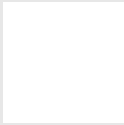


**ACCOUNT OPENING
DOCUMENTATION**

- COMPANIES
- PARTNERSHIP
- CLUB / SOCIETY / ASSOCIATION / NGO
/ DIPLOMATIC MISSIONS / TRUSTS
- SOLE PROPRIETORSHIP
- PUBLIC SECTOR



I/We request you to open an account as specified in the previous sheet. I /We agree to provide any documents requested by you according to the type of account requested and abide by the current rules for the conduct of such an account

Title of the Account _____

Account Type Current Savings Term Deposit Others _____
(Tick as appropriate)

Currency KES USD EUR GBP ZAR Others _____
(Tick as appropriate)

This form should be completed in **CAPITAL LETTERS**

Full names of Authorised Signatories	Nationality
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Corporate Details

Organization Name: _____ Trading Name: _____
Exact Nature of Business / Purpose: _____ Date of Incorporation: _____

Mailing Address of Organization

Postal address: _____ Post Code: _____ City: _____

Physical Address for Business / Entity

Plot/Hse. No: _____ Street Location: _____ County: _____ Telephone (Office): _____
Mobile: _____ Fax: _____ Office Email: _____ Website: _____
Registration No: _____ PIN Certificate No: _____ VAT No: _____
Mobile: _____ Business Permit: _____ Place of Issue: _____

Referee (Optional):

Name: _____ Signature _____

Director / Partner / Officials / Signatory Details

Title _____ First Name: _____ Middle Name: _____ Last Name: _____

Place of Birth _____ ID No: _____ Gender: Male Female Mother's Maiden Name: _____

Kenyan Citizen Yes No Dual Please Specify _____ Nationality _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Passport No: _____ Expiry Date: _____ PIN No: _____ Work Permit No. _____ Expiry Date _____

Marital Status Married Single Widowed Purpose of Account: _____

Registration with any taxation authority Yes No If Yes, list the countries along with the respective tax identification No. / Social Security No

Country _____ PIN / TIN / SSN _____ State the Percentage of Shareholding you have in the Company _____

Contact Details

P.O.Box: _____ City: _____ Post Code: _____ Plot / Hse No _____

Street /Location _____ County _____ Nearest Bus Stop / Landmark _____ How Long have you resided at this address? _____

Is it Owned or rented? _____ Telephone(office): _____ Mobile No.1 _____ Mobile No.2 _____

Email (Office) _____ Email (Personal) _____

Employer Details

Employer's Company Name: _____

Monthly Income A - 0 To Kes 50,000 B - 50,001 To Kes 100,000 C - Kes 100,001 To Kes 200,000 D - Kes 200,001 To Kes 250,000 E - Over Kes. 250,000

Photo and Signature of Applicant

Attach coloured passport size photograph here

Signature of Individual (Please sign only within the boundary of this box)

Director / Partner / Officials / Signatory Details

Title _____ First Name: _____ Middle Name: _____ Last Name: _____

Place of Birth _____ ID No: _____ Gender: Male Female Mother's Maiden Name: _____

Kenyan Citizen Yes No Dual Please Specify _____ Nationality _____ Date of Birth

Marital Status Married Single Widowed Purpose of Account: _____

Registration with any taxation authority Yes No If Yes, list the countries along with the respective tax identification No. / Social Security No

Country _____ PIN / TIN / SSN _____ State the Percentage of Shareholding you have in the Company _____

Contact Details

P.O.Box: _____ City: _____ Post Code: _____ Plot / Hse No _____

Street /Location _____ County _____ Nearest Bus Stop / Landmark _____ How Long have you resided at this address? _____

Is it Owned or rented? _____ Telephone(office): _____ Mobile No.1 _____ Mobile No.2 _____

Email (Office) _____ Email (Personal) _____

Employer Details

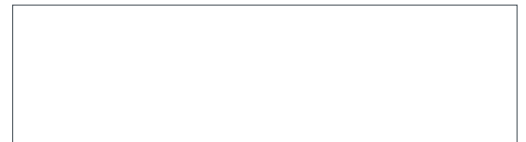
Employer's Company Name: _____

- Monthly Income C - Kes 100,001 To Kes 200,000
- A - 0 To Kes 50,000 D - Kes 200,001 To Kes 250,000
- B- 50,001 To Kes 100,000 E - Over Kes. 250,000

Photo and Signature of Applicant



Signature of Individual (Please sign only within the boundary of this box)



Director / Partner / Officials / Signatory Details

Title _____ First Name: _____ Middle Name: _____ Last Name: _____

Place of Birth _____ ID No: _____ Gender: Male Female Mother's Maiden Name: _____

Kenyan Citizen Yes No Dual Please Specify _____ Nationality _____ Date of Birth

Marital Status Married Single Widowed Purpose of Account: _____

Registration with any taxation authority Yes No If Yes, list the countries along with the respective tax identification No. / Social Security No

Country _____ PIN / TIN / SSN _____ State the Percentage of Shareholding you have in the Company _____

Contact Details

P.O.Box: _____ City: _____ Post Code: _____ Plot / Hse No _____

Street /Location _____ County _____ Nearest Bus Stop / Landmark _____ How Long have you resided at this address? _____

Is it Owned or rented? _____ Telephone(office): _____ Mobile No.1 _____ Mobile No.2 _____

