DTB | DIAMOND TRUST BANK

Mobile Banking (m24/7)
Business/Company Application Form

Branch _____ Date ☐☐/☐☐/☐☐☐☐

I/we request to apply for (please √where applicable) ☐ Mobile Banking ☐ E-Statements ☐ Joint Mandate

1 (a). TELL US ABOUT YOURSELF ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other _____

Applicant Name

Company Name

ID/Passport No. ☐☐☐☐☐☐☐☐☐☐ Passport Expiry Date ☐☐/☐☐/☐☐☐☐

Office Telephone No. ☐☐☐☐☐☐☐☐☐ Mobile No.

E-Mail Address

(b). TELL US ABOUT YOURSELF ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other _____

Applicant Name

Company Name

ID/Passport No. ☐☐☐☐☐☐☐☐☐☐ Passport Expiry Date ☐☐/☐☐/☐☐☐☐

Office Telephone No. ☐☐☐☐☐☐☐☐☐ Mobile No.

E-Mail Address

(c). TELL US ABOUT YOURSELF ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other _____

Applicant Name

Company Name

ID/Passport No. ☐☐☐☐☐☐☐☐☐☐ Passport Expiry Date ☐☐/☐☐/☐☐☐☐

Office Telephone No. ☐☐☐☐☐☐☐☐☐ Mobile No.

E-Mail Address

(d). TELL US ABOUT YOURSELF ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other _____

Applicant Name

Company Name

ID/Passport No. ☐☐☐☐☐☐☐☐☐☐ Passport Expiry Date ☐☐/☐☐/☐☐☐☐

Office Telephone No. ☐☐☐☐☐☐☐☐☐ Mobile No.

E-Mail Address

2. ACCOUNTS YOU WANT TO REGISTER AND SERVICES YOU WANT

	Account Name	Account Number	Branch	Preferred Short Name *(Max 10 characters including spaces)* * Mandatory	Mobile Banking	E-Statements	Joint Mandate
a.					☐	☐	☐
b.					☐	☐	☐
c.					☐	☐	☐
d.					☐	☐	☐
e.					☐	☐	☐

3. CHOOSE YOUR MOBILE BANKING ALERT OPTIONS

Account Number (As per section 2)	Unlimited Transaction Alerts* (Flat Fee)	Periodic Balance Alerts		
		Daily	Weekly	Monthly
a.	☐	☐	☐	☐
b.	☐	☐	☐	☐
c.	☐	☐	☐	☐
d.	☐	☐	☐	☐

Notify me only of transactions above KES. _____ All ☐

**Charges Applicable as per Bank Standard Tariffs*

4. CHOOSE YOUR ESTATEMENT OPTIONS

We shall set you up on the new e-mail address you have provided overleaf

Account Number (As per section 2)	eStatement frequency		
	Daily	Weekly	Monthly
a.	☐	☐	☐
b.	☐	☐	☐
c.	☐	☐	☐
d.	☐	☐	☐

5. 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 _____ Signature _____ Date ☐☐/☐☐/☐☐☐☐

Authorised Signatory Name _____ Signature _____ Date ☐☐/☐☐/☐☐☐☐

Authorised Signatory Name _____ Signature _____ Date ☐☐/☐☐/☐☐☐☐

6. 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 authorised to honour the application for the service(s) solely executed by the said applicant.

We accept to be bound by the terms and conditions as provided on www.dtbafrica.com and the instruction/transaction(s) carried out by the Applicant whilst using the services as if such application and instruction/transaction(s) were made by the company.

Director Name	Signature	D D / M M / Y Y Y Y Date
Director Name	Signature	D D / M M / Y Y Y Y Date

FOR BANK USE ONLY

Created by:	*Name :*	*Date :*	*Time :*	*Signature :*
Authorised by:	*Name :*	*Date :*	*Time :*	*Signature :*