



PERSONAL PARTICULARS:

*Customer Identification Number: _____

Customer Account Number: _____ Account Product: _____

*First name: _____ *Middle Names: _____ Last Names: _____

*Full Name: _____

*Present Surname : _____

*Birth Surname: _____ *Gender: _____

*Marital Status: _____ *Monthly Income: _____

*Nationality: _____ *Citizenship: _____

*Residency: _____ *Profession: _____

BIRTH INFORMATION-CUSTOMER:

*Date of Birth: _____ *Country of Birth: _____

Birth Place Postal Code: _____ *Region of birth: _____

*District of Birth: _____ Ward of Birth: _____

IDENTIFICATION INFORMATION-CUSTOMER:

*Identity type: _____ *Identification Number: _____

*Issuing Authority of the Identity: _____

INDIVIDUAL CONTACTS - CUSTOMER:

Mobile Number: _____ Alternative Mobile Number: _____

E-mail Address: _____

PRIMARY ADDRESS - CUSTOMER:

Street: _____

Postal Code: _____ *Region: _____ *District: _____

*Ward: _____ *Country: _____

SECONDARY ADDRESS - CUSTOMER:

Street: _____ Number of Building: _____ Postal Code: _____

Region: _____ District: _____

Ward: _____ Country: _____

DECLARATION:

I by signing this form, I confirm all information filled above to the bank are correct to the best of my knowledge. By signing this form, I consent to open an account with your Bank, and access to other banking services offered in the chosen account product.

Signature

Date