Email (Office) _____ Email (Personal) _____

Employer Details

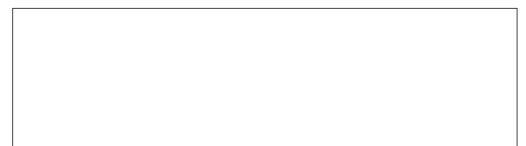
Employer's Company Name: _____

- Monthly Income C - Kes 100,001 To Kes 200,000
- A - 0 To Kes 50,000 D - Kes 200,001 To Kes 250,000
- B- 50,001 To Kes 100,000 E - Over Kes. 250,000

Photo and Signature of Applicant



Signature of Individual (Please sign only within the boundary of this box)



Director / Partner / Officials / Signatory Details

Title _____ First Name: _____ Middle Name: _____ Last Name: _____

Place of Birth _____ ID No: _____ Gender: Male Female Mother's Maiden Name: _____

Kenyan Citizen Yes No Dual Please Specify _____ Nationality _____ Date of Birth

Marital Status Married Single Widowed Purpose of Account: _____

Registration with any taxation authority Yes No If Yes, list the countries along with the respective tax identification No. / Social Security No

Country _____ PIN / TIN / SSN _____ State the Percentage of Shareholding you have in the Company _____

Contact Details

P.O.Box: _____ City: _____ Post Code: _____ Plot / Hse No _____

Street /Location _____ County _____ Nearest Bus Stop / Landmark _____ How Long have you resided at this address? _____

Is it Owned or rented? _____ Telephone(office): _____ Mobile No.1 _____ Mobile No.2 _____

Email (Office) _____ Email (Personal) _____

Employer Details

Employer's Company Name: _____

- Monthly Income
- A - 0 To Kes 50,000 C - Kes 100,001 To Kes 200,000
- B- 50,001 To Kes 100,000 D - Kes 200,001 To Kes 250,000
- E - Over Kes. 250,000

Photo and Signature of Applicant

Attach coloured
passport size
photograph here

Signature of Individual (Please sign only within the boundary of this box)

Names of Authorized Signatories (If different from Directors/Partners / Officials)

Attach coloured
passport size
photograph here

Name: _____

Designation _____

ID or Passport No: _____

Mobile No: _____

Email Address: _____

Signature _____

Attach coloured
passport size
photograph here

Name: _____

Designation _____

ID or Passport No: _____

Mobile No: _____

Email Address: _____

Signature _____

Attach coloured
passport size
photograph here

Name: _____

Designation _____

ID or Passport No: _____

Mobile No: _____

Email Address: _____

Signature _____

Attach coloured
passport size
photograph here

Name: _____

Designation _____

ID or Passport No: _____

Mobile No: _____

Email Address: _____

Signature _____

Mandate

Mode of Operation Solely Jointly All to sign Either or Survivor

Special signing instructions _____

Cheque Book and Statement Details

Cheque Book (specify No.) 50 Leaves 100 Leaves To be collected from: _____

Statement cycle details Daily Weekly Monthly Quarterly No Statement

Statement Delivery: E-Statement E-mail Address _____

Internet Banking
 Yes

Mobile Banking
 Yes No

Credit Card
 Yes No

ATM Card
 A/C Holder Supplementary Card(s)

Approval Information

Please note the users shall not be setup until the board resolution authorising persons to act in the stated capacity is submitted to the bank.

A) Name _____ Signature & Date _____

B) Name _____ Signature & Date _____

C) Name _____ Signature & Date _____

D) Name _____ Signature & Date _____

Memorandum of Acceptance

I/We have read and understood the conditions necessary to open and run an account with GTBank Kenya Limited and I/We oblige to comply. I/We agree that this account shall be opened solely at the discretion of GTBank Kenya and hereby agree to indemnify GTBank at my/our cost against any loss or claims arising out of the account being closed by GTBank Kenya upon issuance of a 14 day notice due to unsatisfactory performance. I/We accept that the operations of the account will be subject to the General Terms and Conditions by me/us and confirm that all the given information on this form is true and correct.

I/We authorize the Bank to disclose any information relating to my/our account to any Credit Reference Agency, any other institution or third party as for any lawful purpose.

I/We have selected the product that suits me/us best.

I/We have understood what is required of me/us and how to operate the account efficiently.

I/We have been briefed on how to keep safe my/our cheque Book /ATM Card / PIN mailer.

I/We have been taken through all the features, charges and fees pertaining to the products available.

I/We have received the copy of the tariff guide & KBA handbook

Executed this _____ day of _____
date/month year

Authorised Signatories / Directors

Name: _____ Signature _____

Date

Name: _____ Signature _____

Director / Company Secretary

Name: _____ Signature _____

Name: _____ Signature _____

Name: _____ Signature _____

Witnessed by: _____ Signature _____

Affix common seal

GTBank General Terms & Conditions

I/We have read the terms and conditions found in the company website (www.gtbank.co.ke) and agree

Name _____ Date _____ Signature _____

Name _____ Date _____ Signature _____

Name _____ Date _____ Signature _____

Name _____ Date _____ Signature _____

For Official Use

Customer No: _____ Account No: _____ RSM No: _____

Date

Account No: _____

Customer Type: Walk-In Marketed Other _____
(Tick as appropriate)

Account Opened by:

Name: _____

Authorized by

Name: _____

Introduced/sourced by

Name: _____

Date

Date

Date

Signature _____

Signature _____

Signature _____

Industry Sector _____ Industry Code _____

GAPS

Signature Verification: _____

SV Stamp / Name

Token ID Status: New Existing

Treated by _____

(Name/Signature)

Approved by _____

(Name/Signature)