



KNOW YOUR CUSTOMER: INDIVIDUAL

PERSONAL DETAILS

MR MRS MS DR

Male Female

Name (s):

Surname:

DOB:

Omang:

Sec No:

Mobile:

W:

Nationality:

Email Address:

Marital Status:

Occupation:

Department:

Employer:

BANKING DETAILS

Bank Name:

Account Number:

Branch Name:

Branch Code:

Account Type:

Source of Income

NEXT OF KIN (TO BE CONTACTED INCASE OF EMERGENCY)

Name:

Surname:

Omang:

Mobile:

Relationship:

Email Address:

Residential Address:

Postal Address:

(*As defined in the Financial Intelligence Act)

Are you a prominent influential person: Yes No

Are you associated with a prominent influential Person? Yes No

Nature of Relationship: i.e., Parent/Sibling/Friend

Names of prominent influential persons associated with:

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief, and I agree to notify you immediately if anything changes. I am aware that if the above information is discovered to be false, inaccurate, misleading, or misrepresentation, I may be held accountable.

Full Name:

Signature:

Date:

OFFICIAL USE ONLY

CHECKLIST OF DOCUMENTS COLLECTED FROM MEMBERS FOR AN AMENDMENT FORM: (Please tick (√) appropriate box)

a) Certified copies of Identification

Valid National Identity Card for Citizens/Valid Passport (for foreign nationals)

b) Copy of Proof of residence

Written confirmation from customer's employer, educational establishment or prior bank clearly indicating residential address.
 Current copy of utility bill in account applicants' names e.g., Electricity/water bill/council rates

c) Copy of Proof of Source of Income

Pay slip or contract letter from employer/confirmation letter Pension letter or certificate.

RECEIVED BY:

SIGN:

DATE: