

WHOLESALE BANKING ACCOUNT OPENING FORM

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

<input type="checkbox"/> New Customer	<input type="checkbox"/> Existing Customer	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident																
Branch <input style="width: 100%;" type="text"/>	Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	CIF <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>									
D	D	M	M	Y	Y	Y	Y												

Section A - CUSTOMER INFORMATION

ENTITY DETAILS

Entity Name <input style="width: 90%;" type="text"/>	Trading AS <input style="width: 90%;" type="text"/>																				
Parent / Holding Entity Name <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											Company Reg No <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										
Date of Incorporation <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	Country of Incorporation <input style="width: 90%;" type="text"/>												
D	D	M	M	Y	Y	Y	Y														
Date of Business Commencement <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	Estimated Annual Turnover <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>C</td><td>C</td><td>Y</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	C	C	Y									
D	D	M	M	Y	Y	Y	Y														
C	C	Y																			
Source of Funds <input style="width: 90%;" type="text"/>																					

ENTITY TYPE

<input type="checkbox"/> Public Company	<input type="checkbox"/> Private Company	<input type="checkbox"/> Statutory Corporation	<input type="checkbox"/> Partnerships
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> NGO	<input type="checkbox"/> Trust	<input type="checkbox"/> Association
<input type="checkbox"/> Society	<input type="checkbox"/> Other (Specify) _____		

INDUSTRY SECTOR

<input type="checkbox"/> Agriculture & Agro-Processing	<input type="checkbox"/> Forestry	<input type="checkbox"/> Fishing	<input type="checkbox"/> Hunting																		
<input type="checkbox"/> Livestock & Poultry	<input type="checkbox"/> Mining & Quarrying	<input type="checkbox"/> Energy & Oil	<input type="checkbox"/> Electricity & Water																		
<input type="checkbox"/> Public Sector	<input type="checkbox"/> Community Services	<input type="checkbox"/> Bank Financial Institutions	<input type="checkbox"/> Non Bank Financial Institutions																		
<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Manufacturing																		
<input type="checkbox"/> Business & Commercial Services	<input type="checkbox"/> Telecommunication	<input type="checkbox"/> Transport & Storage	<input type="checkbox"/> Trade (Import & Export)																		
<input type="checkbox"/> Retail, Wholesaling & Distribution	<input type="checkbox"/> Chemical & Pharmaceutical	<input type="checkbox"/> Tourism, Restaurant & Hotels	<input type="checkbox"/> Pension Funds																		
<input type="checkbox"/> Insurance	<input type="checkbox"/> Insurance	<input type="checkbox"/> Other (specify)																			
Tax Exempted <input type="checkbox"/> Y	<input type="checkbox"/> N Tax Identification No.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																			

NATURE OF BUSINESS (PRODUCT/SERVICE)

Nature of Business <input style="width: 95%;" type="text"/>	Description <input style="width: 95%; height: 40px;" type="text"/>
The intended purpose of the business relationship	<input style="width: 95%; height: 20px;" type="text"/>

ENTITY CONTACT DETAILS

Business Tel No <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <small>Country Code Area Code Phone Number</small>																			Fax No <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <small>Country Code Area Code Phone Number</small>																		
Website <input style="width: 95%;" type="text"/>	E-mail <input style="width: 95%;" type="text"/>																																				

Trading Address	Plot No.	Street / Ward Name	City/Town/ Village	Postal Address	Postal Code	Suburb/City/Village
	District				Country	

OFFICERS CONTACT DETAILS

CONTACT 1

First Name	<input type="text"/>	Last Name	<input type="text"/>	Title	<input type="text"/>
Birth Date	<input type="text"/>	ID/Passport No	<input type="text"/>		
Designation	<input type="text"/>		Mobile No.	<input type="text"/>	
Office No.	<input type="text"/>		E-mail Address	<input type="text"/>	

CONTACT 2

First Name	<input type="text"/>	Last Name	<input type="text"/>	Title	<input type="text"/>
Birth Date	<input type="text"/>	ID/Passport No	<input type="text"/>		
Designation	<input type="text"/>		Mobile No.	<input type="text"/>	
Office No.	<input type="text"/>		E-mail Address	<input type="text"/>	

CONTROLLERS (Directors, Trustees, Exco for society, Controllers for partnership)

Name

<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"/>

Identity / Passport Number

<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"/>

DIRECTORS / TRUSTEES / EXECUTIVE COMMITTEE OF SOCIETIES / ASSOCIATION DETAILS

1

First name	<input type="text"/>	Last Name	<input type="text"/>	Title	<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Place of Birth	<input type="text"/>	Birth Date	<input type="text"/>	
Identity Document No.	<input type="text"/>		ID Issue Country	<input type="text"/>			
Passport Number	<input type="text"/>		Passport Issue Country	<input type="text"/>			
ID / Passport Expiry Date	<input type="text"/>		Nationality	<input type="text"/>			
Occupation	<input type="text"/>		Landline Telephone Number	<input type="text"/>			
Mobile Contact Number	<input type="text"/>		Mailing Address	<table border="1"> <tr> <td>Plot No.</td> <td>City/Town/Village</td> </tr> </table>		Plot No.	City/Town/Village
Plot No.	City/Town/Village						
Physical Address	<input type="text"/>		County Code	<input type="text"/>			

