Monthly Income:

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 help us have comprehensive

understanding of your financial needs and assist in planning your future. We look foward to serving you better. Please complete in BLOCK LETTERS with **BLACK INK** and tick in the appropriate box Guaranty Trust Bank (Kenya) Ltd Title of the account: Account Category Single Joint Branch Purpose of Account __ Type of Account Current Savings Personal Information (First Applicant) Title: Mr. Mrs. Ms Dr. Prof. Hon. Other (please specify) Attach coloured passport size photograph here First Name: Middle Name: Date of birth **Photo** of Applicant Nationality _ Signature of Individual (Please sign only within the boundary of this box) Country of Residence Country of birth Place of birth Mother's Maiden Name Child Name (If applicable) Gender Male Marital Status Single Married Divorced Widowed Female _____(Where Applicable) Biometric Verification No. (BVN) _ _____ Issue Date Permit No.(Work/Dependant/Student/Other) _ _____ Social Media Handle _ Social Media: Facebook Twitter Instagram Other Please Specify: Postal Code ___ _____ Town/City __ Postal Address _ _____ Plot No. ___ Length of stay at current residence in years ___ Physical Address _ Is the property Company House Rented Own House Live with parents Nearest Landmark _ Mobile No (2) _____ Email (prefered) ____ ______ Relationship Spouse Child Parent Other _____ Date of Birth _____ Next of Kin (name) _ Next of Kin Tel Contacts __ Postal Address ____ Postal Code Town/City Country Country Business Other (please specify) Source of funds Employment Employer's Name & Address: Nature of Employment: Casual Contract Self-Employed Permanent Retired Student

0 To Kes 100,000 Kes 100,001 To Kes 250,000 Kes 250,000 Kes 250,000 Kes 350,000 Kes 350,001 To Kes 500,000 Over Kes 500,000

Personal Information (Other Applicant)		
Title: Mr. Mrs. Ms Dr. Prof.	Hon. Other (please specify)	Attach coloured passport
First Name: M	fliddle Name:	size photograph here
Last Name: D	Pate of birth DD MM YYYYY	Photo of Applicant
Nationality	Other	
Registration with any taxation authority	Please Indicate KRA PIN / TIN / SSN	Signature of Individual (Please sign
Country of Residence Country of birth _	Place of birth	only within the boundary of this box)
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	Alien ID Disciplined forces ID Document No	
Permit No.(Work/Dependant/Student/Other)	Issue Date DD MM YYYY Expir	y Date DD MM YYYY
Social Media: Facebook Twitter Instagram	Other Please Specify: Social Media Handl	е
Postal Address Post	tal Code Town/City	County
Physical Address	Plot No Length of stay a	t current residence in years
Nearest Landmark	Is the property Company House Rented Own	n House
Mobile No (1) Mobile No (2)	Email (prefered)	
Next of Kin (name)	Relationship Spouse Child Parent Other	Date of Birth
Next of Kin Tel Contacts Pos	stal Address Postal Code Town/Ci	ty Country
Source of funds Employment Business	Other (please specify)	
Employer's Name & Address:		
Nature of Employment:	elf-Employed Permanent Retired Student	

□ 0 To Kes 100,000 □ Kes 100,001 To Kes 250,000 □ Kes 250,001 To Kes 350,000 □ Kes 350,001 To Kes 500,000 □ Over Kes 500,000

Monthly Income:

