

Business/Corporate Account Application Form

- Company
- Partnership
- NGO/ Club/ Society/ Association/ Diplomatic Mission
- Sole Proprietorship
- Public Sector
- Sacco

ACCOUNT TITLE _____ **BRANCH** _____

Account type Current Account _____ Savings Account _____
 Fixed Deposit Account FX Account Call Deposit Account Institutional Account Dividend Deposit Account
 Currency Kenya Shillings US Dollar GBP Euro
 Category Sole Proprietorship Partnership Limited Company Clubs NGO Other _____
 Sacco
 Fixed Deposit Period in Months _____ Amount in Figures _____
 Amount in Words _____
 Business Sector _____

COMPANY DETAILS / SACCO DETAILS

Name _____ Nature of Business _____
 Length of Operation _____ Company PIN/VAT No. _____
 Registered Office _____
 Office Tel No. _____ Postal Address _____ Post Code _____
 Company Physical Address _____ Building _____ Street _____
 Monthly income A - Less than 5M B - 5M to 50M C - 50M to 100M
 (Kenya Shillings) D - 100M to 500M E- Above 500M

Other accounts held currently (with us or other banks)

Bank Name _____ Branch _____ Ac No. _____
 Bank Name _____ Branch _____ Ac No. _____

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

	Yes	No		Yes	No
1. Are you a U.S. Resident?	<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have a U.S. residential address?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have a correspondence, C/O or Hold mail address in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you holding a U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have a standing order to a U.S. Bank Account?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were you born in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you have a U.S. telephone No.?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you granted power of attorney or signatory authority to a person with a U.S. address?	<input type="checkbox"/>	<input type="checkbox"/>			

DIRECTOR/PARTNER/OFFICIAL/SIGNATORY DETAILS

Title (Mr./Mrs./Prof./Hon/____) First Name _____ Middle Name _____ Last Name _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ID No. _____ Passport No./Driving Licence No. _____ PIN No. _____

Date of Issue _____ Expiry Date _____

Mailing Address for individual

Postal Address _____ Post Code _____ City/Town _____

Physical Address for individual

Plot/Hse No. _____ Street _____ Location _____

How long have you been a resident at this address? _____ Is it owned or rented? _____

Office Tel No. _____ Residential _____ Mobile _____

Fax. _____ Personal Email _____ Office Email _____

Occupation/Exact nature of business. _____ Employer's Company Name _____

Attach coloured
passport size
photograph here

Signature of individual (Please sign only within the boundary of this box)

Name _____

DIRECTOR/PARTNER/OFFICIAL/SIGNATORY DETAILS

Title (Mr./Mrs./Prof./Hon/____) First Name _____ Middle Name _____ Last Name _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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Attach coloured
passport size
photograph here

Signature of individual (Please sign only within the boundary of this box)

Name _____

Names of Authorized Signatories (If different from Directors/Partners/Officials)

Name _____
 Designation _____
 ID/Passport _____
 Email _____
 Signature _____

Name _____
 Designation _____
 ID/Passport _____
 Email _____
 Signature _____

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.

MANDATE: TO BE INCLUDED IN THE BOARD RESOLUTION

Mode of Operation Sole Jointly All to sign Either or Survivor

Special signing instructions _____

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 _____ Direct Debit Authority Yes No % _____ Payment Date Preferred

D	D	M	M	Y	Y	Y
---	---	---	---	---	---	---

Mobile Banking Online Banking Email Indemnity Yes No

SERVICES (Tick appropriately)

Account types:	Debit Card	Mobile Banking	Internet Banking	(SMS & E-mail Alerts)
Business Current A/c				
Fixed Deposit	N/A			
Call Deposit	N/A			

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.	

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

CHEQUEBOOK & STATEMENT DETAILS

Please issue me/us with _____ book(s) containing 50 100 cheque leaves per book.

We do not require a cheque book

Statement Cycle: Weekly Monthly Quarterly Other _____

Statement Delivery: Postal Address & Code _____ To be collected at the Branch Emailed

Email Address _____ Debit Card Collected from _____ Branch _____

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 & 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	Y	Y
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Publicly Exposed Persons (PEP) status _____

Screening: UN List Yes No US OFAC List Yes No IPRS Yes No PIN Check 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*)

For Branch Sign Off

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

For Central Processing Unit (CPU)

	Authorised for opening by
Verified by	
Name	
Signature	
Date	

Checklist: Documents Required

COMPANY

1. Certified copy of Certificate of Incorporation
2. Certified copy Memorandum & Articles of Association
3. Board resolution (where applicable)
4. Certified copies of ID or passport of Directors and PIN of individual Directors/Signatories
5. One coloured Passport size photograph of Directors/Signatories
6. Certified copy of PIN Certificate of Company and VAT
7. Latest Annual Returns
8. Certified copy of Certificate of Compliance (U.S.)
9. Evidence of physical address
10. Power of Attorney (where Applicable)

OBTAINED

PARTNERSHIP

1. One coloured Passport size photograph of all authorised signatories
2. Certified copy of ID or Passport of authorised signatories
3. Certified copy of Certificate of Registration
4. Partnership Mandate/Deed
5. Certified copy of PIN Certificate (individual signatories)
6. Evidence of physical location

CLUB/SOCIETY/ASSOCIATION/NGO/DIPLOMATIC MISSIONS

1. Copy of Rules/Constitution/By-laws certified by relevant authority
2. Certified copy Certificate of Registration
3. List of Members/officials
4. Board Resolutions and minutes appointing current officials
5. One coloured Passport size photograph of all authorised signatories
6. Certified copies of ID or passport of Directors and PIN of individual Directors/Signatories
7. Utility Bill or evidence of physical location
8. PIN for the organization
9. Letter of approval to open the account signed by the relevant approving authority

SOLE PROPRIETORSHIP

1. Certified copy of Certificate of Registration
2. Certified copies of ID or Passport
3. One coloured Passport size photograph
4. Copy of PIN Certificate
5. Evidence of physical location
6. Certified copy of business permit (where applicable)

PUBLIC SECTOR

1. Letter from the Ministry/Permanent Secretary authorizing opening of the account
2. Certified copy of ID/Passport for each signatories
3. One coloured Passport size photograph for each signatory
4. PIN for each signatory

I confirm that all originals have been sighted and certified

Name _____ Signature _____

Date

D	D	M	M	Y	Y	Y	Y
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