2

First Name	<input type="text"/>	Last Name	<input type="text"/>	Title	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Place of Birth	<input type="text"/>	Birth Date
Identity Document No.	<input type="text"/>	ID Issue Country	<input type="text"/>		
Passport Number	<input type="text"/>	Passport Issue Country	<input type="text"/>		
ID / Passport Expiry Date	<input type="text"/>	Nationality	<input type="text"/>		
Occupation	<input type="text"/>				Landline Telephone Number
Mobile Contact Number	<input type="text"/>	Mailing Address	<input type="text"/>		
Physical Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country Code	<input type="text"/>

3

First Name	<input type="text"/>	Last Name	<input type="text"/>	Title	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Place of Birth	<input type="text"/>	Birth Date
Identity Document No.	<input type="text"/>	ID Issue Country	<input type="text"/>		
Passport Number	<input type="text"/>	Passport Issue Country	<input type="text"/>		
ID / Passport Expiry Date	<input type="text"/>	Nationality	<input type="text"/>		
Occupation	<input type="text"/>				Landline Telephone Number
Mobile Contact Number	<input type="text"/>	Mailing Address	<input type="text"/>		
Physical Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country Code	<input type="text"/>

4

First Name	<input type="text"/>	Last Name	<input type="text"/>	Title	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Place of Birth	<input type="text"/>	Birth Date
Identity Document No.	<input type="text"/>	ID Issue Country	<input type="text"/>		
Passport Number	<input type="text"/>	Passport Issue Country	<input type="text"/>		
ID / Passport Expiry Date	<input type="text"/>	Nationality	<input type="text"/>		
Occupation	<input type="text"/>				Landline Telephone Number
Mobile Contact Number	<input type="text"/>	Mailing Address	<input type="text"/>		
Physical Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country Code	<input type="text"/>

OWNERSHIP (Ultimate Beneficial Owners i.e >10% Shareholding, Beneficiaries of societies/Associations, Founder & Beneficiaries of a Trust)

Name	Identity / Passport Number	Share %
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Other(specify)	
First Name(s)	<input type="text"/>				Surname	<input type="text"/>		
ID / Passport No	<input type="text"/>				Residence Address	Plot No.	Street / Ward Name	City/Town/ Village
Country of Birth	<input type="text"/>				Country of Residence	<input type="text"/>		
Work No	<input type="text"/>				Nationality	<input type="text"/>		
Mobile No	<input type="text"/>				E-mail	<input type="text"/>		

2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Other(specify)	
First Name(s)	<input type="text"/>				Surname	<input type="text"/>		
ID / Passport No	<input type="text"/>				Residence Address	Plot No.	Street / Ward Name	City/Town/ Village
Country	<input type="text"/>				Residence	<input type="text"/>		
Work No	<input type="text"/>				Nationality	<input type="text"/>		
Mobile No	<input type="text"/>				E-mail	<input type="text"/>		

3

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Other(specify)	
First Name(s)	<input type="text"/>				Surname	<input type="text"/>		
ID / Passport No	<input type="text"/>				Residence Address	Plot No.	Street / Ward Name	City/Town/ Village
Country of Birth	<input type="text"/>				Country of Residence	<input type="text"/>		
Work No	<input type="text"/>				Nationality	<input type="text"/>		
Mobile No	<input type="text"/>				E-mail	<input type="text"/>		
Other Email	<input type="text"/>				@			

RELATED COMPANIES/ ENTITIES

Name	Co Reg No	Share %
<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"/>

SIGNATORIES DETAILS

1

First Name	<input type="text"/>	Last Name	<input type="text"/>	Title	<input type="text"/>	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Place of Birth	<input type="text"/>	Birth Date	<input type="text"/>
Identity Document No.	<input type="text"/>			ID Issue Country	<input type="text"/>	
Passport Number	<input type="text"/>			Passport Issue Country	<input type="text"/>	
ID / Passport Expiry Date	<input type="text"/>			Nationality	<input type="text"/>	
Occupation	<input type="text"/>			Landline Telephone Number	<input type="text"/>	

Mobile Contact Number	<input type="text"/>	Mailing Address	<input type="text"/>
Physical Address	<input type="text"/>	Country Code	<input type="text"/>

2

First Name	<input type="text"/>	Last Name	<input type="text"/>	Title	<input type="text"/>	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Place of Birth	<input type="text"/>	Birth Date	<input type="text"/>
Identity Document No.	<input type="text"/>	ID Issue Country	<input type="text"/>			
Passport Number	<input type="text"/>	Passport Issue Country	<input type="text"/>			
ID / Passport Expiry Date	<input type="text"/>	Nationality	<input type="text"/>			
Occupation	<input type="text"/>		Landline Telephone Number	<input type="text"/>		
Mobile Contact Number	<input type="text"/>	Mailing Address	Postal Code <input type="text"/>	City/Town/ Village <input type="text"/>		
Plot No. <input type="text"/>	Street / Ward Name <input type="text"/>	City/Town/ Village <input type="text"/>	Country Code	<input type="text"/>		
Country Code	<input type="text"/>					