Mandate						
Mode of Operation Solely	Jointly All to sign E	ither or Survivor Any oth	ner signing mandate			
Expected highest transaction limit val	ue per month					
Cheque Book and Statement Detail	s					
Cheque Book (specify No.) 25 I	Leaves 50 Leaves To be c	ollected from:				
Statement cycle details Daily	Weekly Monthly Q	uarterly No Statement				
Statement Delivery:	nent Email Address					
Internet Banking	Mobile Banking	Credit Card		ATM Card		
✓ Yes	✓ Yes	Yes	No	A/C Holder	Supplementary Card(s)	
Referee (GTBank A/C holder for at lea	st 1 year): Name		Signature			
Address	_ A/C No	Phone	Hov	v long have you kno	own the applicant	
		Email Indemnity				
				10 (0)		
I/We ("hereinafter referred to as "the custo					0	
transmitted via e-mail address				allei lelelleu lo as	the bank) to act on instructions	
transmitted via 6 man address						
The Bank is prepared to act upon the	instructions received via the e-mail a	address, facsimile and telepho	one stated above subject to	the customer provi	iding the indemnity form found	
in the Guaranty Trust Bank (Kenya) w	ebsite.					
		Declaration				
I/We have read and understood the con-			-		-	
opened solely at the discretion of GTBar Kenya upon issuance of a 14 day notice						
me/us and confirm that all the given inf			5 of the decodiff will be out	Joot to the denoral	Torrito una contantono by	
I/We authorize the Bank to disclose any I/We have selected the product that suit		nt to any Credit Reference Ag	ency, any other institution of	or third party as for	any lawful purpose.	
I/We have understood what is required		ount efficiently.				
I/We have been briefed on how to keep	·					
I/We have been taken through all the fe I/We have received the copy of the tariff		o the products available.				
we have received the copy of the tarm	guide & NDA Hallubook					
GTBank General Terms & Conditions						
I/We have read the terms and condition	s found in the company website (ww	w.gtbank.co.ke) and I/we are	in agreement			
Signature of First Applicant		Date				
orginature of the compensation	sign in presence of a Bank offici			dd/mm/yyyy		
Signature of Second Applicant		Dato				
Signature of Second Applicant	sign in presence of a Bank offici			dd/mm/yyyy		
Cinnahura of Third Applicant		Dete				
Signature of Third Applicant	sign in presence of a Bank offici	Date al		dd/mm/yyyy		
Signature of Bank Officer	RSM No:	Date		dd/mm/yyyy		
Minara Olama				au, mm, yyyy		
Minors Clause						
The account will be operated by:						
(parent/guardian) until:					-	
in him / her thereafter. The Bank will	not be liable to any of the transaction	ns made by the parent of the r	ninor during the tenure of t	the contract with the	e Bank.	
		Signed by: (Parent / Guardian))			

l	nternet Bank	ing Form	
Account Name:			
Account Number			
Email Address:			
Please specify account to be profiled:	sue me a token	to enhance the security of my Internet banking transactions	
Current A/C		ed by account official / CSO)	
Customer Responsibility You agree to take responsibility for protecting and ensuring safety of your user logical a single user only; you must not permit other persons use your user login profile not unauthorized access to, or use of your account arising from your negligence or failt device or functionality provided by the bank to facilitate confidentiality, integrity and Service Access Your access to the internet banking service may be suspended at any time without or for any reasons beyond GTBank;s control. GTBank also reserves the right to ten You hereby agree that GTBank will not be liable to you or any third party for the execution of the company website (www.gtb.).	or disclose you lure to safegual d accuracy of y at notice to mai mporarily or per kercise of there	r details to third parties.GTBank will not be liable for any losses arising from rd and protect your user login profile or any other customer information protect your data and online transactions. Intain the integrity of this service or in instances of system maintenance or formanently change,modify or discontinue this service at any time without not rights of suspension, modification or discontinuation	n tection failure,
	,		
Authorised Signature		Authorised Signature	
Authorised orginature		Authorised dignature	
For O	Official Use O	hly	
Customer No: Account No:		Customer Type Walk-In Marketed	
RSM No: Date		Account No	
s the customer a PEP Yes No If yes please provide details _ ACCOUNT OPENED BY Name	Date	Signature	
AUTHORIZED BY		·	
Name	Date _	Signature	
INTRODUCED/SOURCED BY			
NameINDUSTRY CODE	Date _	Signature	
Industry Sector:	Industry	Code:	
	,		
Checklist: Documents Required			
Individual/Joint			
1. One coloured Passport size Photograph of each Individual 2. Valid ID or Passport for each individual 3. Certified copy of Customer's KRA PIN Certificate 4. Proof of Address: Utility Bill / Tenancy Agreement / DTV Subscription or Call Report (Certified true copy is acceptable if original is not held) 5. Certified copy of Birth Certificate (Junior A/C only)		Call Report attached Address Verified / Visited Comments / Landmarks Utility Bill Submited All KYC Documents Certified Deffered Items if any (specify)	

Valid Alien's Card
Permit / Alien Card No ____