

PERSONAL / JOINT NON RESIDENT ACCOUNT OPENING FORM

FOR OFFICIAL USE ON Branch		No. (Cumm.)	Date
Account No			
I / We wish to open an according conditions in force from time	• •	·	oly, observe and be bound by the general terms an s with the bank
TYPE OF ACCOUNT	Current	Savings	Other (Specify)
PERSONAL ACCOUNT HOL	_DER		
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:	
FaxEr	nail		
Currency: Kshs.	Foreign Currency (Spe	ecify)	
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 (IVII./IVIIS./IVIS./IVIIS	55./DI./PIOI					
Nationality:	Date of Birth: ID/ Passport No:			t No:		_
Mailing Address:	Street: Cit			City: —		_
Code:	State:			Country	y:	
Tel. Office		Mo	obile No.			
Fax		Email				
Employment/Occupation Details—			— Personal File No	. / Grow	ers No.	
Employer's Postal Address						
3RD APPLICANT						
Full Names (Mr./Mrs./Ms./Mis	ss./Dr./Prof					
Nationality:	_Date of Birth:		ID/ Passpor	t No:		-
Mailing Address:	_ Street:		City:			
Code:	State:		Country:			
Tel. Office:		Mo	obile No:			
Fax		Email.				
Employment/Occupation Details			Personal File No	. / Grow	ers No:	
Employer's Postal Address				Tel:		
Do you have any other Account(s) with Equity Ban	k or any othe	er Bank? Yes	No [If yes, please of	give details:
Account Number	В	Bank			Branch	
1.						
2.						
Do you want to be issued with	a cheque book? `	Yes 🔲 N	lo 🔲 If yes, ind	licate:		
Number of leaves: 25 \$\infty\$	100		Size: Corporate		Personal	Voucher _
Allow Sweep: Yes	No 🔲					
Why did you choose Equity Ba	nk?					

Signature authority or the Account Ma	andate: (Tick as appropriate).				
Singly Either to sign	All of us jointly	Any two to sign			
Other (Specify)					
SMS BANKING SERVICE					
Please provide me with this service	as per details provided below	/:-			
Mobile No	Home Tel. No	Account Alia	as Name 4 letter code		
Mobile registered in the name of					
SMS ALERTS					
Include the following SMS Alert Ser prevailing bank tariffs.	vices. (Tick required service	s below) Please note ead	ch sms alert is charged as per		
When cheque is cleared	On overdrawing o	of account	On loan repayment date		
On large debit Ksh	On large Credit K	sh	On salary credit		
Account balance time		aily weekly	ATM withdrawal		
I need this service for the following A	ccounts				
1.	2.	3.			
Specify the Account that you will mos	st frequently use with this sen	vice. (Tick as appropriate)	1 2 3		
I hereby admit my acceptance to the	e terms and conditions of SMS	S banking overleaf and co	onfirm that:		
1. The information given is correct					
Any use / uses of my account alia the alerts and transactions made	s name and pin code will be	considered as used by me	e and I will be responsible for all		
3. I will change my Pin Code for security purpose when I receive it and it is my personal responsibility. The Bank will not be held responsible for any use or misuse. Also I do agree with all the terms and conditions fixed by the bank governing the accounts and the services provided by the Bank.					
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	indicated card? Yes	No 🔲			
* If you do not have an ATM Card, w	ould you like to be issued with	n an ATM card? Yes	No No		
I hereby confirm that the information given a	above is correct and I admit my acc	ceptance to the ATM terms an	d conditions governing ATM		
Name:		Signature:	Date:		

Mailing Address:	Street:	St	ate	Code:	Country:
Mobile No.———	T-1 O#:				
	ei. Oπice	;	State: ———	———Ac	count No
DECLARATION					
I/We confirm that;					
a) The information I/W	e have provided herein and the disc	closures made are	true; and		
b) I/We have received observe and be bou	, read and understood the general nd by the same.	terms and condition	ons of the Bank and	d undertake to co	omply,
Names in Full (BL0 Authorised Signat		National ID/ Pa	assport No.	Speci	imen Signauture
1st Applicant.					
2nd Applicant.					
3rd Applicant.					
*	-				
FOR BANK USE ON	LY				
Account Number			Branch		
Account Name		_			
Account Opened by _		Signature_		Da	te
1	NAME OF STAFF			1	
	Form completed by/in pres	sence of	Details inpu	t by Ac	count verified by
Initials / Sign.					
Date Signed					
Initials / Sign.			Details inpu	t by Ac	

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 relevant documents are attached. I conf	•	•	nd that
Branch Manager	Signa	iture	Date