



Prime Bank

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

ACCOUNT OPENING FORM INDIVIDUAL

Client Check List

- ☐ Copies of ID / Valid Passport (of all Applicants)
- ☐ Two recent coloured passport size photos of each individual
- ☐ Copy of Birth Certificate (for Minors)
- ☐ Copy of Work Permit (if applicable)
- ☐ Copy of PIN Certificate (of all Applicants)
- ☐ Copy of documentary proof of residence (Utility bill / Telephone bill / Lease Agreement / Tax returns, etc)
- ☐ General Terms and Conditions

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 of Account: ☐ Individual ☐ Joint

2. TYPE OF ACCOUNT:

SAVINGS (LCY)

- ☐ Prime Saver
☐ Prime Junior
☐ Prime Wananchi

CURRENT (LCY)

- ☐ Prime Faida
☐ Prime Faida Plus
☐ Prime Current

CURRENCY (FCY)

- ☐ Prime Current (CCY)
☐ Prime Indian Rupee
☐ Prime Chinese Yuan

DEPOSIT (LCY)

- ☐ Fixed Deposit
☐ Call Deposit
☐ Recurring Deposit

DEPOSIT (FCY)

- ☐ Fixed Deposit (CCY)
☐ Call Deposit (CCY)

Other (Please Specify):

3. APPLICANTS DETAILS:

FIRST APPLICANT:

CIF ID:

(i) Name:
(First Name) (Middle Name) (Last Name)

(ii) ID/ Passport/ Alien Registration Number:

(iii) Nationality: (iv) (✓ where applicable): ☐ Resident ☐ Non-Resident

(v) Marital Status: (vi) Date of Birth:
dd / mm / yyyy

(vii) PIN:

(viii) Mailing Address:

P. O. Box No:
City / Town:
Postal Code:

Physical Address:

Building Name:
Unit / Floor:
Road / Street:
City / Town:

| | | |
|-------------------------|-------------------------|---------------------------------|
| (ix) Tel No: | Mobile No: | Email: |
| 1. <input type="text"/> | 1. <input type="text"/> | Preferred: <input type="text"/> |
| 2. <input type="text"/> | 2. <input type="text"/> | Alternate: <input type="text"/> |

4. EMPLOYMENT DETAILS:

| | | | | |
|-------------------------------------|--|---|--|--|
| (i) Employer's Name: | <input type="text"/> | | | |
| (ii) P. O. Box No: | <input type="text"/> | (iii) Telephone No: | <input type="text"/> | |
| City / Town: | <input type="text"/> | | | |
| Postal Code: | <input type="text"/> | | | |
| (iv) Nature of Employer's Business: | <input type="text"/> | (v) Position Held: | <input type="text"/> | |
| (vi) Monthly Income KSHS (...) | | | | |
| <input type="checkbox"/> 0 - 10,000 | <input type="checkbox"/> 10,001-50,000 | <input type="checkbox"/> 50,001-100,000 | <input type="checkbox"/> 100,001-500,000 | <input type="checkbox"/> Above 500,000 |

5. NEXT OF KIN DETAILS:

| | | | |
|-----------------------|----------------------|---------------------|----------------------|
| (i) Next of Kin Name: | <input type="text"/> | (ii) Relationship: | <input type="text"/> |
| (iii) ID/Passport No: | <input type="text"/> | | |
| (ii) P. O. Box No: | <input type="text"/> | (iii) Telephone No: | <input type="text"/> |
| City / Town: | <input type="text"/> | | |
| Postal Code: | <input type="text"/> | | |

JOINT ACCOUNT HOLDER (FOR JOINT ACCOUNT)

IF NOT REQUIRED INDICATE N/A

SECOND APPLICANT:

CIF ID:

| | | | |
|---|----------------------|----------------------------|---|
| (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"/> |
| | | | dd / mm / yyyy |
| (vii) PIN: | <input type="text"/> | | |

(viii) Mailing Address:

P. O. Box No:

City / Town:

Postal Code:

Physical Address:

Building Name:

Unit / Floor:

Road / Street:

City / Town:

(ix) Tel No:

1.

2.

Mobile No:

1.

2.

Email:

Preferred:

Alternate:

THIRD APPLICANT:

CIF ID:

(i) Name:

(First Name) (Middle Name) (Last Name)

(ii) ID/ Passport/ Alien Registration Number:

(iii) Nationality: (iv) (✓ where applicable): ☐ Resident ☐ Non-Resident

(v) Marital Status: (vi) Date of Birth:

dd / mm / yyyy

(vii) PIN:

(viii) Mailing Address:

P. O. Box No:

City / Town:

Postal Code:

Physical Address:

Building Name:

Unit / Floor:

Road / Street:

City / Town:

(ix) Tel No:

1.

2.

Mobile No:

1.

2.

