSION? YES NO

FOR BANK USE ONLY

NOTES

Front Office:

I have confirmed the details existence and acceptability of the referees.

Name: _____

Signature: _____

Date: _____

Back Office:

I confirm that the account details have been completed and all relevant documents attached.

Name: _____

Signature: _____

Date: _____

HAVE YOU ISSUED A COPY OF THE T&Cs TO THE CUSTOMER? YES NO