

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 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 the accounts with the bank.

TYPE OF ACCOUNT

Current

Savings

Other (Specify) _____

PERSONAL ACCOUNT HOLDER

Account Name _____

1ST 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: _____

Currency: UGX. Foreign 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: _____ 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: _____

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 or any other Bank? Yes No If yes, please give details:

Account Number	Bank	Branch
1.		
2.		

Do you want to be issued with a cheque book? Yes No If yes, indicate:

Number of leaves: 25 50 100 Size: Corporate Personal Voucher

Allow Sweep: Yes No

Why did you choose Equity Bank?

INTRODUCER

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

Mailing Address: _____ Street: _____ State: _____ Code : _____ Country: _____

Mobile No: _____ Tel. Office: _____ State: _____ Account No: _____

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.		

FOR BANK USE ONLYAccount Number

Branch: _____

Account Name: _____

Account Opened by: _____ Signature: _____ Date: _____

NAME OF STAFF

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

ACCOUNT OPENING CHECK LIST

- | | | |
|---|---|---|
| <input type="checkbox"/> Original ID's/Passport Sighted | <input type="checkbox"/> Specimen Signature Obtained | <input type="checkbox"/> ATM services data keyed in |
| <input type="checkbox"/> ID's/Passport copies obtained | <input type="checkbox"/> Cheque book ordered | <input type="checkbox"/> SMS banking data keyed in |
| <input type="checkbox"/> Application details completed | <input type="checkbox"/> Photo taken, signature scanned | <input type="checkbox"/> Signed terms and conditions attached |

CURRENT BANKERS AUTHENTICATION

Name of the Bank: _____

Bank Address: _____

Bank Tel No: _____

Banks Official: _____

Stamp & Signature: _____

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

Branch Manager: Signature: Date:

WRITE NAME