



Prime Bank

P U T T I N G Y O U F I R S T

ACCOUNT OPENING FORM CORPORATE

CLIENT CHECK LIST

Sole Proprietorship

- Copy of valid identity cards or passport of the Proprietor
- One recent coloured passport size photo of the Proprietor
- Copy of Business Name Registration certificate
- Annexure B - Sole Proprietorship Declaration
- Copy of PIN of Firm & Proprietor
- Copy of documentary proof of residence (Utility bill / Telephone bill / Lease agreement / Tax returns, etc)

Partnership

- Copy of valid identity cards or passport of all Partners
- One recent coloured passport size photo of all Partners
- Copy of Business Name Registration certificate
- Annexure C - Partnership Declaration
- Copy of PIN of Firm & Partner
- Copy of Utility Bill (for the Firm)

Limited Company

- Copy of valid identity cards or passports of Directors / Signatories
- One recent coloured passport size photo of all Signatories
- Copy of Certificate of Incorporation
- Copy of Memorandum and Articles of Association
- List of present Directors and Shareholders duly certified by Company secretary
- Annexure D -Board Resolution
- Copy of PIN of Company & Directors / Signatories

Trust / Club / Association / NGO

- Copy of valid identity cards or passport of the Signatories
- One recent coloured passport size photo of all Signatories
- Copy of Certificate of Registration
- Copy of By-laws/ Trust Deed/ Constitution
- List of members of Managing Committee from Secretary
- Exemption certificate for income tax, if applicable
- Annexure E - Resolution of Trust/ Club/ Association/ NGO etc.
- Copy of PIN of Trust & Trustees/ Office bearers

Branch: Date:

dd / mm / yyyy

CIF No.: Account No:

I / We request you to open the following account(s) as per following details:

1. BASIC DETAILS: (✓where applicable)

(i) Account Title:

(ii) Category/Constitution: ☐ Sole Proprietorship ☐ Partnership ☐ Limited company ☐ Trust
☐ Club ☐ Association ☐ NGO ☐ Other:

2. TYPE OF ACCOUNT:

CURRENT (LCY)	CURRENCY (FCY)	DEPOSIT (LCY)	DEPOSIT (FCY)
<input type="checkbox"/> Prime Current	<input type="checkbox"/> Prime Current (CCY)	<input type="checkbox"/> Fixed deposit	<input type="checkbox"/> Fixed Deposit (CCY)
<input type="checkbox"/> Prime Baraka	<input type="checkbox"/> Prime Indian Rupee	<input type="checkbox"/> Call Deposit	<input type="checkbox"/> Call Deposit (CCY)
	<input type="checkbox"/> Prime Chinese Yuan	<input type="checkbox"/> Recurring Deposit	

Other (Please Specify):

3. APPLICANTS DETAILS:

(i) Full Name of Account:

(ii) Nature of Business / Activities:

(iii) PIN:

(iv) Registration No.:

(v) Country of Incorporation / Registration:

(vi) Date of Incorporation / Registration:

(vi) Mailing Address:

P. O. Box No.:

City / Town:

Postal Code:

Physical Address:

Building Name:

Unit / Floor:

Road / Street:

City / Town:

(vi) Tel No:

1.

2.

Mobile No.:

1.

2.

Email:

Preferred:

Alternate:

AUTHORIZED SIGNATORY 1:

(i) Name:	<input type="text"/>		
	(First Name)	(Middle Name)	(Last Name)
(ii) ID/ Passport/ Alien Registration Number:	<input type="text"/>		
(iii) Nationality:	<input type="text"/>	(iv) (✓ where applicable):	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
(v) Marital Status:	<input type="text"/>	(vi) Date of Birth:	<input type="text"/>
(vii) PIN:	<input type="text"/>	dd / mm / yyyy	
(viii) Mailing Address:	Physical Address:		
P. O. Box No.:	<input type="text"/>	Building Name:	<input type="text"/>
City / Town:	<input type="text"/>	Unit / Floor:	<input type="text"/>
Postal Code:	<input type="text"/>	Road / Street:	<input type="text"/>
		City / Town:	<input type="text"/>
(ix) Tel No:	Mobile No.:	Email:	
1. <input type="text"/>	1. <input type="text"/>	1. <input type="text"/>	

AUTHORIZED SIGNATORY 2:

