



DIB Bank Kenya

A Subsidiary of Dubai Islamic Bank PJSC

Business & Corporate Account Opening Form

(Please Complete All Details In Capital Letters.)

Branch: _____

Account Name: _____

Account Number:

Product type:

☐ Business Enterprise Current Account (Bundled) ☐ Business Enterprise Pay As You Go ☐ Business Enterprise Savings

☐ Corporate Current Account ☐ Other (Specify)

Currency: ☐ KES ☐ USD ☐ GBP ☐ EURO ☐ Other (Specify)

Source & reason for opening Foreign Currency Account

Cheque Book ☐ Yes ☐ No Specify Currency Specify leaves; ☐ 50: ☐ 100

Which branch would you like to collect your cheque book from?

Institution Details:

Company type: ☐ Sole Proprietorship ☐ Partnership ☐ Ltd Company

☐ Other (Specify)

Company Name:

Nature / Description of Business:

Physical Location: Street/Road: Building/Floor:

Postal Address: Code: Town / City: Country:

Mobile No: Tel. No:

Email address: (for receiving E-statements): Website:

Is the entity a United States of America entity? ☐ Yes ☐ No If Yes, fill the W9 or W8BEN Form

Registration No. Date of Incorporation: PIN Cert. No:

Expected Annual Turnover KES ☐ Upto 20M ☐ 21-100M ☐ 101-300M ☐ 301-500M ☐ Over 500M

Expected Transaction Details

	No of Transactions per month	Amount Per Month	Countries
Inward Funds Transfer / Deposits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outward Funds Transfers/ Withdrawals	<input type="text"/>	<input type="text"/>	<input type="text"/>

Stakeholder Information:

(NOTE: it is mandatory that shareholder/ directors/ partners duly complete the information below)

1. ☐ Director ☐ Partner ☐ Shareholder ☐ Member ☐ Other (Specify)

Name: KRA PIN: Mobile No.:

☐ National ID ☐ Passport (PP) Document No: PP Expiry: Share (%):

Resident Status: ☐ Resident ☐ Non-Resident If non-resident, state the country of residence:

Postal Address: Code: Town / City: Country:

Residential Location: Estate/Building/Hse no:

Street/Road: Town: Country:

Are you a United States of America person? ☐ Yes ☐ No If yes, fill in a W-9 or W8BEN form.

Signature: Date

2. ☐ Director ☐ Partner ☐ Shareholder ☐ Member ☐ Other (Specify)

Name: KRA PIN: Mobile No.:

☐ National ID ☐ Passport (PP) Document No: PP Expiry: Share (%):

Resident Status: ☐ Resident ☐ Non-Resident If non-resident, state the country of residence:

Postal Address: Code: Town / City: Country:

Residential Location: Estate/Building/Hse no:

Street/Road: Town: Country:

Are you a United States of America person? ☐ Yes ☐ No If yes, fill in a W-9 or W8BEN form.

Signature: Date

3. ☐ Director ☐ Partner ☐ Shareholder ☐ Member ☐ Other (Specify)

Name: KRA PIN: Mobile No.:

☐ National ID ☐ Passport (PP) Document No: PP Expiry: Share (%):

Resident Status: ☐ Resident ☐ Non-Resident If non-resident, state the country of residence:

Postal Address: Code: Town / City: Country:

Residential Location: Estate/Building/Hse no:

Street/Road: Town: Country:

Are you a United States of America person? ☐ Yes ☐ No If yes, fill in a W-9 or W8BEN form.

Signature: Date

4. ☐ Director ☐ Partner ☐ Shareholder ☐ Member ☐ Other (Specify)

Name: KRA PIN: Mobile No.:

☐ National ID ☐ Passport (PP) Document No: PP Expiry: Share (%):

Resident Status: ☐ Resident ☐ Non-Resident If non-resident, state the country of residence:

Postal Address: Code: Town / City: Country:

Residential Location: Estate/Building/Hse no:

Street/Road: Town: Country:

Are you a United States of America person? ☐ Yes ☐ No If yes, fill in a W-9 or W8BEN form.

