

African Banking Corporation Ltd. Diaspora Banking Account Opening Application Form



Amazingly Better Choice

PLEASE FILL IN THE FOLLOWING DETAILS:

I apply for the opening of the following account(s)

TYPE OF ACCOUNT

ABC Global Savings
 ABC Global Current
 ABC Global Salary
 Youngstar
 Fixed Deposit

Other (Specify)

SECTION A: GENERAL INFORMATION

ACCOUNT NAME

CURRENCY

KSH
 USD
 EURO
 GBP
 ZAR
 Other (specify)

FULL NAME (AS PER IDENTIFICATION DOCUMENTS)

Title: Mr. Mrs. Ms. Other (specify) _____

Surname / Last Name: _____

First Name: _____

Middle Name _____

Occupation: _____

Marital Status: _____

CONTACTS

Residential Street Address _____

Town/City _____

State _____

Postal/Zip Code _____

Country _____

Mobile:

Alternative:

Email: _____

IDENTIFICATION

ID No. / Passport No:

Date of Birth: /

Expiry Date: / Nationality: _____

KRA Pin no/Tin No/SSNO: _____

Country of Residence: _____

EMPLOYER'S DETAILS

Name _____

Country _____

FINANCIAL INFORMATION

Source of income

Salary
 Stipend
 Commissions
 Professional Fees

Self Employment
 Other (Specify)

Annual Gross Income Currency _____ Less than 15,000

Between 15,000 and 25,000
 Between 25,000 and 50,000

Between 50,000 and 100,000
 Between 100,000 and 200,000

Over 200,000

FATCA Compliance

Kindly complete the section below with a YES or NO where appropriate

	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Do you hold a US passport, green card or were you born in the US?				
Do you reside in the US or spend more than 183 days in the US annually?				
Do you have a US address (residential or correspondence)?				
Do you have a US telephone number?				
Do you receive/expect any payments to or from the US?				
Are you a shareholder or director of a US corporation, partnership, company, trust or estate?				
Do you have any power of attorney or signatory authority granted to a person with a U.S. address				

If you have answered YES to any of the above questions please fill in the relevant form (IRS Form W-9/IRS Form W-8BEN/IRS Form W-8BEN-E) available on www.irs.gov

SECTION B: DEBIT CARD APPLICATION (NOT AVAILABLE ON SAVINGS OR FIXED DEPOSIT ACCOUNTS)

PLEASE ISSUE DEBIT CARD

YES NO CURRENCY _____

SECTION C: CHEQUE BOOK APPLICATION (NOT AVAILABLE ON SAVINGS OR FIXED DEPOSIT ACCOUNTS)

Please tick Number of Leaves 25 Leaves 50 Leaves 100 Leaves

SECTION D: INTERNET BANKING APPLICATION

Would you like to register for internet banking? Yes No

(If yes, proceed and download ABConnect App from playstore or Appstore for sign up.)

TRANSACTION LIMIT

Please indicate your preferred daily transfer limit

Payment Type	Daily limit amount
Internal transfers, transfer to other local banks and International transfers	
Bulk transfers i.e. RTGS, Transfer to Other ABC accounts and Mpesa	
Service payments i.e. bill payments, Mpesa, pesalink and KRA payments	

Link this account to my existing internet banking username YES NO For joint account holders, please provide your preferred username: _____

Maximum Daily Transfer Limit Kes _____

SMS/EMAIL ALERTS

Do you wish to receive SMS alerts?

YES NO

Do you wish to receive email alerts?

YES NO

Alerts for account debits are mandatory for all accounts. Indicate the preferred mobile number or email address to receive the alerts.

Note: only one mobile number / email can be used)

Preferred Email Address: _____ Preferred Phone Number: _____

E-STATEMENTS

Kindly indicate your preferred frequency of receipt

Daily Fortnightly Weekly Monthly Quarterly Half yearly Yearly

SECTION F: ADDITIONAL DETAILS FOR:

YOUNGSTAR ACCOUNT (AVAILABLE FOR MINORS ONLY)

Name of the Child _____ Date of Birth: Relationship: _____

Birth Certificate Number:

SECTION G: CUSTOMER DECLARATION

AFFIX PHOTO HERE

I confirm that the information given above is true to the best of my knowledge. By signing on this form I request you to open an account in my name. I agree that I have read, understood and accepted the terms and conditions of this account, and have retained a copy, and agree to be bound by them.

Signature

(Signed in the presence of Bank's official)

Date:

Signature

(witnessed by)

Date:

Mode of signing (if joint)

Any to sign

Both to sign

all to sign

NEXT OF KIN DETAILS

S/N	Name of Next of Kin	I.D Card /Birth Certificate/ Notification Number (Attach Copy)	Relationship	% Percentage given	Mobile Contact	Email Address
1						
2						

INDEMNITY FORM FOR INSTRUCTIONS RECEIVED BY EMAIL

To the Manager,

African Banking Corporation Ltd,

Dear Sir/Madam,

Re: Account Number: _____

Account Name: _____

In consideration of you agreeing to act on instructions from me/us from time to time by email ("the Instructions") for the operations of all my/our account/s with you without requiring written bearing actual signatures in accordance with the Mandate for such account(s) before acting on the Instructions. I/we confirm:

1. You are hereby authorized to act on the Instructions which you in your sole discretion believe emanate from authorized individuals.
2. You are not obligated to act on any instructions that claim to come from me/our email.
3. You shall not be under any duty to verify the identity of the person or persons giving Instructions purportedly in my/our name and any transaction made pursuant to Instructions shall be binding upon me/us whether made with or without my/our authority, knowledge or consent.
4. You are required to act on instructions which have been received from my/our email address _____ to your email address talk2us@abcthebank.com or _____
5. I/We further hereby hold myself/ourselves jointly and severally responsible and further undertake that I/we will at all times hereafter well and sufficiently indemnify you and keep you indemnified at all times from and against all liabilities in respect thereof and against all action suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made against you or incurred or become payable by you as a result of you acting and or failing to act in accordance with the instructions as aforementioned.
6. I/we hereby agree to adhere to procedures and/or restrictions imposed by you with regard to issuance of email instructions to the bank.

Yours faithfully,

Authorized Signature(s) as per mandate

Name of Account Holder: _____

Account No: _____

Telephone Contact: _____

Email: _____

Data Protection Privacy Notice

The information that you input here shall be retained by us strictly for our own use in line with the Data Protection Act No. 24 of 2019, our Privacy Policy and the Privacy Notice and you consent to the application of the Data Protection Act No. 24 of 2019 and the Bank's Privacy Policy and the Privacy Notice to all information provided to the Bank. This Privacy Notice may be updated from time to time and the most recent version can be found on our website or with our customer care representative. If you would like any further information contact our Data Protection Officer or kindly contact us at ABC Bank House, Woodvale Grove, Westlands, P. O. Box 38610 – 00800, Nairobi addressed 'for the attention of the DPO'.

TO AFRICAN BANKING CORPORATION LIMITED CERTIFICATE OF CONFIRMATION

I/We have read the [General Terms and Conditions Document](#) covering Banking with African Banking Corporation Limited and confirm that I/we have understood the same. I/We also agree to be bound by the General Terms and Conditions Document in all my/our dealings with you. Account holder(s) Directors/Partners/Office bearers to sign below..

Name: _____

Signature _____ Date _____

Above signatures were witnessed by:

Name: _____

Signature _____ Date _____