

INDIVIDUAL / JOINT ACCOUNT OPENING FORM

In this application, we would like to know you even better. We appreciate your time in sharing your information to enable us comprehensively understand your financial needs and assist in planning your future. We look forward to serving you better. Please complete in **BLOCK LETTERS** with **BLACK INK** and tick in the appropriate box

GTCO

Guaranty Trust Bank (Kenya) Ltd

Title of the account: _____

Account Category Single Joint Branch _____Type of Account Current Savings | Currency: KES GBP ZAR USD EUR | Purpose of Account _____
(Tick as appropriate) (Tick as appropriate)**Personal Information (First Applicant)**Title: Mr. Mrs. Ms Dr. Prof. Hon. Other (please specify) _____

First Name: _____ Middle Name: _____

Last Name: _____ Date of birth

Nationality _____ Other _____

Registration with any taxation authority Yes No Please Indicate KRA PIN / TIN / SSN _____

Country of Residence _____ Country of birth _____ Place of birth _____

Do you have any other Residency/Citizenship Yes No If Yes please specify _____

Child Name (if applicable) _____ Mother's Maiden Name _____

Marital Status Single Married Divorced Widowed Gender Male Female

Biometric Verification No. (BVN) _____ (Where Applicable)

Identification Document National ID Passport Alien ID Disciplined forces ID Document No _____Permit No.(Work/Dependant/Student/Other) _____ Issue Date Expiry Date Social Media: Facebook Twitter Instagram Other Please Specify: _____ Social Media Handle _____

Postal Address _____ Postal Code _____ Town/City _____ County _____

Physical Address _____ Plot No. _____ Length of stay at current residence in years _____

Nearest Landmark _____ Is the property Company House Rented Own House Live with parents

Mobile No (1) _____ Mobile No (2) _____ Email (preferred) _____

Next of Kin (name) _____ Relationship Spouse Child Parent Other _____ Date of Birth _____

Next of Kin Tel Contacts _____ Postal Address _____ Postal Code _____ Town/City _____ Country _____

Source of funds Employment Business Other (please specify) _____

Employer's Name & Address: _____

Nature of Employment: Casual Contract Self-Employed Permanent Retired StudentMonthly Income: 0 - Kes 100,000 Kes 100,001 - Kes 250,000 Kes 250,001 - Kes 350,000 Kes 350,001 - Kes 500,000 Over Kes 500,000

Attach coloured passport size photograph here

Photo of Applicant

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

Personal Information (Other Applicant)

Title: Mr. Mrs. Ms Dr. Prof. Hon. Other (please specify) _____

First Name: _____ Middle Name: _____

Last Name: _____ Date of birth

Nationality _____ Other _____

Registration with any taxation authority Yes No Please Indicate KRA PIN / TIN / SSN _____

Country of Residence _____ Country of birth _____ Place of birth _____

Do you have any other Residency/Citizenship Yes No If Yes please specify _____

Child Name (if applicable) _____ Mother's Maiden Name _____

Marital Status Single Married Divorced Widowed Gender Male Female

Biometric Verification No. (BVN) _____ (Where Applicable)

Identification Document National ID Passport Alien ID Disciplined forces ID Document No _____

Permit No.(Work/Dependant/Student/Other) _____ Issue Date Expiry Date

Social Media: Facebook Twitter Instagram Other Please Specify: _____ Social Media Handle _____

Postal Address _____ Postal Code _____ Town/City _____ County _____

Physical Address _____ Plot No. _____ Length of stay at current residence in years _____

Nearest Landmark _____ Is the property Company House Rented Own House Live with parents

Mobile No (1) _____ Mobile No (2) _____ Email (preferred) _____

Next of Kin (name) _____ Relationship Spouse Child Parent Other _____ Date of Birth _____

Next of Kin Tel Contacts _____ Postal Address _____ Postal Code _____ Town/City _____ Country _____

Source of funds Employment Business Other (please specify) _____

Employer's Name & Address: _____

Nature of Employment: Casual Contract Self-Employed Permanent Retired Student

Monthly Income: 0 - Kes 100,000 Kes 100,001 - Kes 250,000 Kes 250,001 - Kes 350,000 Kes 350,001 - Kes 500,000 Over Kes 500,000



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

Mandate

Mode of Operation Solely Jointly All to sign Either or Survivor Any other signing mandate _____

Expected highest transaction limit value per month _____

Cheque Book and Statement Details

Cheque Book (specify No.) 25 Leaves 50 Leaves To be collected from: _____

Statement cycle details Daily Weekly Monthly Quarterly No Statement

Statement Delivery: E-Statement Email Address _____

Internet Banking/Mobile Banking

Yes

Credit Card

Yes No

Debit Card

A/C Holder Supplementary Card(s)

Do you want to opt out of Internet/Mobile Banking? Yes No

Do you want to opt out of Debit Card? Yes No

Referee (GTBank A/C holder for at least 1 year): Name _____ Signature _____

Address _____ A/C No _____ Phone _____ How long have you known the applicant _____

Indemnity

I/We _____ of Mailing Address _____ ID / Ppt No _____

("hereinafter referred to as "the customer") has requested Guaranty Trust Bank (Kenya) Limited of P.O. Box 20613-00200 Nairobi ("hereinafter referred to as "the Bank") to act on instructions transmitted via e-mail address _____ for Account Number _____

The Bank is prepared to act upon the instructions received via the e-mail address, facsimile and telephone stated above subject to the customer providing the indemnity form found in the Guaranty Trust Bank (Kenya) Limited website.

