

## BUSINESS BANKING ACCOUNT APPLICATION

Please fill in the form in **BLOCK** letters and tick the appropriate boxes. Please note that all field are mandatory.

New Customer  Existing Customer

Branch  Date

### ENTITY DETAILS

Legal Entity Name	<input type="text"/>	Trading As	<input type="text"/>
Holding Entity Name	<input type="text"/>	Company Reg No	<input type="text"/>
Date of Incorporation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country of Incorporation	<input type="text"/>
Date of Business Commencement	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No of Employees	<input type="text"/>
Email address	<input type="text"/>	Business Tel. No.	<input type="text"/>
Residential Physical Address	<input type="text"/> Plot/House/Street No	<input type="text"/> Road/Street Name	<input type="text"/> Residential Area
Town	<input type="text"/>	City	<input type="text"/>
		Province	<input type="text"/>

### Entity Type

<input type="checkbox"/> Public Company	<input type="checkbox"/> Private Company	<input type="checkbox"/> Closed Company	<input type="checkbox"/> Partnerships
<input type="checkbox"/> Statutory Corporation	<input type="checkbox"/> Private Business Corporations	<input type="checkbox"/> Trust	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Association	<input type="checkbox"/> NGO	<input type="checkbox"/> Society	<input type="checkbox"/> Incorporated Company
<input type="checkbox"/> Closed Corporation			

### Industry Sector

<input type="checkbox"/> Agriculture & Agro-Processing	<input type="checkbox"/> Forestry	<input type="checkbox"/> Fishing	<input type="checkbox"/> Hunting
<input type="checkbox"/> Livestock & Poultry	<input type="checkbox"/> Mining & Quarrying	<input type="checkbox"/> Energy & Oil	<input type="checkbox"/> Electricity & Water
<input type="checkbox"/> Public Sector - Other	<input type="checkbox"/> Public Sector Local Gov	<input type="checkbox"/> Public Sector Central Gov	<input type="checkbox"/> Community Services
<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Business & Commercial Services	<input type="checkbox"/> Telecommunication	<input type="checkbox"/> Transport & Storage	<input type="checkbox"/> Trade (Import & Export)
<input type="checkbox"/> Retail, Wholesaling & Distribution	<input type="checkbox"/> Chemical & Pharmaceutical	<input type="checkbox"/> Tourism, Restaurant & Hotels	<input type="checkbox"/> Pension Funds
<input type="checkbox"/> Bank Financial Institutions	<input type="checkbox"/> Non Bank Financial Institutions	<input type="checkbox"/> Insurance	<input type="checkbox"/> Other (specify)

Tax Payer Identification Number (TPIN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last Assessment Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Napsa Contributor No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VAT Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tax Exempted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Requisition Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PACRA Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

## PRODUCT TYPE

Current Account       Call Account       Term Deposit Account

## INITIAL DEPOSIT DETAILS

Tick applicable

Source of funds     Business     Rental     Salary     Other

Currency        Initial Deposit     Cash

Other Income Total         Cheque

## ADDITIONAL SERVICES

I would like my statement     Emailed     Collected  
Statement frequency     Daily     Weekly     Quarterly     Monthly  
I would like a cheque book     Yes     No  
I would like a debit card     Yes     No  
I would like     Internet Banking     E-Tax     E-Napsa     E-School

## SIGNATURE CARD

In terms of Resolution of the Board of Directors dated         the signing arrangements of the Company, the names of persons authorised to sign and their specimen signatures are set out below:

All documents will be signed by (deleted Inapplicable)

A. Two signatories from Panel "A"

B. One signature from Panel "A" and one Signature from Panel "B"

C. Other, Please Specify

Specimen signature(s) to be in Black Ink

Signature

Signature

Signature Type

A  B  C

Signature Type

A  B  C

Full Name

Full Name

Signature

Signature

Signature Type

A  B  C

Signature Type

A  B  C

Full Name

Full Name

## LEGAL ENTITY CONTACT DETAILS

Business Tel. No

Fax No.

