



Checklist: Documents Required

Company

1. One coloured Passport size Photograph of Directors / Signatories
2. Certified copies of ID / Valid Passport / Valid Alien ID of individual Directors/ Signatories
3. Copy of KRA PIN of Individual Directors / Signatories
4. Work Permit for Non-Kenyans
5. Proof of Address: Utility Bill / Tenancy Agreement / DSTV Subscription (Certified true copy is acceptable if original is not held) / Customer Address Verification Form filled by the RM
6. Certified copy of Certificate of Incorporation or Certificate of Compliance (Foreign Companies)
7. Certified Memorandum & Articles of Association / or CR2 for accounts incorporated after 2016
8. Resolution of Board of Directors
9. Certified copy of PIN / VAT Certificate of Company
10. CR12 Form/Letter from Auditor/Co. Secretary certifying names of existing directors or certified copy of latest annual returns
11. Power of Attorney (Foreign Companies)

Partnership

1. One coloured Passport size Photograph of all Authorised Signatories
2. Certified copies of ID or Passport of Authorised Signatories
3. Work Permit for Non-Kenyans
4. Copy of KRA PIN Certificate (Individual Signatories)
5. Proof of Address: Utility Bill / Tenancy Agreement / DSTV Subscription (Certified true copy is acceptable if original is not held) / Customer Address Verification Form filled by the RM
6. Certified copy of Certificate of Registration of the Firm
7. Partnership Mandate / Deed

Club / Society / Association / NGO / Diplomatic Missions / Trusts

1. One coloured Passport size Photograph of all members of Managing Committee / Authorised Signatories
2. Certified copies of ID or Passport of Members for Managing Committee / Authorised Signatories
3. Work Permit for Non-Kenyans
4. Copy of KRA PIN Certificate for members of Managing Committee / Authorised Signatories
5. Proof of Address: Utility Bill / Tenancy Agreement / DSTV Subscription (Certified true copy is acceptable if original is not held) / Customer Address Verification Form filled by the RM
6. Certified copy of Rules / Constitution / By-Laws
7. Certified copy of Certificate of Registration
8. Certified copy of Trust Deed
9. List of Members of Managing Committee
10. Resolution of the Organisation
11. Letter from NGO Coordination Board for Opening the Account
12. Copy of PIN for the Organization or Exemption Certificate
13. Authorization letter signed and stamped by Ambassador (for Embassy)

Sole Proprietorship

1. One coloured Passport size Photograph
2. Certified copies of ID or Passport
3. Work Permit for Non-Kenyans
4. Copy of KRA PIN Certificate
5. Proof of Address: Utility Bill / Tenancy Agreement / DSTV Subscription (Certified true copy is acceptable if original is not held) / Customer Address Verification Form filled by the RM
6. Certified copy of Certificate of Registration
7. Valid practicing Certificate for Professionals

Public Sector

1. Passport size photograph for each signatory
2. Certified copy of ID or Passport For Each Signatory
3. Work Permit for Non-Kenyans
4. Authorized copy of KRA PIN Certificate for each Signatory
5. Proof of Address: Utility Bill / Tenancy Agreement / DSTV Subscription (Certified true copy is acceptable if original is not held) / Customer Address Verification Form filled by the RM
6. Resolution of Board of Directors
7. Authorization Letter from the Ministry / Permanent Secretary
8. Certified copy of the Gazette Notice / Act of Parliament

I/We request you to open the below specified account. I/We agree to provide any documents requested by you according to this type of account required and abide by the current rules of conduct thereof

Account Type Current Savings Term Deposit Others _____
(Tick as appropriate)

Currency KES USD EUR GBP ZAR Others _____ Branch _____
(Tick as appropriate)

This form should be completed in **CAPITAL LETTERS**

Full names of Authorised Signatories

1. _____ 3. _____

2. _____ 4. _____

Entity Details Company Partnership Sole Proprietor Club / Society / Association / NGO / Diplomatic Missions / Trusts Public Sector