3

First Name	<input type="text"/>	Last Name	<input type="text"/>	Title	<input type="text"/>	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Place of Birth	<input type="text"/>	Birth Date	<input type="text"/>
Identity Document No.	<input type="text"/>	ID Issue Country	<input type="text"/>			
Passport Number	<input type="text"/>	Passport Issue Country	<input type="text"/>			
ID / Passport Expiry Date	<input type="text"/>	Nationality	<input type="text"/>			
Occupation	<input type="text"/>		Landline Telephone Number	<input type="text"/>		
Mobile Contact Number	<input type="text"/>	Mailing Address	Postal Code <input type="text"/>	City/Town/ Village <input type="text"/>		
Physical Address	Plot No. <input type="text"/>	Street / Ward Name <input type="text"/>	City/Town/ Village <input type="text"/>	Country Code	<input type="text"/>	

4

First Name	<input type="text"/>	Last Name	<input type="text"/>	Title	<input type="text"/>	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Place of Birth	<input type="text"/>	Birth Date	<input type="text"/>
Identity Document No.	<input type="text"/>	ID Issue Country	<input type="text"/>			
Passport Number	<input type="text"/>	Passport Issue Country	<input type="text"/>			
ID / Passport Expiry Date	<input type="text"/>	Nationality	<input type="text"/>			
Occupation	<input type="text"/>		Landline Telephone Number	<input type="text"/>		
Mobile Contact Number	<input type="text"/>	Mailing Address	Postal Code <input type="text"/>	City/Town/ Village <input type="text"/>		
Physical Address	Plot No. <input type="text"/>	Street / Ward Name <input type="text"/>	City/Town/ Village <input type="text"/>	Country Code	<input type="text"/>	

POWER OF ATTORNEY GRANTED

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
Full Names	<input type="text"/>						
ID/Passport No	<input type="text"/>	Designation	<input type="text"/>				
Physical Address	<input type="text"/>	Mailing Address	<input type="text"/>				
	<input type="text"/>	Work No.	<input type="text"/>				

Fax No

E-mail Address

Mobile No.

Other E-mail Address

ACCOUNT APPLICATION

PRODUCT TYPE

Current Account

Call Account BWP ZAR USD GBP EUR

Prepaid Card BWP ZAR USD GBP EUR

Term Deposit Account BWP ZAR USD GBP EUR

Other (Specify)

SMS NOTIFICATIONS (FOR SME ONLY)

SMS Notifications Yes No

Account Number

Account Number

Account Number

In order for BancABC to communicate transaction alerts notifications, Please provide a valid mobile phone number below

Country Code

Area Code

Mobile Number

STATEMENT DISPOSAL & CHEQUE BOOK AND DEBIT CARD ORDERING

I would like my statement E-mailed Collected

Email Address

Statement frequency Daily Weekly Monthly Quarterly

I would like a cheque book Yes No I would like a debit card Yes No

FATCA QUESTIONNAIRE

a) Is the entity incorporated/Registered in the US? Yes No

b) Are any of the Shareholders/Signatories or Directors US persons/Resident/Permanent Resident? Yes No

c) Are any of the shareholders/Signatories or directors using US residential/Mailing address? Yes No

d) Is the Client or shareholders/signatories or directors using US telephone number? Yes No

e) Will the client be receiving any income from the US? Yes No

f) Is the client a tax exempt non-US person non-individual entity Yes No

g) Is the Client ,an entity, an intermediary, a foreign partnership, a foreign simple trust, or a foreign grantor trust claims to be a Non- US person? Yes No

DECLARATION AND ACCEPTANCE

I/We understand that Access Bank shall use the information provided above solely for evaluation purposes and that it is correct. We shall be ready to provide any additional information if and when required.

- 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/us as a result of inaccurate or incomplete information contained herein;
- c) agree to the terms and conditions 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 Practise;
- e) understand that in the event of any information providing 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) authorise Access Bank to share my information with Regulatory authorities (Local & International such as IRS) for purposes of meeting the bank regulatory obligations.

Director/Secretary/
Authorised Official

Date

Signature

Place

Full Name

Director/Secretary/
Authorised Official
Signature

Date

Place

Full Name

FOR OFFICIAL USE ONLY

Business

MIS Code

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Customer Category/
Segment

Verified copies of documents against originals

Yes

No

Relationship Manager

KYC STATUS

Sanctioned

PEP

Adverse Media

FCB

None

Customer Risk Rating

Low

Medium

High

Comments

All documents received and
checked by

Full Name

Date

Signature

Authorised by Bank
employee/Agent

Full Name

Reference Number
(if applicable)

Date

Signature

All data captured and scanned
in CRM system by

Full Name

Date

Signature

Account Opening

File checked and data
captured by

Full Name

CIF Number

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Date Account Opened

File details checked against
system details by

Full Name

Date

Signature

Signature