



DIB Bank Kenya

A Subsidiary of Dubai Islamic Bank PJSC

Personal Account Opening Form

(Please Complete All Details In Capital Letters.)

Branch: _____

Account Name: _____

Account Number:

Account Category Required:

☐ Individual ☐ Minor ☐ Joint (fill in the joint account signatory details form for the additional applicant/s)

Product Type:

☐ Sultan Current ☐ DIB Personal Current ☐ Hela Account ☐ Malkia Account
☐ Swag Youth Account ☐ Najma Account (Minor) ☐ Sultan Savings Account ☐ DIB Personal Savings
☐ Other (Specify)

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

Source and reason for opening Foreign Currency Account

Cheque Book & Debit Card

Debit Card: ☐ Yes ☐ No Cheque Book ☐ Yes ☐ No
Specify leaves: ☐ 25: ☐ 50: ☐ 100 Specify Currency

Internet & Mobile Banking

Internet Banking ☐ Yes ☐ No Mobile Banking ☐ Yes ☐ No If yes, specify
If yes, specify Email: Email Address:
Mobile Number: Mobile Number:

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"/>

Account Holder Details

Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Prof. ☐ Hon. ☐ Other Specify:

Name
First Middle Surname

Date of birth: PIN No.: Nationality:
(DD/MM/YYYY)

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.

Residential Location: Street/Road: Estate/Building/Hse No.:

Postal Address: Code: Town / City: Country:

Mobile (Preferred): Mobile. (Other):

Email (Preferred):

Employment type: ☐ Employed ☐ Self Employed ☐ Student Other (Specify)

If self employed, state nature of business:

Occupation: Name of Employer/institution:

Source of Income:

Expected Income KES (Per Month): ☐ 0 – 100,000 ☐ 100,001 – 300,000 ☐ 300,001 – 1M ☐ 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

Minor Details (To be completed for Najma Account)

Minor Details: Name: M: ☐ F: ☐

Date of Birth: Birth Certificate number:

Operating Mandate (For Joint Account holders, fill in joint account signatory details form)

☐ Sole ☐ Either/Or ☐ All to sign ☐ Other (specify)

Next of Kin Details (For Contactability)

Name National ID:

Relationship: ☐ Spouse: ☐ Son: ☐ Daughter: ☐ Parent: ☐ Other (Specify):

Residential Location: Street/Road: Estate/Building/Hse No:

Postal Address: Code: Town / City: Country:

Mobile. No: Email:

Account Opening Requirements

General Requirements

- ☐ Original and Copy of Kenyan National ID
- ☐ Valid Passport and Alien ID, Work/Resident Permit for Foreign Nationals.
- ☐ One coloured passport size photograph
- ☐ Pin (Personal Identification Number) or TIN (Tax Identification Number)

Additional Requirements

- ☐ Student ID/Letter of Admission (For Swag Youth Account)
- ☐ Birth Certificate (Najma - Minors)

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 which I/we have read and understood.

Account Holder Signature:

Full Name:

Signature: Date:

FOR OFFICIAL USE

A/C number:

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