

KNAB SAVINGS Account Opening Form

- INDIVIDUAL ACCOUNT
- JOINT ACCOUNT
- TRUST ACCOUNT
- KIDISTAR ACCOUNT
- EXECUTORS ACCOUNT
- ADMINISTRATORS ACCOUNT
- CLIENT ACCOUNT
- OTHER, *Specify*

Account Name	<input type="text"/>
Account No.	<input type="text"/>
Personal Banker	<input type="text"/>
Customer IC	<input type="text"/>
Date	<input type="text"/>

Requirements

1. One (1) recent passport-sized photograph
2. Valid Photo I.D. (Passport / Driver License / Student I.D. / National I.D. / Voter I.D.)
3. Proof of Address / Employer's Reference / Income Tax Certificate
4. Bank Statement (Reference could be obtained from current account holders, your bankers, employers or from a Public Authority) (As applicable)
5. Trust Deed
6. Valid I.D. of Trustee to be verified against Trust Deed

General Account Information

Account type	<input type="checkbox"/> Savings Account (1)	Currency	<input type="checkbox"/> \$	<input type="checkbox"/> £	<input type="checkbox"/> £	<input type="checkbox"/> €	<input type="checkbox"/> ¥
	<input type="checkbox"/> Savings Account (2)	Currency	<input type="checkbox"/> \$	<input type="checkbox"/> £	<input type="checkbox"/> £	<input type="checkbox"/> €	<input type="checkbox"/> ¥
	<input type="checkbox"/> Current Account (1)	Currency	<input type="checkbox"/>	<input type="checkbox"/> £	<input type="checkbox"/>	<input type="checkbox"/> €	<input type="checkbox"/> ¥
	<input type="checkbox"/> Current Account (2)	Currency	<input type="checkbox"/>	<input type="checkbox"/> £	<input type="checkbox"/>	<input type="checkbox"/> €	<input type="checkbox"/> ¥
Purpose of Account (1)	<input type="checkbox"/> Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other <input type="text"/>
	<input type="checkbox"/> Investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Transactional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose	<input type="checkbox"/>	<input type="checkbox"/> of	<input type="checkbox"/>	<input type="checkbox"/> Loan	<input type="checkbox"/>	<input type="checkbox"/> Salaries	<input type="checkbox"/> Other <input type="text"/>

Investment Transactional Personal Savings Account (2) Servicing

Personal Details

Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. Other	<input type="text"/>
Surname	<input type="text"/>	
First Name	<input type="text"/>	
Other Name(s)	<input type="text"/>	
Maiden Name (if applicable)	<input type="text"/>	
Mother's Maiden Name	<input type="text"/>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
No. of dependants	<input type="text"/> Children <input type="text"/> Others	
Place of Birth	<input type="text"/>	Date of Birth
Nationality	<input type="text"/>	<input type="text"/>
Profession / Occupation	<input type="text"/>	Country Of Origin
Educational Level	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Non Student	Home Town
Country of Residence	<input type="text"/>	Permit Issue Date
Resident Permit No. (if applicable)	<input type="text"/>	<input type="text"/>
Place of Issue	<input type="text"/>	Permit Expiry Date
Name of Spouse(s)	<input type="text"/>	<input type="text"/>
		SSNIT Number
		<input type="text"/>
		Spouse Employment
		<input type="text"/>

For United States (US) Nationals

Are you a US National?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US Resident Alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to use your account for investments purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have investments / intend to invest in <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes (to any of the above), do you file US Taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain	<input type="text"/>

[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

Contact Details

Postal Address

Residential Address

House No. Street Name

Nearest Landmark City / Town

Residential Address Abroad (if applicable)

House No. Street Name

City / Town Suburb

Post Code Country

Title To Residence Outright Ownership Mortgaged Rented Family House Lease
 Other (please specify)

Proof of Address Electricity Bill Telephone Bill Water Bill Rent Card TV License
 Other (please specify)

Proof of Address Serial Number Issue Date D | D | M | M | Y | Y | Y | Y

(Customers may also complete the additional proof of Address (3rd Party Confirmation Form))

Mobile No. Fixed Tel. No.

