

Account Number:

Existing Base of Applicant:

Branch

Date:

Product Type

Account Name

Currency *(Please ✓ tick where applicable)*

KES USD GBP Other *(Specify)*

Tell us about yourself (1st Applicant)

Title Mr Mrs Miss Dr Other

Name

as per identification document

Nationality

Identity Document National ID Passport Other

ID/Passport No

Passport Expiry Date

Date of Birth

Place of Birth

Gender Male Female *(Please ✓ tick as applicable)*

Marital Status

Are you registered with any taxation authority? Yes No

If yes, list the countries along with the respective tax identification number / social security number

Country
PIN/TIN/SSN

Country
PIN/TIN/SSN

Are you a citizen of any country other than Kenya? Yes No

If yes, indicate the name of the country

How can we reach you?

Telephone No.

Email Address

Telephone No.2 *(If applicable)*

Postal Address

P.O.Box Postal Code

Town Country

Where do you live? *(Plot/Building/Road/Street)*

Town Country

Are you Employed Self employed Student

Name of institution

Physical address *(if different from above)*

Designation

Nature of business

Expected monthly income / deposit into account per month

Next of Kin

Name *(as per Identification document)*

National ID

Passport

Other *(Specify)*

Tel no.

Email address

Postal Address

P.O.Box

Postal Code

Town

Country

Tell us about yourself (2nd Applicant)

Title Mr

Mrs

Miss

Dr

Other

Name

as per identification document

Nationality

Identity Document National ID

Passport

Other

ID/Passport No

Passport Expiry Date

Date of Birth

Place of Birth

Gender Male

Female

(Please ✓ tick as applicable)

Marital Status

Are you registered with any taxation authority? Yes No

If yes, list the countries along with the respective tax identification number / social security number

Country

Country

PIN/TIN/SSN

PIN/TIN/SSN

Are you a citizen of any country other than Kenya? Yes No

If yes, indicate the name of the country

How can we reach you?

Telephone No.

Email Address

Telephone No.2 *(If applicable)*

Postal Address

P.O.Box

Postal Code

Town

Country

Where do you live? *(Plot/Building/Road/Street)*

Town

Country

Are you Employed

Self employed

Student

Name of institution

Physical address *(if different from above)*

Designation

Nature of business

Expected monthly income /
deposit into account per month

Next of Kin

Name (as per Identification document)

National ID

Passport

Other (Specify)

Tel no.

Email address

Postal Address

P.O.Box

Postal Code

Town

Country

Tell us about yourself (3rd Applicant)

Title Mr

Mrs

Miss

Dr

Other

Name

as per identification document

Nationality

Identity Document National ID

Passport

Other

ID/Passport No

Passport Expiry Date

Date of Birth

Place of Birth

Gender Male

Female

(Please ✓ tick as applicable)

Marital Status

Are you registered with any taxation authority? Yes

No

If yes, list the countries along with the respective tax identification number / social security number

Country

Country

PIN/TIN/SSN

PIN/TIN/SSN

Are you a citizen of any country other than Kenya? Yes

No

If yes, indicate the name of the country

How can we reach you?

Telephone No.

Email Address

Telephone No.2 (If applicable)

Postal Address

P.O.Box

Postal Code

Town

Country

Where do you live? (Plot/Building/Road/Street)

Town

Country

Are you Employed

Self employed

Student

Name of institution

Physical address (if different from above)

Designation

Nature of business

Expected monthly income /
deposit into account per month

Next of Kin

Name *(as per Identification document)*

National ID

Passport

Other *(Specify)*

Tel no.

Email address

Postal Address

P.O.Box

Postal Code

Town

Country

Tell us about yourself (4th Applicant)

Title Mr

Mrs

Miss

Dr

Other

Name

as per identification document

Nationality

Identity Document National ID

Passport

Other

ID/Passport No

Passport Expiry Date

Date of Birth

Place of Birth

Gender Male

Female

(Please √ tick as applicable)

Marital Status

Are you registered with any taxation authority? Yes No

If yes, list the countries along with the respective tax identification number / social security number

Country

Country

PIN/TIN/SSN

PIN/TIN/SSN

Are you a citizen of any country other than Kenya? Yes No

If yes, indicate the name of the country

How can we reach you?

Telephone No.

