



# GulfAfricanBank

Excellence. Trust. Together.

## Account Opening Form Personal or Joint Account Holder

Branch:

Customer Name:

Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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# APPLICATION TO OPEN PERSONAL OR JOINT ACCOUNT



I/We hereby apply to open the following account and undertake to comply, observe and be bound by the Terms and Conditions as indicated on this form.

**Please tick (✓) the appropriate box below:**

Customer Type:  Individual  Joint Account Holders  Child's Account

Account Type:  Hazina Savings  SASA Savings  Hajj Savings  
 Taaleb Savings  Ujira  Diaspora Savings  
 Masrufi  Annisaa  Other (please specify) \_\_\_\_\_

Currency:  KES  GBP  EUR  USD  Other (please specify) \_\_\_\_\_

Cheque book required?  Yes  No if yes, please specify number of cheque leaves required (25, 50 or 100 leaves) \_\_\_\_\_

ATM Card required?  Yes  No SMS Alert on transactions required  Yes  No

## FIRST SIGNATORY DETAILS

First Name		Second Name	
Other Names		Nationality	
Date of birth (dd/mm/yy)		PIN Number	
Country of Residence		Marital Status	
Postal Address	P.O. Box	Code	Town & Country
Physical location (Town)			Estate
E-mail			Telephone
Occupation/Profession			Employer/Nature of Business
Employer's address	P.O. Box	Code	Town & Country
Income p.m. (KES)	0 - 50,000 <input type="checkbox"/>	50,001 - 100,000 <input type="checkbox"/>	100,001 - 500,000 <input type="checkbox"/>
	<input type="checkbox"/> 1,000,001 and over (Please specify amount) _____		
<b>Other accounts currently held with Gulf African Bank or other banks</b>			
Bank Name		Branch	Account Number
Bank Name		Branch	Account Number

Photo and Signature of 1<sup>st</sup> Signatory:

Photo

Signature

Name:
ID / PP Number:
Mobile Number:

**SECOND SIGNATORY DETAILS**

First Name		Second Name	
Other Names		Nationality	
Date of birth (dd/mm/yy)		PIN Number	
Country of Residence		Marital Status	
Postal Address	P.O. Box	Code	Town & Country
Physical location (Town)		Estate	
E-mail		Telephone	
Occupation/Profession		Employer/Nature of Business	
Employer's address	P.O. Box	Code	Town & Country
Income p.m. (KES)	0 - 50,000 <input type="checkbox"/>	50,001 - 100,000 <input type="checkbox"/>	100,001 - 500,000 <input type="checkbox"/>
	<input type="checkbox"/>	1,000,001 and over (Please specify amount) _____	

**Other accounts currently held with Gulf African Bank or other banks**

Bank Name		Branch		Account Number	
Bank Name		Branch		Account Number	

Photo and Signature of 2<sup>nd</sup> Signatory:

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Signature

Name:
ID / PP Number:
Mobile Number:

**OPERATING MANDATE (for Joint Account holders)**

Please indicate how you wish to be signing on your account

<input type="checkbox"/> Sole	<input type="checkbox"/> Either/Or	<input type="checkbox"/> All to sign	<input type="checkbox"/> Other (please specify) _____
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**CHILD'S ACCOUNT**

Name of child		Gender	
Date of birth (dd/mm/yy)		Birth Certificate Number	

**INTRODUCTION DETAILS****Details of introducer**

First Name		Second Name	
Other Names		Account Number	
Period Account Held		ID/PP Number	
Postal Address	P.O. Box	Code	Town & Country
Tel Number (Personal)		Tel Number (Office)	
E-mail			

**Certificate by Introducer**

I confirm that I have known the applicant(s) for \_\_\_\_\_ years  months  (tick where applicable) and that the details outlined in this account opening form are correct. I consider the person (s) to be fit to operate a bank account.

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

By signing below I/We unequivocally agree and accept:

- a) This mandate and agreement.
- b) That you can make credit reference and other enquiries about me/us personally now and at anytime in future for the purpose of considering any request for services or credit facilities.
- c) This mandate includes the Bank's term and conditions that may be accessed within the banking halls or the Gulf African Bank's official website, and may be amended from time to time.

Name: _____ Signature: _____ Date: ___/___/___	Name: _____ Signature: _____ Date: ___/___/___
Name: _____ Signature: _____ Date: ___/___/___	Name: _____ Signature: _____ Date: ___/___/___

**NB:** Any profits made by the Bank from the Joint Investment pool shall be distributed between the Customer and the Bank; with the Customer being entitled to at least 5% and the Bank being entitled to a maximum 95% of such profits respectively. The sharing weightages shall be posted on the Bank's website on a monthly basis.

**FOR BANK USE ONLY**

All details have been verified, callback done and introduction confirmed by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Initial Deposit Received: Kshs. _____		Deposit received in form of: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Transfer <input type="checkbox"/>	
Customer Information Check list (Please tick the box if the requirement is satisfied)			
Obtained certified copy of National ID/PP	<input type="checkbox"/>	Photographs obtained and authenticated	<input type="checkbox"/>
Address confirmation document obtained	<input type="checkbox"/>	Introduction obtained and verified	<input type="checkbox"/>
Black list checked	<input type="checkbox"/>	Application form duly completed	<input type="checkbox"/>
Account Opened by: Name: _____		Signature: _____ Date: ___/___/___	
Account Authorized by: Name: _____		Signature: _____ Date: ___/___/___	

**For BSS use only**

Static Data Input by: Name: _____		Signature: _____ Date: ___/___/___	
Static Data Authorized by: Name: _____		Signature: _____ Date: ___/___/___	

<b>OFFICER ID CODE</b>		<b>ROLE CODE</b>	
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