Indicate your Metropolitan, Municipal or District Assembly (MMDA)

Please indicate your preferred correspondence address / method

Postal Address Residential Address Abroad Other Address (specify)

Email

Permanent residential address
(If different from above)

Valid means of Identification *(please tick and provide relevant details)*

National ID	<input type="checkbox"/> Number	<input type="text"/>	Issue Date	<input type="text"/>	Exp. Date	<input type="text"/>
Driver's Licence	<input type="checkbox"/> Number	<input type="text"/>	Issue Date	<input type="text"/>	Exp. Date	<input type="text"/>
Passport	<input type="checkbox"/> Number	<input type="text"/>	Issue Date	<input type="text"/>	Exp. Date	<input type="text"/>
Voter's ID	<input type="checkbox"/> Number	<input type="text"/>	Issue Date	<input type="text"/>	Exp. Date	<input type="text"/>
Other (specify)	<input type="checkbox"/> Number	<input type="text"/>	Issue Date	<input type="text"/>	Exp. Date	<input type="text"/>

Account Service(s) Required *(please tick applicable options below)*

Card Preferences ReadyCash Card
 MasterCard Standard MasterCard Gold Credit Card
 Prepaid Other (specify)

Electronic Banking Preferences Internet Banking Mobile Banking
 Online purchases: MasterCard Secure Code Verified by Visa Other eBanking Products

Transaction Alert Preferences E-Alert Address:
 SMS alert Number:

Statement Preference Email Postal Collection at Branch

Statement Frequency Monthly Quarterly Semi-Annually Annually

Cheque / Savings Withdrawal Requisition 25 Leaves 50 Leaves

Employment Details

Tick as Appropriate Employed Self-Employed Unemployed
 Retired Student Other (specify)

Number of years with Current Employer Mode of Salary Payment Cash Cheque Direct Credit

Wage/Monthly Salary (\$) Less than 1,000 1,000 - 5,000 5,001 - 10,000 More than 10,000

Employer's Name

Nature of Business

Employer's Address

Nearest Landmark City / Town Suburb

Region MMDA

Office Phone No. Office Mobile No.

Employer's Email Address Or Website

Details of Next of Kin Of Next Of Kin (In case of emergency (In case of emergency))

Title Dr. Mr. Miss. Mrs. Other

Gender Male Female

Surname

First Name

Other Name

Relationship to Next of Kin

Phone No. 1

Phone No. 2

Residential Address

House No. Street Name

Nearest Landmark City / Town Suburb

MMDA Region

Additional Details

Full Name of Beneficial owner(s) of the Account (if applicable) *(Beneficial owner is a person who enjoys the benefits of ownership even though title is in another name)*

Date of Birth

Expected Account Activity

Source of Funds Salary Personal Savings Investment Other (specify)

Transaction types	Expected No. of transactions per month	Expected Amount per month \$
Deposits (Funds Inflow)	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 and above	<input type="checkbox"/> 1- <input type="checkbox"/> 5001 & Above
Account (2) if applicable	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 and above	<input type="checkbox"/> 20002001-5000 <input type="checkbox"/> 5001 & Above
Withdrawals (Funds Outflow)	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 and above	<input type="checkbox"/> 1- <input type="checkbox"/> 5001 & Above
Account (2) if applicable	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 and above	<input type="checkbox"/> 20002001-5000 <input type="checkbox"/> 5001 & Above

Name of Associated Business(es) (if applicable)

Type of Associated Business Line of Business

Associated Business Address % Holding

Account(s) held with KSB and other Banks

Name and address of Bank / Branch	Account Name	Account Number

Terms and Conditions

(APPLICABLE TO JOINT ACCOUNT APPLICANTS)

Survivorship Clause: Any money for the time being, standing to the credit of our joint account shall be held to the order of the survivor(s).

Joint and Several Liability Clause: Any liability incurred by joint account holders to the Bank, whether in the form of borrowing or otherwise shall be joint and several.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Account Opening Mandate

Mandate authorization *(please tick as appropriate)*

Other Sole Signatory Either To Sign Both to

Sign *(Specify)*

Name(s) and mark(s) of signatories

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Note: In case of Joint Account, 2nd applicant is required to complete a second Account Opening Form and attach herewith.

Declaration

I / We hereby apply to open account(s) with _____. I / We understand that the information given herein and the documents supplied are the basis for opening such account(s) and I/We therefore warrant that such information is correct.

I / We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

Disclosure to Credit Reference Bureaus

The Bank will obtain information about you from the Credit Reference Bureaus to check your credit status and identity. The bureaus will record our enquiries which may be seen by other institutions that make their own credit enquiries about you.

The Bank shall also disclose your credit transactions to credit reference bureaus in accordance with the Credit Reporting Act, 2007 (Act 726)

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

