



# LCB

## ACCOUNT OPENING APPLICATION FORM

Personal Accounts

Fixed Deposit Account

Micro Banking Account

(FOR OFFICIAL ONLY)

CUSTOMER ID (Generated by the system):..... ACCOUNT NUMBER.....

### APPLICANT'S DETAILS

#### 1. DETAILS OF APPLICANT Title: MR/MRS/MISS/DR/PROF/ENG/RANK (Tick appropriately)

Surname:	Other Names:	MALE:	FEMALE:
Date of Birth:	Marital Status:	Nature of Business:	
Profession/Status	Nationality:	Country of Residence:	

#### 2. CONTACT ADDRESS

Postal Address:	Boma:	Payam:	County:	Town:
Telephone:	Cell Phone No.:		Email:	

#### 3. PHYSICAL ADDRESS

Location:	Boma:	Payam:	County:	State:
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#### 4. IDENTIFICATION ID/Passport/Alien ID/ Military ID/Diplomatic Passport/Laissez Passer (Tick Appropriate)

Number:	Issuing authority	Place of issue
Date of issue	Expiring date (where applicable):	

#### 5. EMPLOYMENT (Tick Appropriately) Salaries/Self-employed/Retired/Student/Other (Specify).....

Name of employer:	Date employed:	Department:
Station:	Designation:	Personal / Staff No:
Building Name:	Place of work:	Street:
Office Tel No.:	Office Address:	Postal Code:
E-mail:	Email:	Website
Town:	Country:	
Terms of Employment (Permanent / Contract) Work Permit Issue date		Expiry of contract:/Work permit.

#### 6. ACCOUNT DETAILS

I/We hereby apply for an account as follows:-

Currency:  SSP  USD  GBP  EURO  KSHS  UGSH  OTHERS.....

Type:

Individual

Join (Tick Appropriately)

PRODUCT

Current Account

Saving Account

LCB Student

Nestling Junior

Others specify

Fixed Deposit

(i) Amount.....

(ii) Term Period.....

(iii) Investment Rate.....

(iv) Maturity Instructions.....

#### 7. ADDITIONAL DETAILS FOR STUDENTS/MILITARY OFFICES

College / University/Base	(For students) End / Graduation Date:
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#### 8. ADDITIONAL DETAILS FOR MINOR (Up to 18 Years Only)

Surname:	Other Names:	Male/Female
Date of Birth:	Birth certificate/Notification No.:	Relation with Applicant:

#### 9. POWER OF ATTORNEY/MANDATE

Surname:	Other Names:		
Identification Type: ID/Passport(Tick Appropriately)	Identification No.:		
Issuing Authority:	Place of Issue	Date of Issue:	
Conditions:			

Power of attorney/  
Mandate signature:

**10. ACCOUNT OPERATING ACCESSORIES.**

ATM Cards (Application to joint Accounts ONLY if ANY TO SIGN)

Issue ATM Card:  Yes  No

Cheque Book Size: (Where Applicable) 50 Leaves (small) 100 Leaves (Large)

Statement Cycle:  Daily  Weekly  Monthly  Quarterly  Semi Annually  Annually

LC SMS:  Yes  No

INTERNET BANKING  Yes  No

Services available: Balance inquiry, Airtime purchase, sending/withdraw money, transfer funds, pay bill (Utility) etc.

Automatic sending of ALERTS (*Tick Appropriately*)

Salary Alerts  All Credit Alerts  Debit Alerts  Specify Amount.....

**11. DECLARATION**

I/we confirm that the information given above is true to the best of my knowledge.

By signing on this form I/WE request you to open an account in my/our name(s). I/We agree that I/We have read, understood and accepted the terms and condition of this account, supplied separately, and agree to be bound by them. I/We hereby authorize the bank to disclose any information relating to my/our account(s) to any regulatory authority. Any other institution or third party as it deems necessary

MODE OF SIGNING: (If Joint): Any/Both/All to sign/Other Specify.....

	1	2	3
APPLICANT'S SIGNATURE THUMB PRINT			

Signed in the presence of (Bank Official's Name):.....

Signature:..... Date:.....

.....

**OFFICIAL USE ONLY**

Name of Sales Staff:			
Staff Number:	Branch Name:		
Immediate Sales Supervisor:			
Sector:	Target	Customer Type:	Risk Class:

**CUSTOMER INFORMATION CHECKLIST**

- |  |  |
|--|--|
| <input type="checkbox"/> Valid identification documents obtained & authenticated | <input type="checkbox"/> Customer contact information obtained                           |
| <input type="checkbox"/> Photographs obtained/ captured and authenticated        | <input type="checkbox"/> Operating accessories required indicated                        |
| <input type="checkbox"/> KYC Checked   | <input type="checkbox"/> Power of attorney/Mandate Signature obtained (Where applicable) |

Authorising Officials Name..... Signature number.....

Signature & Brach Stamp.....