



Safra

PERSONAL INFORMATION (First Applicant)

Title: Mr. Mrs. Ms. Dr. Prof. Hon. Other (Please specify) _____

Name _____
First Middle Last

*Preferred name for official communication: _____

Date of birth _____ PIN _____ Nationality _____
(DD/MM/YYYY)

Country of Birth _____ Place of birth _____

Child Name (if Applicable) _____
First Middle Last

Marital Status Single Married Divorced Widowed

Gender Male Female

Identification Document _____ Document No. _____
(National ID, Passport, Alien ID, Disciplined forces ID)

Postal Address _____ Postal Code _____ Town/ City _____ Country _____

Physical Address (Residential) _____ 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) _____ Email (Other) _____

Next of Kin (Name) _____

Relationship Spouse Child Parent Other (Please specify) _____

Next of Kin Tel Contacts _____ Postal Address _____

Postal Code _____ Town/ City _____ Country _____

Next of Kin (Name) _____

Relationship Spouse Child Parent Other (Please specify) _____

Next of Kin Tel Contacts _____ Postal Address _____

Postal Code _____ Town/ City _____ Country _____

EMPLOYER/ BUSINESS DETAILS (First Applicant)

Employment type: Permanent Pensionable Contract Casual Self Employed Other _____

Occupation _____ Name of Employer _____

Employee Department _____ Employee Position _____

If Self employed, State Nature of Business _____

Gross Income Band (KES '000) A 0 - 50 B 51 - 100 C 101 - 200 D 201 - 250 E 251 - 500 F Above 500

Employers Postal Address _____ Postal Code _____ Town/ City _____ Country _____

Employers / Business Physical Address _____ Plot No. _____

Tel (Off) _____ Fax _____ Mobile No. (Off) _____

Employers / Business Email Address _____

Other accounts held currently (with CBA or other banks)

Bank Name _____ Branch _____ A/C No _____

Bank Name _____ Branch _____ A/C No _____

PERSONAL INFORMATION (Second Applicant)

Title: Mr. Mrs. Ms. Dr. Prof. Hon. Other (Please specify) _____

Name _____
First Middle Last

*Preferred name for official communication: _____

Date of birth _____ PIN _____ Nationality _____
(DD/MM/YYYY)

Country of Birth _____ Place of birth _____

Child Name (if Applicable) _____
First Middle Last

Marital Status Single Married Divorced Widowed

Gender Male Female

Identification Document _____ Document No. _____
(National ID, Passport, Alien ID, Disciplined forces ID)

Postal Address _____ Postal Code _____ Town/ City _____ Country _____

Physical Address (Residential) _____ 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) _____ Email (Other) _____

Next of Kin (Name) _____

Relationship Spouse Child Parent Other (Please specify) _____

Next of Kin Tel Contacts _____ Postal Address _____

Postal Code _____ Town/ City _____ Country _____

Next of Kin (Name) _____

Relationship Spouse Child Parent Other (Please specify) _____

Next of Kin Tel Contacts _____ Postal Address _____

Postal Code _____ Town/ City _____ Country _____

EMPLOYER/ BUSINESS DETAILS (Second Applicant)

Employment type: Permanent Pensionable Contract Casual Self Employed Other _____

Occupation _____ Name of Employer _____

Employee Department _____ Employee Position _____

If Self employed, State Nature of Business _____

Gross Income Band (KES '000) A 0 - 50 B 51 - 100 C 101 - 200 D 201 - 250 E 251 - 500 F Above 500

Employers Postal Address _____ Postal Code _____ Town/ City _____ Country _____

Employers / Business Physical Address _____ Plot no. _____

Tel (Off) _____ Fax _____ Mobile No. (Off) _____

Employers / Business Email Address _____

Other accounts held currently (with CBA or other banks)

Bank Name _____ Branch _____ A/C No _____

Bank Name _____ Branch _____ A/C No _____

RECREATIONAL INTERESTS (please tick as appropriate)

- | | | |
|--|--|---|
| <input type="checkbox"/> Art/Antiques | <input type="checkbox"/> Fine foods/Wine | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Athletic/Other Activity sport | <input type="checkbox"/> Foreign travel | <input type="checkbox"/> Tennis/Other Racket sports |
| <input type="checkbox"/> Bicycling/Mountaineering/Hiking | <input type="checkbox"/> Golf | <input type="checkbox"/> Water sport |
| <input type="checkbox"/> Dance/Ballet | <input type="checkbox"/> Health club/gym | <input type="checkbox"/> Others (please specify) |
| <input type="checkbox"/> Equestrian sports | <input type="checkbox"/> Music/Theatre | _____ |

PERSONAL ACCOUNT OPENING

Please complete all details in CAPITAL letters.

I/We wish to open the following account and undertake to comply, observe and be bound by the General Terms and Conditions.

ACCOUNT TITLE _____

Indicate type of account required:

Account name _____

Account type Current Savings Call deposit Fixed deposit Child Account

Currency KES USD GBP EURO Other (specify) _____

Account Category Individual Joint

For Fixed Deposits Only Period _____ (In Months) _____

Q. How did you get to know about CBA and our products?

TV Advert Radio Advert Print Advert Billboard/Outdoor

Letter/ Email Online Word of mouth

Others (please specify) _____

Promotional Campaign (please specify the campaign) _____

CHEQUE BOOK AND STATEMENT DETAILS (please tick as appropriate)

Cheque Book _____ Book(s)

To be collected from _____ Branch

Statement Cycle Monthly Quarterly No Statement

Your preferred email address to receive statements from the Bank _____

Please tick to sign up for this product

Internet Banking Yes No

Mobile Banking Yes No

Your preferred mobile number to receive alerts from the Bank _____

ELECTRONIC BANKING (Mobile and Internet Banking)

Applicant

Phone Make _____ e.g Nokia, Android, Blackberry

Memorable Word* _____

Token Number _____

(For Bank use only)

*The memorable word you specify will be requested when you first log onto the internet to authenticate your identity. Your memorable word will also be requested should you require to reset/unlock your token. (NB: The word must be between 6 and 20 characters)

FUNDS TRANSFER BENEFICIARY MAINTENANCE REGISTER*

These are accounts that you will regularly make transfers to.