Organization Name: _____ Trading Name: _____

Exact Nature of Business / Purpose: _____ Date of Incorporation: _____

Is your company quoted on any stock exchange? Yes No If Yes please indicate stock exchange and symbol _____

Mailing Address of Organization

Postal address: _____ Post Code: _____ City: _____

Physical Address

Plot/Hse. No: _____ Street Location: _____ County: _____ Telephone (Office): _____

Mobile: _____ Fax: _____ Office Email: _____ Website: _____

Business Registration No: _____ KRA PIN Certificate: _____ VAT No: _____

Name of Affiliated Company: _____ Country of Incorporation: _____

Estimated Annual Turnover: _____

Expected highest transaction limit value per month: _____

Accounts held in other Banks

Name of Bank	Account No

Referee (Optional):

Name: _____ Signature: _____

Director Partner Sole Proprietor Officials Authorised Signatory (But not a Director/Partner or Official)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 _____

Employer's Name & Address _____

Monthly Income

 Kes 1 To Kes 100,000 Kes 100,001 To Kes 200,000 Kes 200,001 To Kes 300,000 Kes 300,001 To Kes 400,000 Kes 400,001 To 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)

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 _____

Employer's Name & Address _____

Monthly Income

- Kes 1 To Kes 100,000 Kes 100,001 To Kes 200,000 Kes 200,001 To Kes 300,000 Kes 300,001 To Kes 400,000
 Kes 400,001 To 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)

Director Partner Sole Proprietor Officials Authorised Signatory (But not a Director/Partner or Official)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 _____

Employer's Name & Address _____

Monthly Income

 Kes 1 To Kes 100,000 Kes 100,001 To Kes 200,000 Kes 200,001 To Kes 300,000 Kes 300,001 To Kes 400,000 Kes 400,001 To Kes 500,000 Over Kes. 500,000

Operating Mandate

Mode of Operation Solely Jointly All to sign Either or Survivor

Special signing instructions (as specified in the Board Resolution) _____

Cheque Book, Corporate Credit Card and Statement Details

Cheque Book (specify No.) 50 Leaves 100 Leaves To be collected from: _____Statement cycle details Daily Weekly Monthly Quarterly No StatementStatement Delivery E-Statement E-mail Address _____

Internet Banking

 Yes

Mobile Banking

 Yes No

Corporate Credit Card

 Yes No

ATM Card

 A/C Holder Supplementary Card(s)

Attach coloured passport size photograph here

Photo
of Applicant

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

Approval Information

A) Name _____ Signature & Date _____

B) Name _____ Signature & Date _____

C) Name _____ Signature & Date _____

D) Name _____ Signature & Date _____

Foreign Exchange Transaction with the Bank – Dealing Mandate

The following personnel are authorised to conclude foreign exchange transaction over the phone with the Bank on behalf of our company:

Name(s)	Spot	Forward	
	Amount in USD millions	Amount in USD millions	Tenor in days

The transaction(s) concluded over the phone by the above person(s) will be confirmed in writing duly signed as per the account operation mandate provided to the Bank.

EMAIL INDEMNITY (FOR INSTRUCTIONS ISSUED TO THE BANK THROUGH EMAIL)

I/We request the Bank to act on signed and scanned instructions transmitted via email address on the terms and conditions below:

In consideration of the agreement by the Bank to accept from time to time instructions by means of a scanned signed email message through the below email address, which instructions may be transmitted by only one authorized signatory, and notwithstanding the terms of the account mandate or any future mandate or other agreement or course of dealing between the Bank and the Customer, the Bank is requested and authorised, but is not obligated, to rely upon and act in accordance with any notice, demand or other communication which may from time to time be, or purported to be, given by the scanned and signed email transmission and which may be emailed by only one authorised signatory as per the existing mandate (as may be amended from time to time) (the "authorised person(s)"). If sent by email, it shall be specifically from either of the email addresses specified below, without inquiry on the Bank's part as to the authority or the identity of the Authorised Person (s) making or purporting to make or send such instructions, notice, demand or other communication (the "message") and regardless of the circumstances prevailing at the time of such notice, demand or other communication.