(i) Name:	<input type="text"/>		
	(First Name)	(Middle Name)	(Last Name)
(ii) ID/ Passport/ Alien Registration Number:	<input type="text"/>		
(iii) Nationality:	<input type="text"/>	(iv) (✓ where applicable):	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
(v) Marital Status:	<input type="text"/>	(vi) Date of Birth:	<input type="text"/>
(vii) PIN:	<input type="text"/>	dd / mm / yyyy	
(viii) Mailing Address:	Physical Address:		
P. O. Box No.:	<input type="text"/>	Building Name:	<input type="text"/>
City / Town:	<input type="text"/>	Unit / Floor:	<input type="text"/>
Postal Code:	<input type="text"/>	Road / Street:	<input type="text"/>
		City / Town:	<input type="text"/>
(ix) Tel No:	Mobile No.:	Email:	
1. <input type="text"/>	1. <input type="text"/>	1. <input type="text"/>	

AUTHORIZED SIGNATORY 3:

(i) Name:	<input type="text"/>		
	(First Name)	(Middle Name)	(Last Name)
(ii) ID/ Passport/ Alien Registration Number:	<input type="text"/>		
(iii) Nationality:	<input type="text"/>	(iv) (✓ where applicable):	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
(v) Marital Status:	<input type="text"/>	(vi) Date of Birth:	<input type="text"/>
(vii) PIN:	<input type="text"/>		
(viii) Mailing Address:	Physical Address:		
P. O. Box No.:	<input type="text"/>	Building Name:	<input type="text"/>
City / Town:	<input type="text"/>	Unit / Floor:	<input type="text"/>
Postal Code:	<input type="text"/>	Road / Street:	<input type="text"/>
		City / Town:	<input type="text"/>
(ix) Tel No:	Mobile No.:	Email:	
1. <input type="text"/>	1. <input type="text"/>	1. <input type="text"/>	

AUTHORIZED SIGNATORY 4:

(i) Name:	<input type="text"/>		
	(First Name)	(Middle Name)	(Last Name)
(ii) ID/ Passport/ Alien Registration Number:	<input type="text"/>		
(iii) Nationality:	<input type="text"/>	(iv) (✓ where applicable):	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
(v) Marital Status:	<input type="text"/>	(vi) Date of Birth:	<input type="text"/>
(vii) PIN:	<input type="text"/>		
(viii) Mailing Address:	Physical Address:		
P. O. Box No.:	<input type="text"/>	Building Name:	<input type="text"/>
City / Town:	<input type="text"/>	Unit / Floor:	<input type="text"/>
Postal Code:	<input type="text"/>	Road / Street:	<input type="text"/>
		City / Town:	<input type="text"/>
(ix) Tel No:	Mobile No.:	Email:	
1. <input type="text"/>	1. <input type="text"/>	1. <input type="text"/>	

4. OTHER BANK DETAILS:

	Name of the Bank	Branch	Account Number
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. PERSONAL DETAILS OF DIRECTORS/PARTNERS/OWNERS/TRUSTEES:

	Name	Position	Nationality	%Shareholding	DOB	ID/PP No.	Beneficial Owner
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. GROUP DETAILS:

(i) Holding/Associated/Subsidiary/Sister/Related Company

	Name of Holding/Associated/Subsidiary/Sister/Related Company	Relationship:
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

(ii) Common or Related Directors / Partners:

	Name of Common or Related Directors / Partners:	Designation:
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

7. ACCOUNT FACILITIES: (✓ as needed) If yes, please complete required application form

(i) Prime Alerts (SMS / Email) & E-Statements	<input type="checkbox"/>
(ii) Prime Net (Internet Banking)	<input type="checkbox"/>
(iii) Credit Card	<input type="checkbox"/>
(iv) Cash2Bank (M-Pesa Collection A/C)	<input type="checkbox"/>
(v) Other (Please Specify)	<input type="text"/>

8. CORRESPONDENCE & STATEMENTS:

Correspondence and Statements to be: (✓ where applicable)

☐ Collected Personally ☐ Collected by Authorized Agent ☐ Sent by Email ☐ Sent by Post

Name of Agent: ID No.:

9. RISK CLASSIFICATION:

a). Sector/Type of Business:

b). Expected Annual Turnover:

c). Expected No. of Monthly transactions:

d). Expected value & No. of monthly cash transactions:

e). Expected Average Account Balance:

f). Politically Exposed Person (PEP) ☐ Yes ☐ No

10. INTRODUCTION:

I introduce and recommend the above applicant(s) to Prime Bank Limited for opening and operating account(s) with you.

I have known for years and the physical location and address indicated in this application is correct.