Email Address

Telephone No.2 *(If applicable)*

Postal Address

P.O.Box

Postal Code

Town

Country

Where do you live? *(Plot/Building/Road/Street)*

Town

Country

Are you Employed

Self employed

Student

Name of institution

Physical address *(if different from above)*

Designation

Nature of business

Expected monthly income /
deposit into account per month

Next of Kin

Name (as per Identification document)

National ID

Passport

Other (Specify)

Tel no.

Email address

Postal Address

P.O.Box

Postal Code

Town

Country

Minor Details (for minor accounts)

Master

Miss

Name as per birth certificate

Date of Birth

Birth Certificate No.

School

What account facilities would you like? (Please tick as applicable)

Cheque Book

25 Leaf Cheque Book

100 Leaf Cheque Book

Name to appear on cheque book (if different from identification document)

1st

2nd

3rd

4th

Debit Card

Daily Limit

Shs 40,000

Other

Name to appear on applicant's card (if different from identification document. If different, please insert at least two full names)

1st

2nd

3rd

4th

Which branch would you like to collect your cheque book and/or debit card?

E-Statements

Email address for 1st applicant (if different from above)

I want to receive statements

Daily

Weekly

Monthly

I don't want to receive e-statements

Email address for 2nd applicant (if different from above)

I want to receive statements

Daily

Weekly

Monthly

I don't want to receive e-statements

Email address for 3rd applicant (if different from above)

I want to receive statements

Daily

Weekly

Monthly

I don't want to receive e-statements

Email address for 4th applicant (if different from above)

I want to receive statements

Daily

Weekly

Monthly

I don't want to receive e-statements

Mobile Banking

Mobile No. to register for 1st applicant

I want the following notifications

Credits

Weekly Balance

Loan Instalment Due

Overdrawn Account

Daily Balance

Monthly Balance

Fixed Deposit Maturity

Notify me only of transactions above

***Charges apply** (please enquire for details)

I don't want mobile banking

Mobile No. to register for 2nd applicant

I want the following notifications

Credits

Weekly Balance

Loan Instalment Due

Overdrawn Account

Daily Balance

Monthly Balance

Fixed Deposit Maturity

Notify me only of transactions above

***Charges apply** (please enquire for details)

I don't want mobile banking

Mobile No. to register for 3rd applicant

I want the following notifications

Credits

Weekly Balance

Loan Instalment Due

Overdrawn Account

Daily Balance

Monthly Balance

Fixed Deposit Maturity

Notify me only of transactions above

***Charges apply** (please enquire for details)

I don't want mobile banking

Mobile No. to register for 4th applicant

I want the following notifications

Credits

Weekly Balance

Loan Instalment Due

Overdrawn Account

Daily Balance

Monthly Balance

Fixed Deposit Maturity

Notify me only of transactions above

***Charges apply** (please enquire for details)

I don't want mobile banking

Online Banking

Name for 1st applicant

Email address

(if different from above)

Mobile number

I don't want online banking

Name for 2nd applicant

Email address

(if different from above)

Mobile number

I don't want online banking

Name for 3rd applicant

Email address

(if different from above)

Mobile number

I don't want online banking

Name for 4th applicant

Email address

(if different from above)

Mobile number

I don't want online banking

Introducer

Introducer Name

Institution Name

Physical address

Mobile no.

DTB a/c no. (if applicable)

Known the applicant for months/years

Signature mandate

Account Mandate / Signing Instructions (Please ✓ tick as applicable)

 Singly Jointly Either Other (specify)

I/We have read and understood the conditions necessary to open and run an Account with Diamond Trust Bank Kenya Ltd and we undertake to comply therewith. I/We agree that this account shall be opened solely at the discretion of Diamond Trust Bank Kenya Ltd and hereby agree to indemnify Diamond Trust Bank Kenya Ltd at our cost against claims arising out of the account being closed by Diamond Trust Bank Kenya Ltd upon issuance of 14 days notice as per Prudential Guidelines due to unsatisfactory performance. Furthermore I/we accept that the operations of the account will be subject to the General Terms and Conditions as published from time to time and confirm that all given information on this form is true and correct.

1st Signatory

Full Name

ID/Passport No.

Signature

Attach
passport size photo

Date

2nd Signatory

Full Name

ID/Passport No.

Signature

Attach
passport size photo

Date

3rd Signatory

Full Name

ID/Passport No.

Signature

Attach
passport size photo

Date

4th Signatory

Full Name

ID/Passport No.

Signature

Attach
passport size photo

Date

For bank use only

Account canvased by

Branch Managers approval
Name

Signature

Relationship Manager

Account opened by

Account authorised by
Name

Signature

Additional comments