Signature: Date

Details of 1st Authorised Signatory:

Name
First Middle Surname

Date of birth: PIN No.: Nationality:

Marital Status: ☐ Single ☐ Married Other (Specify) Gender: ☐ Male ☐ Female

☐ National ID ☐ Passport (PP) Document No: PP Expiry:

Resident Status: ☐ Resident ☐ Non-Resident If non-resident, state the country of residence:

Are you a United States of America person? ☐ Yes ☐ No If yes, fill in a W-9 or W8BEN form.

Postal Address: Code: Town / City: Country:

Residential Location: Street/Road:

Building/Floor: Mobile: Email:

Signature:

Name:

ID/PP No:

Mobile:

Affix Passport sized photo

Details of 2nd Authorised Signatory:

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	Middle	Surname
Date of birth:	<input type="text"/>	PIN No.: <input type="text"/>	Nationality: <input type="text"/>
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	Other (Specify) <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> National ID <input type="checkbox"/> Passport (PP)	Document No: <input type="text"/>	PP Expiry: <input type="text"/>	
Resident Status:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	If non-resident, state the country of residence: <input type="text"/>	
Are you a United States of America person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in a W-9 or WBBEN form.			
Postal Address:	<input type="text"/>	Code: <input type="text"/>	Town / City: <input type="text"/>
		Country: <input type="text"/>	
Residential Location:	<input type="text"/>	Street/Road:	<input type="text"/>
Building/Floor:	<input type="text"/>	Mobile: <input type="text"/>	Email: <input type="text"/>
Signature: <input type="text"/>			Affix Passport sized photo
Name: <input type="text"/>			
ID/PP No: <input type="text"/>			
Mobile: <input type="text"/>			

Details of 3rd Authorised Signatory:

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	Middle	Surname
Date of birth:	<input type="text"/>	PIN No.: <input type="text"/>	Nationality: <input type="text"/>
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	Other (Specify) <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> National ID <input type="checkbox"/> Passport (PP)	Document No: <input type="text"/>	PP Expiry: <input type="text"/>	
Resident Status:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	If non-resident, state the country of residence: <input type="text"/>	
Are you a United States of America person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in a W-9 or WBBEN form.			
Postal Address:	<input type="text"/>	Code: <input type="text"/>	Town / City: <input type="text"/>
		Country: <input type="text"/>	
Residential Location:	<input type="text"/>	Street/Road:	<input type="text"/>
Building/Floor:	<input type="text"/>	Mobile: <input type="text"/>	Email: <input type="text"/>
Signature: <input type="text"/>			Affix Passport sized photo
Name: <input type="text"/>			
ID/PP No: <input type="text"/>			
Mobile: <input type="text"/>			

Details of 4th Authorised Signatory:

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	Middle	Surname
Date of birth:	<input type="text"/>	PIN No.: <input type="text"/>	Nationality: <input type="text"/>
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	Other (Specify) <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> National ID <input type="checkbox"/> Passport (PP)	Document No: <input type="text"/>	PP Expiry: <input type="text"/>	
Resident Status:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	If non-resident, state the country of residence: <input type="text"/>	
Are you a United States of America person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in a W-9 or WBBEN form.			
Postal Address:	<input type="text"/>	Code: <input type="text"/>	Town / City: <input type="text"/>
		Country: <input type="text"/>	

Residential Location:		Street/Road:	
Building/Floor:		Mobile:	
Email:			
Signature:		Affix Passport sized photo	
Name:			
ID/PP No:			
Mobile:			

Signing Instructions / Mandate

Please indicate how you wish to be signing in your account:

☐ Solely
 ☐ Either Or
 ☐ All to sign
 ☐ Other (please specify)

Next of Kin Details (For Contactability in Sole Proprietorship Only)

Name					National ID:	
Relationship:	<input type="checkbox"/> Spouse:	<input type="checkbox"/> Son:	<input type="checkbox"/> Daughter:	<input type="checkbox"/> Parent:	<input type="checkbox"/> Other (Specify):	
Residential Location:		Street/Road:		Estate/Building/Hse No:		
Postal Address:		Code:		Town / City:		Country:
Mobile. No:				Email:		

