

EXPECTED MONTHLY INCOME & SOURCE OF FUNDS

Source of funds _____ Employer name _____ Nature of business _____

Countries where International transactions will be conducted _____

Monthly Income (Currency & Amount) _____ No of monthly transactions (approx.) _____

OTHER BANK ACCOUNT

Bank Name _____ Branch _____ Ac No. _____

Type of Account _____ No of Years _____

OTHER RELATED ACCOUNTS WITH SPIRE BANK Account Name(s) _____ Ac No _____

Account Name(s) _____ Ac No _____

OTHER SERVICES & PRODUCTS

I/We request to be subscribed to the following services /products whose terms of use I/We confirm to have read and understood

Credit Card Card Limit Kes _____ Direct Debit Authority Yes No % _____ Payment Date Preferred

D	D	M	M	Y	Y
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Mobile Banking Online Banking Email Indemnity Yes No Cheque Book Yes No Term Deposit Account (Deposit Placement Form to be completed) Please issue me/us with _____ book(s) containing 50 100 cheque leaves per book We do not require a cheque book

We will send you monthly Account statements on email (e-statement) to the email address you have given us above.

My preferred domicile branch is _____ (We will send your Cheque book and cards to this branch)

SERVICES (Fill appropriately) Debit card Yes No

Debit Card Holders only:	
a. Standard POS Limit Kes. 100,000 Kes.	Preferred Limit
b. Standard ATM Limit Kes. 40,000 Kes.	Preferred Limit
Internet Banking only:	
a. Preferred per transaction limit Kes.	
b. Preferred monthly transaction limit Kes.	
Mobile Banking only:	
Preferred daily limit Kes.	

I confirm that the information given is correct and true to the best of my knowledge.

Sign here (Within the boundary of this box)

REFEREE

Name _____ Signature _____

Bank & Branch _____ Account No. _____

Address _____ Tel. /Mobile No. _____

I confirm that I have known the applicant for _____ years and he/she/they live at _____

work at _____/operate their business at _____

and that to the best of my knowledge the applicant(s) are fit and proper persons to open an account with you.

SIGNATURE CARD (Please provide a recent passport size photo & sign within the boundary of the boxes using blue/black pen)

Attach coloured passport size photo here

Main Applicant

First _____
 Middle _____
 Last _____
 Specimen Signature:

Attach coloured passport size photo here

Applicant (Where applicable)

First _____
 Middle _____
 Last _____
 Specimen Signature:

Attach coloured passport size photo here

Main Applicant

First _____
 Middle _____
 Last _____
 Specimen Signature:

Attach coloured passport size photo here

Applicant (Where applicable)

First _____
 Middle _____
 Last _____
 Specimen Signature:

Operating Instructions: Sole Signatory Either/Or survivor Any two jointly

Other: _____

DECLARATION

I/We have read and understood the conditions necessary to open and run an account with Spire Bank Ltd and I/We oblige to comply. I/We agree that this account shall be opened solely at the discretion of Spire Bank and hereby agree to indemnify Spire Bank at my/our cost against any loss or claims arising out of the account being closed by Spire Bank upon issuance of a 14 day notice due to unsatisfactory performance. I/we accept that the operations of the account will be subject to the General Terms and Conditions and confirm that all given information on this form is true and correct.

I/we authorize the bank to disclose details relating to my/our account to any third party including the Credit Reference Bureau if the Bank deems that such disclosure is for the protection of the Bank's interest or for any other lawful purpose or as so required by law.

I/We agree to maintain the required prescribed minimum balance at all times and to ensure that adequate funds are maintained in my/our account to cater for any cheque(s) drawn by me/us. In the event of insufficient funds, I/We authorize the Bank to return the cheque(s) drawn by me/us without any reference to me/us.

- I/We have selected the product that best suits me/us
- I/We have understood what is required of me/us and how to operate the account efficiently
- I/We have been briefed on how to keep safe my/our cheque book/ATM card/PIN mailer
- I/We have been taken through all the features, charges and fees pertaining to the product available and we have received a copy of the Tariff Guide

Customers' Signatures: 1. _____ 2. _____
 3. _____ 4. _____

I have explained to the customer the Product Features, Tariff and General Terms and Conditions to open and run the account.

Account opened by: Name _____ Signature _____ Date _____

FOR OFFICIAL USE ONLY

Sales Code/ No. _____ A/c Number _____ Customer Number _____

Account Title _____ Business Unit _____ Relationship Manager _____

Business Segment _____ Business Sector Code _____

Special instructions _____

AML Risk Category High Medium Low

Review date:

D	D	M	M	Y	Y
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Publicly Exposed Persons (PEP) status _____

Screening: UN List Yes No US OFAC List Yes No

FATCA Status Yes No

If Yes, FATCA documentation to be completed

- Form W9 (U.S. Persons only)
- Form W-8BEN (Non U.S. Persons only)
- ID/Passport
- Written explanation for US born non-US citizens (*Confirmation of renunciation of U.S. Citizenship / reason for not taking up U.S. citizenship at birth*)

REQUEST FOR ADDITIONAL PRODUCTS

Credit Card

- Certified true copy of latest payslip
- Certified bank statement(s) (For employed persons 3 months, for Self-employed 6 months)
- Copy of this application form & accompanying documents sent to Senator

* For self-employed persons, other additional documents will be required

DOCUMENTS CHECKLIST

- Certified true copy of ID/ Passport
- Certified true copy of KRA PIN certificate
- One colour passport size photograph
- CRB status check list (for credit card)
- Referee (where applicable)

For Branch Sign Off

	Branch Sign off	Account opened by	Account Authorised by
Name			
Signature			
Date			

For Central Processing Unit (CPU)

	Verified by	Authorised for opening by
Name		
Signature		
Date		