



Titan Account Class Conversion Form

(Individual and Joint Account Holders)

Date _____

Account Number: <input type="text"/>	Existing Base of Applicant: <input type="text"/>
Branch:	
Account Name:	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other. <input type="checkbox"/>	
Name (As per Identification Document) :	
Nationality:	ID/Passport Number:
Are you Registered with Kenya Revenue Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PIN NO: <input type="text"/>	

How can we reach you? (fill if different from existing details)

Telephone No: <input type="text"/>	Email Address: <input type="text"/>
Telephone No2: (If applicable) <input type="text"/>	
P.O Box: _____	Postal Code: _____
Town: _____	Country: _____
Where do you live? (Plot/Building/Road/Street) _____	
Town: _____	Country: _____
Are you? <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Student	
Name of Institution: _____	
Physical address: (If different from above) _____	
Designation: _____	
Nature of business: _____	

Next of Kin

Name: (as per ID)	
Telephone No: <input type="text"/>	Email Address: <input type="text"/>
P.O Box: _____	Postal Code: _____
Town: _____	Country: _____

What account Facilities would you like? (Please tick (✓) where applicable)

E-Statements:	
Email address: (If different from above) _____	
I want to receive e-statements <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> I don't want to receive e-statements	

Customer Declarations

1. List any position you may hold currently or may have before such as/in government positions such as political leaders, civil servants, high level judiciary member, member of the administrative, management/ supervisory body of a state-owned enterprise, ambassador, charge d'affairs or high-ranking officer in the armed forces; or positions held entrusted with a leading function of a local or international organization. Kindly stipulate details as below.

Please indicate "NONE" in the box below if you have not held any of the positions above.

From (MM-YYYY)	To (MM-YYYY)	Country	Level of Jurisdiction (National, Regional, County)	Organization/state corporation/ department/branch	Position Held	Role	Grade

Customer Declarations

2. Related Close Associates & Family

Kindly indicate if you have any relationship such as (family or business associate) with the above-named category as follows; Please indicate "NONE" in the box below if you have no relationship as indicated above.

Name of the person related to	ID Details	Position Held	Relationship Status
			<p>a) this relates to immediate family including spouse, partner, parent, child, sibling, uncle, aunt, nephew, niece, stepfather, stepmother, stepchild and adopted child of the person concerned and in case of an adopted child his adopter or adopters (please specify)</p> <p>b) this relates to having a joint beneficial ownership of a legal entity/ legal arrangement/ close business relationship or associates as defined below as specific in the banking Act: -</p> <ul style="list-style-type: none"> - its holding company or its subsidiary; - a subsidiary of its holding company; - a holding company of its subsidiary; - its non-operating holding company as its subsidiary; - a subsidiary of a non-operating holding company - any person who controls the company or body corporate whether alone or with his associates or with its associates; <p>(please specify and give details of the association)</p>

I/We have read and understood the conditions necessary to open and run an Account with Diamond Trust Bank Kenya Limited and we oblige to comply with the terms and conditions as displayed on www.dtbafrica.com. 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 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 due to unsatisfactory performance.

Name: _____	Name: _____
Signature: _____	Signature: _____

FOR OFFICIAL USE ONLY**Received & Acknowledged by:**

Branch Official:

Signature:

Branch Manager:

Signature:

Required KYC Documents**Yes****No****N/A**

National ID (Kenyan) /Passport (Foreigner) and Foreign Certificate

KRA PIN (Mandatory)

Walk in Interview (Mandatory)