Beneficiary Name	Beneficiary Account No.	Beneficiary Bank Branch Code

*This register will be accessible through your mobile phone.

CBA CREDIT CARD INFORMATION*

		(First Six Digits)	(Last Four Digits)
Card Name: _____	Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card Name: _____	Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card Name: _____	Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**This information will allow you to access card available balance, amounts due and the due date for payment on Electronic Banking.*

PESALINK LINKAGE

Please effect on my behalf: Link my account number to my phone number

Customer Details

Account Number:

Account Name: _____

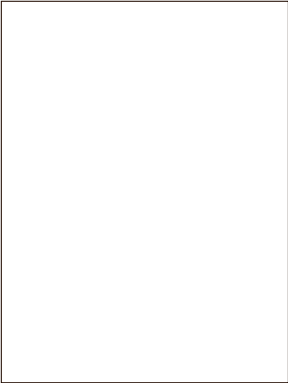
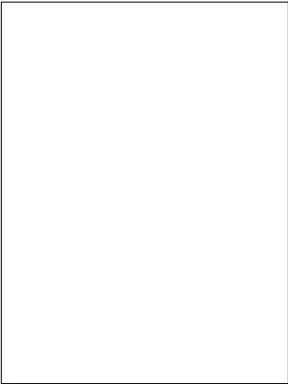
ID number: _____ Mobile Number: _____

Do you want to make this your primary account? Yes No

I hereby allow my account above to be linked to my mobile number for purposes of transacting on PesaLink. I have read and agree to the terms and conditions stated at the back of this form.

Customer Name: _____ Signature: _____

AUTHORISED SIGNATORIES

	Name:	_____
	Signature:	_____
	I/D or Passport No:	_____
	Mobile No:	_____
	Dated This: _____ Day of _____ 20 _____	
	Name:	_____
	Signature:	_____
	I/D or Passport No:	_____
	Mobile No:	_____
	Dated This: _____ Day of _____ 20 _____	

Operating Mandates Sole Either/Or All to sign

Other (*specify*) _____

BANK USE ONLY (Personal Account Opening)

Sales Code _____

Customer number _____ A/C number _____ DAO Code _____

A/C opened by _____ Date _____ Signature _____

Authorized by _____ Date _____ Signature _____

Sector _____ Industry _____ Legal Entity _____

	Name	Signature	Date
Signature Verified	_____	_____	_____
T24 Mapping	_____	_____	_____
Customer enabled for Internet Banking by	_____	_____	_____
Customer enabled for Mobile Banking by	_____	_____	_____
Customer enabled for PesaLink by	_____	_____	_____
Notifications mapped	_____	_____	_____
Accounts mapped	_____	_____	_____
Token issued by	_____	_____	_____

INITIAL DEPOSIT

Cash Amount _____

In house Cheque Amount _____

Local Cheque Amount _____ Bank _____ A/C number _____

Internal Transfer Amount _____

ADDITIONAL DECLARATION

1. I/We have read and understood or have been explained to (*in a language I understand*) the General Terms and Conditions referred to herein and which form part of this Application Form and which are also available in all CBA branches or website www.cbagroup.com and I agree to be bound by them. I/We acknowledge that I/We am bound by any variation the Bank makes to these documents.
2. I/We confirm and warrant that all information (*including any documents*) I/We have given to the Bank in connection with this application is correct, complete and not misleading. If any of the information provided is incorrect or misleading I/We will be personally liable for the same. I/We undertake to promptly notify the Bank upon discovery that any information given to the Bank is incorrect or misleading.
3. I/We agree that the Bank will send all correspondences in electronic form using email or any other electronic media advised to the Bank herein or as may be advised from time to time in writing. However, the Bank reserves the right to send paper correspondences to me/us by post to my last known address as per the Bank's records. It shall therefore be mandatory for all customers to provide an electronic address, facsimile or email.
4. I/We represent and warrant that I/We have all the necessary power and authorisations to own assets, carry on business, enter into each of the banking agreements and any other arrangement with the Bank to ensure compliance with my/our obligations under this Agreement
5. I/We authorise the Bank to disclose to, and verify any of the information I/We have given to the Bank or our credit standing from anyone the Bank may consider appropriate (*such as an authority or credit reference agency*).
6. I/We confirm that the personal information provided in this application form and that of my/our joint account holder (*if any*) or authorised person (*if any*) will apply to the account(s) I/We hold with the Bank until and unless otherwise advised by me/us.
7. I/We consent to the Bank contacting me/us at the address, email address and phone numbers I/We have provided herein in relation to the account(s) or any other products and services that the Bank, or its strategic partners, may offer.
8. I/We agree and acknowledge that If I/We am applying for a bundled product that the Bank may vary or terminate the package offers or change the terms of the package by notice.
9. I/We also understand that should I/We wish to terminate one of the bundled products, I/We agree that the Bank may charge me an additional fee for the remaining product(s).

Name _____ Name _____

Signature _____ Signature _____

ID No. _____ ID No. _____

Date _____ Date _____