

BUSINESS BANKING ACCOUNT APPLICATION

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

Branch Date

Customer Status New Existing

LEGAL ENTITY DETAILS

Legal Entity Name Trading As

Country of Incorporation

Date of Incorporation Business Tel. No.

Email address

Residential Address

Town City Province

Entity Type

- Public Company
 Private Company
 Closed Company
 Partnerships
 Statutory Corporation
 Private Business Corporations
 Trust
 Sole Proprietorship
 Association
 NGO
 Society
 Incorporated Company
 Closed Corporation

Industry Sector

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

Tax Payer Identification Number (TPIN) Last Assessment Date

Tax Exempted Yes No Company Registration Number

PRODUCT TYPE

Current Account Call Account Other

INCOME DECLARATION

Tick applicable

Source of funds Business Rental Salary Other

Currency Initial Deposit Cash Cheque

Total Income

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

Full Name

Signature

Signature Type

Full Name

Signature

Signature Type

Full Name

Signature Type

Full Name

NATURE OF BUSINESS AND PRODUCT / SERVICE RANGE

Nature of Business

Description

SHAREHOLDER / TRUSTEE / PARTNER / MEMBER

Name	ID No / Co Reg No	Share %

ASSOCIATED CONCERNS / BUSINESS ENTITIES

Name	Co Reg No	Share %

DIRECTOR/SHAREHOLDER/SIGNATORY/LEGAL OFFICER CONTACT DETAILS

1

Title Mr Mrs Miss Ms Prof Dr Other _____

First Name(s) Surname

Designation ID No

Work No Mobile No

Fax No Email

Nationality Country of Residency

2

Title Mr Mrs Miss Ms Prof Dr Other _____

First Name(s) Surname

Designation ID No

Work No Mobile No

Fax No Email

Nationality Country of Residency

3

Title Mr Mrs Miss Ms Prof Dr Other _____

First Name(s) Surname

Designation ID No

Work No Mobile No

Fax No Email

Nationality Country of Residency

4

Title Mr Mrs Miss Ms Prof Dr Other _____

First Name(s) Surname

Designation ID No

Work No Mobile No

Fax No Email

Nationality Country of Residency

5

Title Mr Mrs Miss Ms Prof Dr Other _____

First Name(s) Surname

Designation ID No

Work No Mobile No

Fax No Email

Nationality Country of Residency

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.

- 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;
- 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;
- 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.
- 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;
- 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

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

Name

Place

Date

Director/Secretary/
Authorised Official
Signature

Name

Place

Date

FOR OFFICIAL USE ONLY

Date Account Opened

D	D	M	M	Y	Y	Y	Y
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Customer Category/Segment

Verified copies of all identification documents against originals Yes No Relationship Manager

All documents received and checked by

Date

D	D	M	M	Y	Y	Y	Y
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Signature

Authorised by Bank employee/Agent

Reference Number (if applicable)

Date

D	D	M	M	Y	Y	Y	Y
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Signature

All data captured and scanned in the system by

Date

D	D	M	M	Y	Y	Y	Y
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Signature

Filed By

Date

D	D	M	M	Y	Y	Y	Y
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Signature