Declaration

I/We have read and understood the conditions necessary to open and operate an account with Guaranty Trust Bank (Kenya) Limited and I/We oblige to comply. I/We agree that this account shall be opened solely at the discretion of GTBank Kenya and hereby agree to indemnify GTBank Kenya at my/our cost against any loss or claims arising out of the account being closed by GTBank Kenya 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 by me/us and confirm that all the given information on this form is true and correct.

I/We authorize the Bank to disclose any information relating to my/our account to any Credit Reference Agency, any other institution or third party as for any lawful purpose.

I/We have selected the product that suits me/us best.

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 products available.

I/We have received the copy of the tariff guide & KBA handbook

GTBank General Terms & Conditions

I/We have read the terms and conditions found in the company website (www.gtbank.co.ke) and I/we are in agreement

Signature of First Applicant _____ Date _____
sign in presence of a Bank official *dd/mm/yyyy*

Signature of Second Applicant _____ Date _____
sign in presence of a Bank official *dd/mm/yyyy*

Signature of Third Applicant _____ Date _____
sign in presence of a Bank official *dd/mm/yyyy*

Signature of Bank Officer _____ RSM No: _____ Date _____
dd/mm/yyyy

Minors Clause

The account will be operated by: _____ and: _____

(parent/guardian) until: *dd/mm/yyyy* when: _____ (minor) attains his/her maturity and funds become vested in him / her thereafter. The Bank will not be liable to any of the transactions made by the parent of the minor during the tenure of the contract with the Bank.

Signed by: (Parent / Guardian)

Internet Banking Form

Account Name:

Account Number

Email Address:

Please specify account to be profiled:

Current A/C Savings A/C

Please issue me a token to enhance the security of my Internet banking transactions
Token ID (To be completed by account official / CSO)

Customer Responsibility

You agree to take responsibility for protecting and ensuring safety of your user login profile (user ID and password) at all times. Registration for the Internet Banking services is for a single user only; you must not permit other persons use your user login profile nor disclose your details to third parties. GTBank will not be liable for any losses arising from unauthorized access to, or use of your account arising from your negligence or failure to safeguard and protect your user login profile or any other customer information protection device or functionality provided by the bank to facilitate confidentiality, integrity and accuracy of your data and online transactions.

Service Access

Your access to the internet banking service may be suspended at any time without notice to maintain the integrity of this service or in instances of system maintenance or failure, or for any reasons beyond GTBank's control. GTBank also reserves the right to temporarily or permanently change, modify or discontinue this service at any time without notice. You hereby agree that GTBank will not be liable to you or any third party for the exercise of their rights of suspension, modification or discontinuation.

GTBank Internet Banking General Terms & Conditions

I/We have read the terms and conditions found in the company website (www.gtbank.co.ke) and agree

Authorised Signature

Authorised Signature

For Official Use

Customer No: _____ Account No: _____ RSM No: _____

Date

Account No: _____

Customer Type: Walk-In Marketed Other _____
(Tick as appropriate)

Account Opened by:

Authorized by

Introduced/sourced by

Name: _____

Name: _____

Name: _____

Date

Date

Date

Signature _____

Signature _____

Signature _____

Is the customer a PEP Yes No If yes please provide details _____

Industry Sector _____ Industry Code _____

Checklist: Documents Required

Individual/Joint

- | | | |
|--|--------------------------|---|
| 1. One coloured Passport size Photograph of each Individual | <input type="checkbox"/> | <input type="checkbox"/> Call Report attached |
| 2. Valid ID or Passport for each individual | <input type="checkbox"/> | <input type="checkbox"/> Address Verified / Visited |
| 3. Certified copy of Customer's KRA PIN Certificate | <input type="checkbox"/> | <input type="checkbox"/> Comments / Landmarks |
| 4. Proof of Address: Utility Bill / Tenancy Agreement / DSTV Subscription or Call Report (Certified true copy is acceptable if original is not held) | <input type="checkbox"/> | <input type="checkbox"/> Utility Bill Submitted |
| 5. Certified copy of Birth Certificate (Junior A/C only) | | <input type="checkbox"/> All KYC Documents Certified |
| 6. Extra Requirement for Foreigners or Expatriates: | <input type="checkbox"/> | <input type="checkbox"/> Deferred Items if any (specify): _____ |
| ● Valid Entry or Work Permit | <input type="checkbox"/> | <input type="checkbox"/> Authorized by: _____ (Attach Approval) |
| ● Valid Alien's Card | <input type="checkbox"/> | |
| Permit / Alien Card No: _____ | <input type="checkbox"/> | |

Review After the Account is Opened

- All KYC Documents Obtained and Certified
 - ID Verified via IPRS
 - Pin Certified Verified with Pin Checker on Itax
 - Registered for Ibanks
 - Saction/Customer Risk Verification Done
 - Phone Number and Email Address Maintained
 - Signatures Scanned and Uploaded
 - Public/Media Search Report Done
 - Tax Compliance Certificate/ FATC Act Forms for US Citizens duly completed
 - Management Approval obtained to open account High Risk Accounts
- Reviewed by: _____ Confirmed with: _____
- Authorized by: _____ (Attach Deferral Approval)