

# PERSONAL / JOINT NON RESIDENT ACCOUNT OPENING FORM

FOR OFFICIAL USE ONLY				
Branch	Customer ID No.	(Cumm.)	Date	
Account No				
I / We wish to open an account at Equations in force from time to time				y the general terms and
TYPE OF ACCOUNT	Current	Savings	Other (Specify)	
PERSONAL ACCOUNT HOLDER				
Account Name				
1ST APPLICANT				
Full Names (Mr./Mrs./Ms./Miss./Dr./I	Prof			
Nationality:	Date of Birth:	ID/ P	assport No:	
Mailing Address:	Street:		City:	
Code:	- State: ————		Country:	
Tel. Office:		Mobile No:		
Fax: Email:				
Currency: UGX. Fore	ign Currency (Specify)			
Occupation:				
Employer:				
Employer's Postal Address:				
Next of Kin:				
ID/ Passport No:				
Next of Kin Address:				
Tel:				

# JOINT ACCOUNT HOLDERS (WHERE APPLICABLE)

## 2ND APPLICANT

Full Names (Mr./Mrs./Ms./Miss./	Dr./Prof							_
Nationality:	_ Date of Birth: _			D/ Passport No:				
Mailing Address:	Street:			City:	-			
Code:	State:			Co	untry <u>:</u>			
Tel. Office:			Mobile No:_				_	
Fax:		Email:						
Employment/Occupation Details:			Perso	onal File No. / Gr	owers No:			
Employer's Postal Address: Tel:								
3RD APPLICANT								
Full Names (Mr./Mrs./Ms./Miss./	Dr./Prof.							
Nationality:	Date of Birth:	ID/ Passport No:						
Mailing Address:	Street:		City:					
Code :	State:			Country:				
Tel. Office:			Mobile No:_			_		
Fax:		_ Email:						
Employment/Occupation Details: Personal File No. / Growers No:								
Employer's Postal Address:			Tel:			_		
Do you have any other account(s)	with Equity Bank o	or any other	Bank? Yes	N	o If	yes, pleas	e give det	ails:
Account Number		Bank			Bran	ch		
1.								
2.								
Do you want to be issued with a ch  Number of leaves: 25	eque book? Yes		No Size:	If yes, indicate:  Corporate	_	ersonal	Vou	cher
Allow Sweep: Yes	No							
Why did you choose Equity Bank?								

Signature authority or the account mandate: (Tic	k as appropriate).			
Singly Either to sign Al	ll of us jointly Any two to sign			
Other (Specify)				
SMS BANKING SERVICE				
Please provide me with this service as per de	tails provided below:-			
Mobile No: Hor	me Tel. No: Account Alias	s Name 4 letter code:		
Mobile registered in the name of				
SMS ALERTS				
Include the following SMS alert services.(Tick	required services below) Please note each SMS aler	rt is charged as per prevailing bank tariffs.		
When cheque is cleared	On overdrawing of account	On loan repayment date		
On large debit UGX	On large credit UGX	On salary credit		
Account balance time	aaily weekly	ATM withdrawal		
I need this service for the following Accounts				
1 2	2 3			
Specify the Account that you will most frequen	itly use with this service. (Tick as appropriate)	1 2 3		
I hereby admit my acceptance to the terms ar	nd conditions of SMS banking overleaf and confirm th	at:		
1. The information given is correct				
2. Any use / uses of my account alias name and for all the alerts and transactions made	d pin code will be considered as used by me and I will	l be responsible		
3. I willchange my PIN Code for security presponsible for any use or misuse. Also and the services provided by the Bank.	ourpose when I receive it and it is my personal r I do agree with all the terms and conditions fix	esponsibility. The Bank will not be held ked by the bank governing the accounts		
Name:	Signature:	Date:		
ATM SERVICES				
* Do you have an ATM card? Yes No				
If yes, please indicate the card No.				
Would you like to link this account to above indicate	ated card? Yes No			
* If you do not have an ATM Card, would you like	to be issued with an ATM card? Yes No			
I hereby confirm that the information given abo	ove is correct and I admit my acceptance to the ATM	terms and conditions governing ATM		
Name:	Date:			

# INTRODUCER

Full Names (Mr./Mrs./	Ms./Miss./Dr./Prof.					
Mailing Address:	Street:	St	rate:	Code :	Country:	
Mobile No:	Tel. Office:		State:	A	account No:	
DECLARATION						
I/We confirm that;						
a) The information I/V	Ve have provided herein and the c	disclosures made aı	re true; and			
b) I/We have receive observe and be bou	ed, read and understood the go nd by the same.	eneral terms and	conditions of the Ba	nk and unde	ertake to comply,	
Names in Full (BLOC Authorised Signatorio	es in Full (BLOCK LETTERS) of prised Signatories		National ID/ Passport No.		Specimen Signature	
1st Applicant						
2nd Applicant.						
3rd Applicant.						
FOR BANK USE ONLY	r					
Account Number			Branch:			
Account Name:						
Account Opened by: _	ount Opened by:			[	Date:	
	NAME OF STAFF					
	Form completed by/in pre	sence of	Details input by		Account verified by	
Initials / Sign.						
Date Signed						
ACCOUNT OPENING	CHECK LIST					
Original ID's/Pas		men Signature Obtai			data keyed in	
		ue book ordered		•	·	
Original ID's/Pass ID's/Passport cop Application detail	pies obtained Chequ	•		SMS banking	data keyed in data keyed in and conditions attac	

## **CURRENT BANKERS AUTHENTICATION**

Name of the Bank:			
Bank Address:			
Bank Tel No:			
Banks Official:			
Stamp & Signature:			
confirm that I have checked that all the above details documents are attached. I confirm acceptance of this custo			and that relevar
Branch Manager: Signatu	ıre:	Date:	
WRITE NAME			