DECLARATION

I/We have read the terms and conditions necessary to run and open an account with DIB Bank Kenya. I/We agree that this account shall be solely at the discretion of DIB Bank Kenya and hereby agree to indemnify DIB Bank Kenya at my/our cost against any loss or claim arising out of the account being closed by DIB Bank Kenya without notice due to unsatisfactory performance. I/We confirm that the information given on this form is true and accept that the operations of the account will be subject to the general terms and conditions, which may be accessed in any banking hall and on DIB Bank Kenya official website, www.dibkenya.co.ke, which I/We have read and understood.

Authorised Signatories

Name: _____

 Signature: _____ Date _____

Name: _____

 Signature: _____ Date _____

Name: _____

 Signature: _____ Date _____

Name: _____

 Signature: _____ Date _____

FOR OFFICIAL USE

A/C number:

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Relationship Manager/ Sales Officer Name: _____ Lead ID: _____

A/C Opened by: _____ Signature: _____ Date: _____

Authorized by: _____ Signature: _____ Date: _____

Verified by BM/BOO : _____ Signature: _____ Date: _____

Branch Stamp

1. Mandatory requirements for signatories

- ☐ Kenyan National ID
- ☐ KRA PIN or Tax Identification Number(TIN)
- ☐ Valid Passport and Alien Card/Work/Resident Permit for foreign nationals.
- ☐ Military Card
- ☐ One coloured passport size photograph

3. Additional requirements for sole proprietorship.

- ☐ Unaudited financial statements for the last one year, if applicable.

4. Additional Requirements Partnership

- ☐ Partnership deed
- ☐ Certificate of Registration
- ☐ Unaudited financial statements for the last one year, if applicable.
- ☐ Minutes of partners indicating decision to open the account on their letter head and affix a stamp.

5. Additional Requirements County Governments, Government of Kenya Departments, Parastatals, Research Bodies

- ☐ Certified copy of by-laws for County Governments
- ☐ Letter of authority from the respective Ministry signed by the Permanent Secretary and / or the Cabinet Secretary
- ☐ For constituent bodies / boards within the Ministry - Gazette Notice / respective Act constituting it
- ☐ Resolution or Minutes to open the account and signing mandates
- ☐ Minutes to prove elected officials

6. Additional Requirements Trusts, Administrators, Executors, Liquidators

- ☐ Letter of Probate/Administration
- ☐ Trust Deed and Supplementary Deeds for any change in Trustees
- ☐ Trust Resolution as specified in the Trust Deed
- ☐ Official returns showing registered office and if different the principal place of business.

2. Requirements for the company

- ☐ Certificate of Incorporation/Registration/Form CR 1 (original and copy)
- ☐ Search fee as per tariff (for verification of company details at Company Registry)
- ☐ Proof of physical/operating address for the business: either
 - ☐ Current tenancy/lease agreement (in the name of the business)
 - ☐ Current utility bill i.e. electricity or water (in the name of the business)
 - ☐ Current trading license
 - ☐ Site Visit report
- ☐ Company Pin (Personal Identification Number) Certificate
- ☐ KYC documents for corporate entities with a shareholding
- ☐ Board resolution on the company letter head indicating decision to open the account, the appointed signatories and the signing instructions. Company seal to be included.
- ☐ If registered manually, a complete Memorandum and Articles of Association.
- ☐ If registered on E-Citizen, provide CR1, CR2, CR8, CR12 and statement of nominal capital
- ☐ Certificate of Compliance for Foreign Incorporated companies
- ☐ Audited Financial Statements for the last one year

7. Additional Requirements Societies, Clubs, NGO's, Churches

- ☐ For NGO's, letter of reference from NGO board
- ☐ For fundraising accounts with a valid fund raising permit
- ☐ For religious organizations, an introduction letter from the head of the body
- ☐ Audited Financial Statements for the last one year