

CUSTOMER INFORMATION FORM - CORPORATE

Please complete in BLOCK LETTERS and tick appropriate box.

Branch: (Customer to select)		Date:	
COMPANY/ORGANISATION DETAILS:			
Company/Registered Name/ Trading Name:			
Nature of Business/Activities:			
Business / Organisation Type:	Sole Proprietorship Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Society <input type="checkbox"/> Club <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Public Benefit Organisation(PBO) <input type="checkbox"/> Other (Specify) _____		

General Contact information of the Company (Board Line):

Mobile Number:		Email ID:	
Alternate Number:		Alternate Email ID:	
PIN Number:		P.O.Box:	
Date of Incorporation:		Post Code:	
Registration No.:		Town:	
Physical Address: (Building/ Suite/Floor No./ Plot No/ Road/ Street/Town) *Mandatory			
Principal Place of Operation:			
Country of Incorporation/ Registration:			

*If country of Tax Residency other than Kenya/ US, complete CRS-E Form.

*Provide proof of physical address i.e. Utility bill, Tenancy agreement.

Personal details of Directors/Partners/Owners/Trustee

	Name:	Nationality:	% Shareholding	ID/PP No:	Signatory:	Beneficial Ownership*
1.					Yes No	Yes No N/A
2.					Yes No	Yes No N/A
3.					Yes No	Yes No N/A
4.					Yes No	Yes No N/A
5.					Yes No	Yes No N/A
6.					Yes No	Yes No N/A

*If Beneficial Owner is not a signatory, ID to be submitted. And complete FATCA W9 Form for US Persons & CRS-CP Form for Controlling Person of a Passive Non-Financial Entity.

Group Details:

i) Holding/Associated/Subsidiary/Sister/Related Company

Name of entity:	Name/s of Common or Related Directors/Partners:	Relationship/ Designation:

Key Contact Persons (SMS Alerts & Callback Purpose).
 - SMS Alerts - Select only 1 Mobile Contact from below.
 - Callbacks - Select from 1, 2 & 3.

No.	Name/ Position:	Mobile number for callback:	Email address for alerts:	SMS alerts:
1.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> No	<input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> No	<input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> No	<input type="checkbox"/> No	

Introduction:

I _____ introduce and recommend the above applicant to Prime Bank Limited for opening and operating account(s) with you.

I have known _____ for _____ years and the physical location and address indicated in this application is correct.

Branch of Introducer: _____ **Account Number of Introducer:** _____ **Signature of Introducer:** _____

Declaration

I/We confirm that the information I/We have provided herein and the disclosures made are factual and true. I/We confirm that I/We have successfully accessed, read and understood the General Terms and Conditions governing the Bank-Customer relationship in regard to the operations of a Bank account (T&Cs), the use of the Electronic Banking Services as well as the use of the Debit / Credit Cards (wherever applicable), as accessible through the following link - www.primebank.co.ke/tcs/

I/We accept to be bound by and also acknowledge that the Terms and Conditions contained therein shall constitute part of my/our obligations herein.

Name: Sole Prop / Partner / Director/ Others

Signature:

Name: Partner / Director/ Others

Signature:

Name: Partner / Director/ Others

Signature:

Name: Partner / Director/ Others

Signature:

For Official Use Only:

CIF Number:		RM Code:	
CIF Verified on DMS by:		CIF Entered on DMS by:	
Customer Sector:		Customer Sub-Sector:	

* As per SNA Sector Code

Customer Segmentation: Business Banking Institutional Banking Corporate Banking Other (Specify) _____