

INDIVIDUAL CUSTOMER INFORMATION FORM

Please fill in the form in **BLOCK** letters appropriately. Please note that all fields are mandatory. If a field is not applicable mark it as N/A.

INDIVIDUAL CUSTOMER INFORMATION & ACCOUNT APPLICATION

Please fill in the form in **BLOCK** letters appropriately. Please note that all fields are mandatory.

BRANCH DETAILS

Branch Name Date

PERSONAL DETAILS

Resident Status Resident Non-Resident **Citizenship Status** Citizen Non Citizen

Title Mr Mrs Miss Ms Prof Dr Other (Specify) _____ **Gender** Male Female

First Name Middle Name Surname
Names to coincide with that appearing on the identification proof

Maiden Name Date of Birth Place of Birth

Country of Birth Nationality National ID No

National ID Expiry Date Passport No Passport Issue Date

Passport Expiry Date Passport Issue Country

Marital Status Married Single Divorced Widowed

Name of Spouse

Spouse Landline Spouse Mobile No.

CONTACT DETAILS

Landline (H) Primary Mobile No E-mail Address

Secondary Mobile No Landline (W)

Current Residential Physical Address

Complex / Apartment / Unit Number

Complex / Apartment Name

Street / Plot Number

Street / Ward Name

Suburb / Ward

City / Town / Village

Province / District

Country

Postal Code

Mailing / Postal Address

P O Box Private Bag

Postal Number

City / Town / Village

Province / District

Country

Postal Code

SIGNATORY DETAILS (Complete only if signatory is different from account holder)

First Name Last Name Title

Gender Male Female Place of Birth Birth Date

Identity Document No. ID Issue Country

Passport Number Pasport Issue Country

ID / Passport Expiry Date Nationality

Occupation

Telephone Number Physical Address

Mobile Contact Number Mailing Address

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EMPLOYMENT DETAILS

Employer's Name			Current Job Title			No. of Years at Employer						
Occupation			Work Telephone No	Code	Area Code	1	2	3	4	5	6	7
Nature of Employment	<input type="checkbox"/> Permanent	<input type="checkbox"/> Fixed Contract	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner	<input type="checkbox"/> Casual	<input type="checkbox"/> Retired	<input type="checkbox"/> Other			
Physical Address	Unit /Apartment / Plot No	Street / Suburb / Ward		City / Town / Village								
Province / District			Country			Postal Code						

NEXT OF KIN DETAILS

Next of Kin 1													Next of Kin 2																
First Name												First Name																	
Surname												Surname																	
Relationship						<input type="checkbox"/> Partner	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Other (Specify)				Relationship						<input type="checkbox"/> Partner	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Other (Specify)							
Home Telephone No						Country Code	Area Code	1	2	3	4	5	6	7	Home Telephone No						Country Code	Area Code	1	2	3	4	5	6	7
Work Telephone No.						Country Code	Area Code	1	2	3	4	5	6	7	Work Telephone No						Country Code	Area Code	1	2	3	4	5	6	7
E-mail Address																													

SOURCE OF INCOME

Indicate The Main Income Stream	Indicate All Income Streams	Monthly Income	Amounts
<input type="checkbox"/> Salary	<input type="checkbox"/> Salary	Gross Annual Income excl. Annual bonus	Amount in Local Currency
<input type="checkbox"/> Fees/Commissions/Dividends	<input type="checkbox"/> Fees/Commissions/Dividends	Gross Monthly Fees/Commissions/Dividends	Amount in Local Currency
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	Gross Monthly Income from other sources	Amount in Local Currency
Salary paid in which currency	C C Y	Total Gross Monthly Income	Amount in Local Currency

FINANCIAL COMPLIANCE

Have you ever Been Declared Insolvent Yes No If Yes, Date of Rehabilitation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Existing Judgements Yes No

Judgement Details

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TAX - INTERNATIONAL IDENTIFICATION

Tax Resident Country 1		Tax Number 1	
Tax Resident Country 2		Tax Number 2	
Tax Resident Country 3		Tax Number 3	

FATCA QUESTIONNAIRE

Please confirm FATCA status by checking the relevant box:

	Yes	No
a) Are you a U.S. citizen or U.S resident?	<input type="checkbox"/>	<input type="checkbox"/>
b) Were you born in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you signed a Power of Attorney (PoA) or granted signatory authority to a person holding a U.S. address?	<input type="checkbox"/>	<input type="checkbox"/>
d) Will you be transferring funds to U.S. based accounts or receiving funds regularly from U.S. based accounts?	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT APPLICATION

PRODUCT TYPE															
Current Account				Saving Account				Prepaid				Term Deposit			
Debit Card required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> BWP	<input type="checkbox"/> USD		<input type="checkbox"/> ZAR	<input type="checkbox"/> EUR	<input type="checkbox"/> ZAR	<input type="checkbox"/> ZAR	<input type="checkbox"/> BWP	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> ZAR	<input type="checkbox"/> Other (Specify)
Cheque Book required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> ZAR	<input type="checkbox"/> EUR	<input type="checkbox"/> ZAR									
Pricing option	<input type="checkbox"/> Bundled	<input type="checkbox"/> Pay-As-You-Go													

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Please fill in the form in **BLOCK** letters appropriately. Please note that all fields are mandatory. If a field is not applicable mark it as N/A.

