

## CUSTOMER INFORMATION FORM

 Individual ☐ Director ☐ Signatory ☐ Beneficial Owner ☐ Guardian ☐

Please complete in BLOCK LETTERS and tick appropriate box.

Branch:				Date:	
Personal Information (First, Middle, Last name to be as per primary identification doc)					
Mr/Mrs/Ms/Dr./Master/Miss	First Name:	Middle Name:	Last Name:		

Identification Type:	National ID <input type="checkbox"/> Foreigner Certificate <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Kenyan Passport <input type="checkbox"/> Birth Certificate* <input type="checkbox"/> <small>*Applicable for Minors. *Submit minor photo where available.</small>	Date of Birth:	
Identification Number:		Passport/Alien Card Expiry date:	
KRA Pin:		Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Country of Residence:		Resident in Kenya:	<input type="checkbox"/> <input type="checkbox"/>

\*If country of Tax Residency other than Kenya/ US, complete CRS-I Form.

Nationality/ Dual Nationality:		Marital Status:	
City:		Town:	
Physical Address: (Building/ Suite/Floor No./ Plot No/ Road/ Street/Town) <small>*Mandatory</small>			
Nearest Landmark:			
Mailing Address/ Postal Address:		Post Code:	

\*Provide proof of physical address i.e. Utility bill, Tenancy agreement.

### Contact Details: (mandatory)

Mobile Number:		Email ID:	
Alternate Number:		Alternate Email ID:	

 Employment Status: Employed ☐ Self Employed ☐ Unemployed ☐ Student ☐ Other ☐

Profession:		Employers Name:	
Employer's Contact Details:		Position Held:	
Nature of Business:			
Monthly Income/ Allowance (KES):	0-100,000 <input type="checkbox"/> 100,001-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> Above 1M <input type="checkbox"/> Above 5M <input type="checkbox"/>		

### Parent/Guardian Details - In case of Minor

Mr/Mrs/Ms/Dr.	First Name:	Middle Name:	Last Name:
Identification Type:	National ID <input type="checkbox"/> Foreigner Certificate <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Kenyan Passport <input type="checkbox"/>	Date of Birth:	
Identification Number:	Nationality:	Resident:	<input type="checkbox"/> <input type="checkbox"/>
Relationship to above applicant: (Either Guardian/ Parent)		Guardians CIF number: <small>*For existing client</small>	

V.02.25 This form is to be filled by each individual account holder and or signatory to entity accounts.

<b>Politically Exposed Person (PEP):</b> Is/are any of the applicant/s entrusted with a prominent public office locally or in a foreign country, including any member of your immediate family or close associate?	<input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/>
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FATCA DECLARATION			
Is the applicant born in the US?	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	Does the applicant have income from the US?
Is the applicant a US resident?	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	Does the applicant have a US registered business?
Is the applicant an American Citizen?	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	Does any applicant have a US telephone number?
Does the applicant hold a US Passport?	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	Does the applicant have a US postal address?
Is the applicant a US Green Card Holder?	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	Has the applicant completed W9 form if Yes in any of the above?

#### Introduction:

I \_\_\_\_\_ introduce and recommend the above applicant 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 of Introducer:**

**Account Number of Introducer:**

**Signature of Introducer:**

\_\_\_\_\_

#### Declaration:

I/We confirm that the information I/We have provided herein and the disclosures made are factual and true. I/We confirm that I/We have successfully accessed, read and understood the General Terms and Conditions governing the Bank-Customer relationship in regard to the operations of a Bank account (T&Cs), the use of the Mobile and Internet Banking facilities as well as the use of the Debit / Credit Cards (wherever applicable), as accessible through the following link - [www.primebank.co.ke/tcs/](http://www.primebank.co.ke/tcs/)

I/We accept to be bound by and also acknowledge that the Terms and Conditions contained therein shall constitute part of my/our obligations herein.

**Signature of Applicant/ Account Holder/ Guardian (for Minor account):**

\_\_\_\_\_

#### For Official Use Only:

CIF Number:	
RM Code:	
Employee ID:	
CIF Entered on DMS by:	
CIF Verified on DMS by:	
Customer Sector:	
Customer Sub-Sector:	

\* As per SNA Sector Code

**Customer Segmentation:** Classic ☐ Affluent ☐ Premium ☐