Email:

Preferred:

Alternate:

FOURTH APPLICANT:

CIF ID:

(i) Name:

(First Name) (Middle Name) (Last Name)

(ii) ID/ Passport/ Alien Registration Number:

(iii) Nationality: (iv) (✓ where applicable): ☐ Resident ☐ Non-Resident

(v) Marital Status: (vi) Date of Birth:
dd / mm / yyyy

(vii) PIN:

(viii) Mailing Address:

P. O. Box No:

City / Town:

Postal Code:

Physical Address:

Building Name:

Unit / Floor:

Road / Street:

City / Town:

(ix) Tel No:

1.

2.

Mobile No:

1.

2.

Email:

Preferred:

Alternate:

6. FOR MINOR ACCOUNT:

(i) Name of Minor: Date of Birth:
dd / mm / yyyy

(ii) Name of Guardian: Relationship:

7. 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"/> |

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

(i) Prime Mobi (Mobile Banking) ☐

(ii) Prime Net (Internet Banking) ☐

(iii) Credit Card ☐

(iv) Debit Card ☐

(v) Other (Please Specify)

9. 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.:

10. RISK CLASSIFICATION:

a). Sector/Type of Business:

b). Expected No. of Monthly transactions:

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

d). Expected Average Account Balance:

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

11. 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:

12. DETAILS OF APPLICANTS / SIGNATORIES:

AUTHORIZED SIGNATORY 1

(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 2

(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 3

(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 4

(Please sign only within the boundary of this box)

Attach coloured passport size photograph

Name:

ID/PP No:

Mobile No:

Mode of Operation:

13. DECLARATION OF SOURCE OF FUNDS:

I/We have opened the above account at your branch on I/We understand that I/We have to declare the source of funds which may be credited to/deposited in the above account from time to time. The funds may be received in the form of cash, cheque, Electronic Funds Transfer (EFT), Real Time Gross Settlement (RTGS) or Inward TT/ Draft from abroad.

I/We of (Postal Address)

hereby declare that the source of funds that shall be credited into the above account will be: (Please tick)

Income from Business ☐ Salary ☐ Dividend ☐ Interest ☐

Others (specify)

I/We confirm that these funds are / will be received from legitimate sources and any funds paid / transferred from my / our account shall be to legitimate beneficiaries. I/We undertake to produce necessary evidence as and when required, to substantiate any underlying transaction(s) in regard to source of funds and / or establish the purpose of ultimate beneficiary of any monies paid/ transferred from my / our account.

14. OPERATING INSTRUCTIONS:

We the undersigned have submitted a form for opening a Savings Account / Current Account / Term Deposit Account with Branch of Prime Bank Ltd (hereinafter referred to as the “Bank”). Until we give notice in writing to the contrary, we authorize the Bank to honour and pay to the debit of our account all cheques, orders, bills of exchange and promissory notes made, signed, accepted or endorsed by of us.
(mode of operation)

15. CHEQUE BOOK REQUISITION:

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

16. 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 | | |

17. DOCUMENTS SUBMITTED: (✓where provided)

- ☐ Two recent coloured passport size photos (of all Signatories)
- ☐ Copies of ID / Valid Passport (of all Signatories)
- ☐ Copy of Birth Certificate (for minor accounts)
- ☐ Copy of Work Permit (if applicable)
- ☐ Copy of PIN Certificate (of all account holders)
- ☐ Copy of Utility Bill (of all account holders)

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 expected No. of monthly transactions | <input type="text"/> |
| c) Based on expected monthly cash value | <input type="text"/> |
| d) Based on monthly No. of cash transactions | <input type="text"/> |
| e) Based on Account Balance | <input type="text"/> |

OVERALL CUSTOMER RATING:

CUSTOMER BUSINESS SEGMENT CLASSIFICATION:

| | | | |
|------------------|----------------------|-------------|----------------------|
| Customer Segment | <input type="text"/> | Sub Segment | <input type="text"/> |
|------------------|----------------------|-------------|----------------------|

CUSTOMER INFORMATION LIST: (✓ where applicable)

| | | | |
|--|--------------------------|---------------------|--------------------------|
| Documents in check list obtained & authenticated | <input type="checkbox"/> | Cheque book ordered | <input type="checkbox"/> |
| Photographs obtained | <input type="checkbox"/> | Debit Card ordered | <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"/> | | |
| PIN Certificate verified | <input type="checkbox"/> | | |

| BRANCH CHECKLIST | NAME | SIGNATURE | DATE |
|--|----------------------|----------------------|----------------------|
| CIF Input by: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CIF authorized in the system by: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| A/C opened in the system by: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| A/ C opening verified by: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature of Account Holder admitted by: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signatures scanned by: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signatures verified by: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Introducer signature verified by: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Customer risk rating Input by: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|-----------------------------|----------------------|---------|----------------------|
| Initial Deposit amount: CCY | <input type="text"/> | Amount: | <input type="text"/> |
| Letter of Thanks sent on: | <input type="text"/> | | |
| Branch Manager's Signature: | <input type="text"/> | Date: | <input type="text"/> |

Head Office - Nairobi
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0111 006 000 / 0719 090 000
Email: customercare@primebank.co.ke



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

www.primebank.co.ke