The emailed scanned instructions however must be signed in accordance to the specified signing mandate of the account.

The Customer undertakes to indemnify the Bank and to hold the Bank harmless against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by the Bank of whatever nature and howsoever arising, out of or in connection with such messages, provided that the Bank has acted in good faith. The Bank shall not be liable for any distortion of information, malfunction of equipment, systems failure etc, that results in the delay, distortion of information and/or transmission of the wrong message to the Bank. The terms of this Indemnity shall remain in full force and effect unless and until the Bank receives and has reasonable time to act upon, notice of termination from the Customer in writing save that such termination will not release the Customer from any liability under this letter in respect of any act performed by the Bank in accordance with the terms of this letter prior to the expiry of such time.

The Customer undertakes that in the event that they change or update the existing mandate in their account they shall concurrently terminate this Indemnity and issue a fresh indemnity to the Bank with the updated mandate. Failure to do this, the existing Email Indemnity will be deemed valid. The Bank shall not be under any obligation to cause this Indemnity to be changed concurrently with the changes in account mandate unless expressly instructed by the Customer.

We, the Customer confirm that the failure to send to the Bank or the Bank's failure to receive the original of the scanned emailed shall not in any way affect the Bank's decision to act or to refrain from acting on the instructions. The emailed instructions as long as having been emailed from the advised email and having been signed in accordance to the account mandate will be valid.

Authorised Email Addresses

The Customer hereby warrants that the instructions emanating from the below email address (s) shall be deemed to be originating from the Customer:

e-mail address 1: _____

e-mail address 2: _____

Signed: Director _____ Director _____ Director _____

(As per the specified signing mandate and Board Resolution)

Memorandum of Acceptance & General Terms and Conditions

I/We have read and understood the conditions necessary to open and run an account with GTBank 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 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.

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

Executed this _____ (day) _____ (month) _____ (year)

Authorised Signatories / Directors

Name: _____ Signature _____

Name: _____ Signature _____

Name: _____ Signature _____

Name: _____ Signature _____

Name: _____ Signature _____

Witnessed by: _____ Signature _____

Date

Director / Company Secretary

Affix common seal

Resolution for Opening Bank Account(s) and appointment of Bankers

I/We (Insert full name of Company or Partnership)

Certify that a meeting of the (Insert Director or Partners)

(Insert Director or Partners)

(Insert Director or Partners)

(Insert Director or Partners)

of the customer duly convened and held at on the

of the 20

Resolution for appointment of Bankers Mandate to Bank

The Guaranty Trust Bank (Kenya) Limited be appointed the bankers of the customer and be authorized to open the following accounts

1.

2.

3.

I/We confirm that the combination of the Authorised Signatories authorized to give instructions on behalf of the customer to Guaranty Trust Bank (Kenya) Limited in respect of the Account(s) is as follows

Any one to sign Any Two to sign To sign Alone All to sign Other (Specify Below)

1. The Secretary reported that under the Articles of Association of the Company, the Directors present were empowered to pass the necessary approvals to ratify the resolutions.

IT IS HEREBY CERTIFIED that the above is true extract from the minutes of the meeting of Board of the Directors of the Company that a quorum of Directors was present throughout the meeting, that the resolutions set forth above were duly passed in accordance with and comply the Memorandum and articles of Association and regulations of the company

Dated this day of 20

Affix common seal

Name
Signature
Director

Name
Signature
Director/Company Secretary

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 _____

GAPS

Signature Verification: _____

SV Stamp / Name

Token ID Status: New

Existing

Treated by _____

(Name/Signature)

Approved by _____

(Name/Signature)

Checklist: Documents Required

- Call Report attached
- Address Verified / Visited
- Comments / Landmarks
- Utility Bill Submitted
- All KYC Documents Certified
- Deferred Items if any (specify) _____
- Authorized by _____ (Attach Deferral Approval)