Branch: Account No.:

Signature Date:

ACCOUNT NO:

ACCOUNT TITLE:

11. DETAILS OF APPLICANTS / SIGNATORIES:

AUTHORIZED SIGNATORY

(Please sign only within the boundary of this box)

Attach coloured passport size photograph

Name:

ID/PP No:

Mobile No.:

Mode of Operation:

AUTHORIZED SIGNATORY

(Please sign only within the boundary of this box)

Attach coloured passport size photograph

Name:

ID/PP No:

Mobile No.:

Mode of Operation:

AUTHORIZED SIGNATORY

(Please sign only within the boundary of this box)

Attach coloured passport size photograph

Name:

ID/PP No:

Mobile No.:

Mode of Operation:

AUTHORIZED SIGNATORY

(Please sign only within the boundary of this box)

Attach coloured passport size photograph

Name:

ID/PP No:

Mobile No.:

Mode of Operation:

12. OPERATING INSTRUCTIONS:

I / We confirm that the mode of operation of the account shall be

(Solely / Any One / Any Two / Any Three / All Jointly)

13. CHEQUE BOOK REQUISITION:

I / We request to be issued with a cheque book of; 25 50 100 leaves

14. DECLARATION:

I / We confirm that;

- a). The information I/We have provided herein and the disclosures made are true; and
- b). I/We have read and understood the General Terms and Conditions of the Bank supplied separately and undertake to comply observe and be bound by the same.

**Name in Full (BLOCK LETTERS) of
Authorised Signatories / Directors / Partners**

National ID / Passport No.

Signature

1st Applicant		
2nd Applicant		
3rd Applicant		
4th Applicant		

15. DOCUMENTS SUBMITTED: (✓ where provided)

- ☐ One recent coloured passport size photo of all Signatories
- ☐ Copies of ID / Valid Passport of all Directors/Partners/Trustees/Office Bearers
- ☐ Copy of PIN Certificates of all Directors/Partners/Trustees/Office Bearers
- ☐ Copy of PIN Certificates of Company / Organisation
- ☐ Memorandum & Article of Association of Company/ By-Laws/ Constitution of organisation (certified copy)
- ☐ Copy of Certificate of Incorporation/ Registration/ Partnership Deed or Trust Deed
- ☐ Tax Exemption Certificate (where applicable)
- ☐ Annexure B - Sole Proprietorship Declaration
- ☐ Annexure C - Partnership Declaration
- ☐ Annexure D - Board Resolution
- ☐ Annexure E - Resolution of Trust/ Club/ Association/ NGO etc.

BANK USE ONLY

A) CUSTOMER PROFILE: (Fill in as required)

1. Customer / Account name	<input type="text"/>
2. Telephone / Contact	<input type="text"/>
3. Account Number	<input type="text"/>
4. Constitution of Account	<input type="text"/>
5. Customer profession / nature of business	<input type="text"/>
6. Account segment - Retail / Corporate	<input type="text"/>
7. Source of Funds	<input type="text"/>

B) CUSTOMER CLASSIFICATION:

Parameters:

Rating (1/3/5):

a) Based on Profession / Sector	<input type="text"/>
b) Based on Annual Turnover	<input type="text"/>
c) Based on expected No. of monthly transactions	<input type="text"/>
d) Based on expected monthly cash value	<input type="text"/>
e) Based on monthly No. of cash transactions	<input type="text"/>
f) Based on Account Balance	<input type="text"/>

OVERALL CUSTOMER RATING:

CUSTOMER BUSINESS SEGMENT CLASSIFICATION:

Economic Sector	<input type="text"/>	Sub Sector	<input type="text"/>
Customer Segment	<input type="text"/>	Sub Segment	<input type="text"/>

CUSTOMER INFORMATION LIST (✓ where applicable)

Documents in check list obtained & authenticated	<input type="checkbox"/>	PIN Certificate verified	<input type="checkbox"/>
Duly completed Annexure obtained	<input type="checkbox"/>	Cheque book ordered	<input type="checkbox"/>
Photographs obtained	<input type="checkbox"/>	Company search report received	<input type="checkbox"/>
Mandated signature admitted	<input type="checkbox"/>		
Specimen Signature / Photograph scanned	<input type="checkbox"/>		
National ID / Passport verified in IPRS	<input type="checkbox"/>		

BRANCH CHECKLIST**NAME****SIGNATURE****DATE**

CIF Input by:

CIF authorized in the system by:

A/C opened in the system by:

A/ C opening verified by:

Signature of Account Holder admitted by:

Signatures scanned by:

Signatures verified by:

Introducer signature verified by:

Customer risk rating Input by:

Initial Deposit amount: CCY

Amount:

Letter of Thanks sent on:

Branch Manager's Signature:

Date:

Head Office - Nairobi
Riverside Drive
Call Centre: +254 (20) 420 3000 / 0111 004 000 /
0111 006 000 / 0719 090 000
Email: customercare@primebank.co.ke



www.primebank.co.ke