



DIAMOND TRUST BANK



i24/7 Application Form

Date / /

Customer Details

Company/Organization Name

E-mail Address

Telephone Number

Mobile Number

Contact Person

First Name

Last Name

Designation

Mobile Number

E-mail Address

Company Accounts

Account Name

Account Number

Default Charge Account (optional)

1.	<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"/> <input type="text"/>	<input type="text"/>
2.	<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"/> <input type="text"/>	<input type="text"/>
3.	<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"/> <input type="text"/>	<input type="text"/>
4.	<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"/> <input type="text"/>	<input type="text"/>
5.	<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"/> <input type="text"/>	<input type="text"/>

Note

- (i) The service's provided will operate under the existing account mandate at a minimum.
- (ii) Any changes to mandate must be advised in writing.

User Profile 1

First Name

Last Name

Designation

E-mail Address

Mobile No.

User Role (Please tick(✓)where applicable)

Maker

Verifier

Authorizer

View Statement

Manage Users

Access all accounts? ___ (Y/N)

If no, please specify allowed accounts _____

User Profile 2

First Name

Last Name

Designation

E-mail Address

Mobile No.

User Role (Please tick(✓)where applicable)

Maker

Verifier

Authorizer

View Statement

Manage Users

Access all accounts? ___ (Y/N)

If no, please specify allowed accounts _____

User Profile 3

First Name

Last Name

Designation

E-mail Address

Mobile No.

User Role (Please tick(✓)where applicable)

Maker

Verifier

Authorizer

View Statement

Manage Users

Access all accounts? ___ (Y/N)

If no, please specify allowed accounts _____

User Profile 4

First Name

Last Name

Designation

E-mail Address

Mobile No.

User Role (Please tick(✓)where applicable)

Maker

Verifier

Authorizer

View Statement

Manage Users

Access all accounts? ___ (Y/N)

If no, please specify allowed accounts _____

Confirmation by authorized signatory

By signing below, I/we acknowledge that I/we am/are authorised signatory(s) of the account(s) indicated above and that the information provided herein is correct and true to the best of my/our knowledge and I/we endorse the instruction set forth in this document.

Authorised Signatory Name		DD / MM / YYYY	
	Signature	Date	
Authorised Signatory Name		DD / MM / YYYY	
	Signature	Date	

Board Resolution

We wish to inform Diamond Trust Bank Kenya Limited that at a meeting of the board of directors of _____ (the 'Company') held on the ___ day of ___ 20__.

It was resolved that Diamond Trust Bank Kenya Limited be and is hereby authorized to honour the application for the service(s) executed by the authorized signatories of the Company's account. We accept to be bound by the terms and condition as may be amended from time to time and the instruction as provided on www.dtbafrika.com and the instruction/transaction(s) carried out by the User(s) whilst using the services as if such application and instruction/transaction(s) were made by the company.

We hereby certify that the Memorandum and Articles of Association of the Company given by us to the Bank are up to date. We further undertake that the Bank will be advised of any future amendments to the Memorandum and Articles of Association within fourteen days of such amendment(s).

We hereby undertake to indemnify the Bank against any loss, expenses and damages it may sustain in the event of our failure to notify or delay in notifying it of any alterations or amendment to the Company's Memorandum and Articles of Association.

Director Name		DD / MM / YYYY	
	Signature	Date	
Director Name		DD / MM / YYYY	
	Signature	Date	

FOR BANK USE ONLY

Corporate Code	CIF ID	Authorisation mandate confirmed and created as per core banking system <input type="checkbox"/>	
Input by	(Name)	(Date)	(Signature)
Authorised by	(Name)	(Date)	(Signature)

Additional Comments