Corporate Banking

Account Opening Application Form



Details of Business:

Company name	
Trading name (if different from the registered name)	
Nature of business (industry) Manufacturing Financial Exp Other (Specify)	port/Import Services Retail Wholesale Consultancy
Certificate of reg/ incorporation no.	Postal code Date of Incorporation
Pin (if any)	
Contact Address:	
Postal address	Postal code Town/City
Country	Telephone Email
Physical Address:	
Location/street	Building Floor/Door
Building block number	
Personal Director Details:	
Full name as per ID	Gender
Surname	Other names
Nationality	Date of Birth
Marital status	P.O Box No Postal Code
ID/ Passport No	Personal Mobile No
Physical address	Building No House No
Personal Director Details:	
Full name as per ID	Gender
Surname	Other names
Nationality	Date of Birth
Marital status	P.O Box No Postal Code
ID/ Passport No	Personal Mobile No
Physical address	Building No House No

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Personal Director Details:

Full name as per ID	Gender			
Surname	Other names			
Nationality	Date of Birth			
Marital status	P.O Box No Postal Code			
ID/ Passport No	Personal Mobile No			
Physical address	Building No House No			
Personal Director Details:				
Full name as per ID	Gender			
Surname	Other names			
Nationality	Date of Birth			
Marital status	P.O Box No Postal Code			
ID/ Passport No	Personal Mobile No			
Physical address	Building No House No			
Account Details:				
Type of Company				
Limited liability Partnership Sole proprietorship informal body e.g. school, trust Foundation / NGO				
Other (Specify)				
I / We hereby apply for: Business Savings Account Qwetu Super Deposit Account				
Other (Specify)				
Financial Information:				

Please tick in the relevant boxes below to indicate the expected normal range of activity in your account

Transaction type	Anticipated No. Of	Amount
	monthly transaction	
Deposit	0-1011-50>50	_<500,000_>500,000
Withdrawal	0-1011-50>50	_<500,000_>500,000

Reasons for opening A/C with Qwetu Sacco Ltd

Business investment Transactional Overdraft Loan repayment

Other (Specify)

Cheque book requisition no. Of cheque leaves	50	100
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Corporate Banking





Account statement frequency		Monthly	Quarterly		Annually
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Name of applicant _

Mobile telephone no. _____

I/We confirm that the information given above is true to the best of my/our knowledge. By signing on this form I/We request you to open an account in my/our name (s). I/We agree that I/We have read, understood and accepted the terms and conditions of this account, supplied separately, and agree to be bound by them. I/We hereby authorize the Sacco to disclose any information relating to my/our account (s) to any credit reference agency, any other institution or third party as it deems necessary.

Director / Signatory	Director / Signatory	Director / Signatory	Director / Signatory		
Place photo here	Place photo here	Place photo here	Place photo here		
Signature	Signature	Signature	Signature		
Special instruction/signing mandat	e				
Date:					
Branch's official stamp:		-			
Certification:					
We certify that the above have bee Name		e firm as per the above mandates _ Name			
Title		_ Title			
SignatureS		_ Signature			
••••••					
For official use:					
Recommended by		Amount Approved			
Signature		Signature			
Designation		. Designation			
Date		. Date			

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