

CUSTOMER INFORMATION FORM - CORPORATE

Please complete in BLOCK LETTERS and tick appropriate box.

| | |
|---|---|
| Branch: (Customer to select) | Date: |
| COMPANY/ORGANISATION DETAILS: | |
| Company/Registered Name/ Trading Name: | |
| Nature of Business/Activities: | |
| Business / Organisation Type: | Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Society <input type="checkbox"/> Club <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Public Benefit Organisation(PBO) <input type="checkbox"/> Other (Specify) _____ |

General Contact information of the Company (Board Line):

| | |
|---|---------------------|
| Mobile Number: | Email ID: |
| Alternate Number: | Alternate Email ID: |
| PIN Number: | P.O.Box: |
| Date of Incorporation: | Post Code: |
| Registration No.: | Town: |
| Physical Address: (Building/ Suite/Floor No./ Plot No/ Road/ Street/Town) *Mandatory | |
| Principal Place of Operation: | |
| Country of Incorporation/ Registration: | |

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

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

Personal details of Directors/Partners/Owners/Trustee

| | Name: | Nationality: | % Shareholding | ID/PP No: | Signatory: | Beneficial Ownership* |
|----|-------|--------------|-------------------|-----------|------------|-----------------------|
| 1. | | | | | Yes No | Yes No N/A |
| 2. | | | | | Yes No | Yes No N/A |
| 3. | | | | | Yes No | Yes No N/A |
| 4. | | | | | Yes No | Yes No N/A |
| 5. | | | | | Yes No | Yes No N/A |
| 6. | | | | | Yes No | Yes No N/A |

*If Beneficial Owner is not a signatory, ID to be submitted. And complete FATCA W9 Form for US Persons & CRS-CP Form for Controlling Person of a Passive Non-Financial Entity.

Group Details:

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

| Name of entity: | Name/s of Common or Related Directors/Partners: | Relationship/ Designation: |
|-----------------|---|----------------------------|
| | | |
| | | |
| | | |

V.02.25 This form is to be filled for entities only and must be signed by key officials of the entities as applicable.

Key Contact Persons (SMS Alerts & Callback Purpose).
 - SMS Alerts - Select only 1 Mobile Contact from below.
 - Callbacks - Select from 1, 2 & 3.

| No. | Name/ Position: | Mobile number for callback: | Email address for alerts: | SMS alerts: |
|-----|-----------------|------------------------------------|------------------------------------|--|
| 1. | | <input type="button" value="Yes"/> | <input type="button" value="Yes"/> | <input type="button" value="Yes"/> <input type="button" value="No"/> |
| | | <input type="button" value="No"/> | <input type="button" value="No"/> | |
| 2. | | <input type="button" value="Yes"/> | <input type="button" value="Yes"/> | <input type="button" value="Yes"/> <input type="button" value="No"/> |
| | | <input type="button" value="No"/> | <input type="button" value="No"/> | |
| 3. | | <input type="button" value="Yes"/> | <input type="button" value="Yes"/> | <input type="button" value="Yes"/> <input type="button" value="No"/> |
| | | <input type="button" value="No"/> | <input type="button" value="No"/> | |

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/

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.

Name: Sole Prop / Partner / Director/ Others

Name: Partner / Director/ Others

Signature:

Signature:

Name: Partner / Director/ Others

Name: Partner / Director/ Others

Signature:

Signature:

For Official Use Only:

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

* As per SNA Sector Code

Customer Segmentation: Business Banking ☐ Institutional Banking ☐ Corporate Banking ☐ Other (Specify) _____