Email

Other Email

### Physical Address

Residential Physical Address  Plot/House/Street No  Road/Street Name  Residential Area

Town  City  Province  P.O Box  Country

Postal Code

### Mailing Address

Same as physical address

## NATURE OF BUSINESS AND PRODUCT / SERVICE RANGE

### Nature of Business

### Description









## SHAREHOLDER / TRUSTEE / PARTNER / MEMBER

Name	ID No / Co Reg No	Share %
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## ASSOCIATED CONCERNS / BUSINESS ENTITIES

Name	Co Reg No	Share %
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Name	Co Reg No	Share %
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## DIRECTORS

1

Title  Mr  Mrs  Miss  Ms  Prof  Dr  Other \_\_\_\_\_

First Name(s)  Surname

Designation  ID No

Work No  Mobile No

Fax No  Email

2

Title  Mr  Mrs  Miss  Ms  Prof  Dr  Other \_\_\_\_\_

First Name(s)  Surname

Designation  ID No

Work No  Mobile No

Fax No  Email

3

Title  Mr  Mrs  Miss  Ms  Prof  Dr  Other \_\_\_\_\_

First Name(s)  Surname

Designation  ID No

Work No  Mobile No

Fax No  Email

## LEGAL OFFICERS / LEGAL ENTITY CONTACTS

### CONTACT 1

Title  Mr  Mrs  Miss  Ms  Prof  Dr  Other \_\_\_\_\_

First Name(s)  Surname

Designation  ID No

Work No  Mobile No

Fax No  Email

### CONTACT 2

Title  Mr  Mrs  Miss  Ms  Prof  Dr  Other \_\_\_\_\_

First Name(s)  Surname

Designation  ID No

Work No  Mobile No

Fax No  Email

### CONTACT 3

Title  Mr  Mrs  Miss  Ms  Prof  Dr  Other \_\_\_\_\_

First Name(s)  Surname

Designation  ID No

Work No  Mobile No

Fax No  Email

## OTHER BANK DETAILS

Bank Name	Branch Code	Tick Applicable Product Type	Average Balance	Date Account Opened	Years Banked
		Current Account		D D M M Y Y Y Y	
		Call Account		D D M M Y Y Y Y	
		Term Deposit Account		D D M M Y Y Y Y	
		Other		D D M M Y Y Y Y	
				D D M M Y Y Y Y	

## MARKETING CONSENT

In order for Atlas Mara to communicate new product updates and services that may be relevant to you, we require you to update / complete your marketing consent preferences

Atlas Mara / Partner Products and Services  Yes  No

How did you hear about Atlas Mara?  Advertising  Walk-In  Friend  Campaign  Referral \_\_\_\_\_

## DECLARATION AND ACCEPTANCE

**I/We understand that Atlas Mara shall use the information provided above solely for evaluation purposes and that it is correct' We shall be ready to provide any additional information if and when required.**

- a) warrant that information furnished is true and correct and undertake to inform Atlas Mara of any changes thereto as well as any facts or circumstances in future that may impact my legal status as a client of Atlas Mara;
- b) indemnify Atlas Mara against any liability for any loss or damage suffered by me/us as a result of inaccurate or incomplete information contained herein;
- c) agree to the terms and conditions governing the account and agree to abide by them and such other rules which may come into force from time to time.
- d) authorise the Bank to make any Independent information verification and generally make whatever enquiries it deems necessary from any source whatsoever and may supply information regarding my facility and my compliance to otherwise with the terms and conditions of Atlas Mara, to other banks or any Credit Bureau, subject to any applicable legislation, Code of Conduct or Practice;
- e) understand that in the event of any information proving to be inaccurate, the bank reserves the right to decline this application without disclosing the reasons thereof. I/We agree that the Bank reserves the right to close my/our account compulsorily without warning if it is conducted unsatisfactorily

Director/Secretary/  
Authorised Official  
Signature

Date

Place

Full Name

Director/Secretary/  
Authorised Official  
Signature

Date

Place

Full Name

Full Name

Account Signing Instructions

By ticking this box and signing this agreement the customer is hereby authorising the bank to obtain credit references, verify sources of income and employment in connection this account with Atlas Mara.

Director/Secretary/  
Authorised Official  
Signature

Customer Name

Place

Date

**FOR OFFICIAL USE ONLY**

Date Account Opened	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	CIF Number	<input type="text"/>
D	D	M	M	Y	Y	Y	Y				
MIS Code	<input type="text"/>	Customer Category/Segment	<input type="text"/>								
Verified copies of all identification documents against originals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship Manager	<input type="text"/>								
All documents received and checked by	<input type="text"/>		<input type="text"/>								
	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Signature
D	D	M	M	Y	Y	Y	Y				
Authorised by Bank employee/Agent Reference Number (if applicable)	<input type="text"/>		<input type="text"/>								
	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Signature
D	D	M	M	Y	Y	Y	Y				
All data captured and scanned in the system by	<input type="text"/>		<input type="text"/>								
	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Signature
D	D	M	M	Y	Y	Y	Y				
Filed By	<input type="text"/>		<input type="text"/>								
	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Signature
D	D	M	M	Y	Y	Y	Y				