



# DIB Bank Kenya

A Subsidiary of Dubai Islamic Bank PJSC

## Joint Account Signatory Details

(Please Complete All Details In Capital Letters.)

### Details of Joint Applicant

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.	<input type="checkbox"/> Hon.	<input type="checkbox"/> Other Specify:	
Name								
	First	Middle		Surname				
Date of birth:			PIN No.:			Nationality:		
(DD/MM/YYYY)								
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Other (Specify)				Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> National ID	<input type="checkbox"/> Passport (PP)	Document No:				PP Expiry		
Resident Status:	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	If non-resident, state the country of residence:					
Are you a United States of America person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in a W-9 or W8BEN form.								
Residential Location:			Street/Road:			Estate/Building/Hse No.:		
Postal Address:			Code:			Town / City:	Country:	
Mobile (Preferred):			Mobile (Other):					
Email (Preferred):								
Employment type:	<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Student	Other (Specify)				
If self employed, state nature of business:								
Occupation:			Name of Employer/institution:					
Source of Income:								
Expected Income KES (Per Month):	<input type="checkbox"/> 0 – 100,000	<input type="checkbox"/> 100,001 – 300,000	<input type="checkbox"/> 300,001 – 1M	<input type="checkbox"/> Over 1M				
Employer's / Institution / Business Postal Address:			Code:			Town / City:	Country:	
Employer/Business/Institution Physical Location (Floor and or Building):								
Street/Road:					Tel:			

Signature:

Full Name:

ID/PP No:

Mobile:

Affix Passport sized photo

### Next of Kin Details (For Contactability)

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:		
Postal Address:			Code:		
Mobile. No:			Town / City:	Country:	
Email:					

### DECLARATION

I/We undertake to comply, observe and be bound by the Terms and Conditions and Tariff 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 with 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, DIB Mobile and DIB Connect Terms and Conditions which may be accessed in any banking hall and on our website [www.dibkenya.co.ke](http://www.dibkenya.co.ke) which I/we have read and understood.

### Joint Account Holder Signature

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_