ACCOUNT TYPE

<input type="checkbox"/>	Individual	Name of Account	<input style="width: 400px; height: 20px;" type="text"/>
<input type="checkbox"/>	Minor	Name of Account	<input style="width: 400px; height: 20px;" type="text"/>

SUBSCRIPTIONS TO SELF SERVICE CHANNELS

SMS notification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobile Banking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internet banking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	E-Statement Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly		

In order for Access Bank to communicate transaction alerts & internet banking notifications, Please provide a valid mobile phone number below

Country code	Area Code	Mobile number													
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<table border="0"> <tr> <td>Area Code</td> <td><input style="width: 15px; height: 20px;" type="text"/> 1</td> <td><input style="width: 15px; height: 20px;" type="text"/> 2</td> <td><input style="width: 15px; height: 20px;" type="text"/> 3</td> <td><input style="width: 15px; height: 20px;" type="text"/></td> <td><input style="width: 15px; height: 20px;" type="text"/> 1</td> <td><input style="width: 15px; height: 20px;" type="text"/> 2</td> <td><input style="width: 15px; height: 20px;" type="text"/> 3</td> <td><input style="width: 15px; height: 20px;" type="text"/> 4</td> <td><input style="width: 15px; height: 20px;" type="text"/> 5</td> <td><input style="width: 15px; height: 20px;" type="text"/> 6</td> <td><input style="width: 15px; height: 20px;" type="text"/> 7</td> <td><input style="width: 15px; height: 20px;" type="text"/> 8</td> </tr> </table>	Area Code	<input style="width: 15px; height: 20px;" type="text"/> 1	<input style="width: 15px; height: 20px;" type="text"/> 2	<input style="width: 15px; height: 20px;" type="text"/> 3	<input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/> 1	<input style="width: 15px; height: 20px;" type="text"/> 2	<input style="width: 15px; height: 20px;" type="text"/> 3	<input style="width: 15px; height: 20px;" type="text"/> 4	<input style="width: 15px; height: 20px;" type="text"/> 5	<input style="width: 15px; height: 20px;" type="text"/> 6	<input style="width: 15px; height: 20px;" type="text"/> 7	<input style="width: 15px; height: 20px;" type="text"/> 8
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MARKETING CONSENT

In order for Access Bank or its partners to communicate new product updates and services that may be relevant to you, please indicate preferences below

Access Bank Products and Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Partners Products and Services including Insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Automatic Increase/decrease of credit limits	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Preferred Channel:	<input type="checkbox"/> Email	<input type="checkbox"/> SMS
		<input type="checkbox"/> Telephone

DECLARATION & ACCEPTANCE

I the undersigned:

- a) warrant that information furnished is true and correct and undertake to inform Access Bank of any changes thereto as well as any facts or circumstances in future that may impact my legal status as a client of Access Bank;
- b) indemnify Access Bank against any liability for any loss or damage suffered by me as a result of inaccurate or incomplete information contained herein;
- c) agree to the terms and condition governing the account and agree to abide by them and such other rules which may come into force from time to time.
- d) authorise the Bank to make any independent information verification and generally make whatever enquiries it deems necessary from any source whatsoever and may supply information regarding my facility and my compliance to otherwise with the terms and conditions of Access Bank, to other banks or any Credit Bureau, subject to any applicable legislation, Code of Conduct or Practice;
- e) understand that in the event of any information proving to be inaccurate, the bank reserves the right to decline this application without disclosing the reasons thereof. I/We agree that the Bank reserves the right to close my/our account compulsorily without warning if it is conducted unsatisfactorily
- f) is responsible for ensuring Access Bank has my correct mobile number
- g) Access Bank cannot guarantee the accuracy or arrival of an sms.
- h) agree to the fees as discussed, and such fees may vary on notice.
Access Bank will accept no liability whatsoever, and indemnify the bank against any loss, expense, claim or damage, whether indirect or consequential, arising from the use of this serviced or arising from any delay or failure by Access Bank to send an SMS.
- j) Access Bank makes no representation or warranty, whether express or implied, as to the operation and functionality of the service.
- k) Authorise Access to share my information with Regulatory authorities (Local & International such as IRS) for purposes of meeting the bank regulatory obligations.

Customers Signature	<input style="width: 300px; height: 60px;" type="text"/>	Date	<input style="width: 100px; height: 20px;" type="text"/>
		Place	<input style="width: 250px; height: 20px;" type="text"/>

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FOR OFFICIAL USE ONLY

a) For Branch

Account Relationship Officer / Manager (Full Name)

Customer Interviewed by (Full Name)	Documents Received & Verified by (Full Name)	Copies of all identification documents verified against originals by (Full Name)
Signature, Date & Time:	Signature, Date & Time:	Signature, Time & Date

KYC STATUS

Sanctioned
 PEP
 Adverse Media
 FCB
 None

Customer Risk Rating
 Low
 Medium
 High

Comments

Branch
 Date Account Opened --
 CIF Number

MIS Code
 Customer Segment

Account numbers allocated

Current Account	<input style="width: 100%;" type="text"/>
Savings Account	<input style="width: 100%;" type="text"/>
Term Deposit	<input style="width: 100%;" type="text"/>
Prepaid Card No.	<input style="width: 100%;" type="text"/>
Prepaid Card No.	<input style="width: 100%;" type="text"/>
Prepaid Card No.	<input style="width: 100%;" type="text"/>
Prepaid Card No.	<input style="width: 100%;" type="text"/>
Prepaid Card No.	<input style="width: 100%;" type="text"/>

Initiator / Maker's signature

Authoriser's signature

Card & self-service channels activation

Debit card ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cheque book ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepaid card number issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered for SMS notification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered for e-statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered for Mobile Banking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered for Internet Banking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initiator / Maker's signature

Authoriser's signature

b) For Accounts Opening

Documents Checked by (Full Name)	Documents Filed by (Full Name)
Signature, Date & Time	Signature, Date & Time