



ACCOUNT OPENING FORM - CORPORATE

For Official Use Only:

CIF Number:		Account Number:	
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Please complete in **BLOCK LETTERS** and tick appropriate box.

I/We request you to open the following account(s) as per the following details:

Branch:		Date:	
Account Title:			

Account Type	
Current	Prime Current <input type="checkbox"/>
	Prime Baraka <input type="checkbox"/>
	Prime Business Advantage <input type="checkbox"/>
	Prime Enterprise Business <input type="checkbox"/>

Current (FCY)	Prime Business <input type="checkbox"/>
Currency:	<input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EURO <input type="checkbox"/> Others

Other Account Type	
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Other Bank Details:

Bank Name:	Account Number:	Branch

Correspondence and Statements to be:

Sent by E-Mail Sent by Post Collected by Signatory

Frequency for E-mail Statements:

Daily Weekly Monthly Quarterly

Apply for Prime Alerts:

E-Mail Alerts SMS Alerts Both

***SMS Alerts will be sent only to Mobile Numbers in Kenya.*

Account Facilities:

Prime Mobi (Sole Proprietor) <input type="checkbox"/>	Cash to Bank(Mpesa) <input type="checkbox"/>	ALIAS Code
Prime Net <input type="checkbox"/>	Others (Please Specify)	
Credit Card <input type="checkbox"/>	Cheque Book (Leaves) <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100	
Debit Card (Sole Proprietor) <input type="checkbox"/>		

APPLICATION FOR ONLINE BANKING SERVICES (PRIME NET)

(Please note a corresponding board resolution for the application for Prime Net is required)

A) Accounts we wish to access on-line for viewing details /inputting transactions : Primary CIF _____

Account Type:	Currency:	Account No.:	Account Name:



B) Funds Transfer Limits

Name:	PP/ID No.:	Accounts for which Internet Banking is required:	Services Required:	Currency:	Funds Transfer Limits		
					Max Amt. per transaction:	Max no. of transactions per day:	Max Amt. per day

C) Contact Details (Person Who May Be Contacted To Confirm Transactions/ Account Details):

Name of User:	
Telephone/Mobile Number	
Email Address	

Mode of Operation

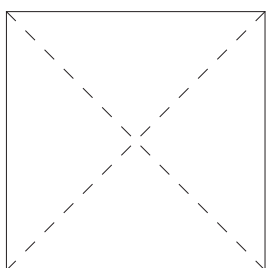
Solely
 All Jointly
 Anyone
 Other (Specify) _____

I/We _____ confirm that the mode of the operation of the account shall be _____

Authorized Signatory 1

(Please sign only within the boundary of this box)

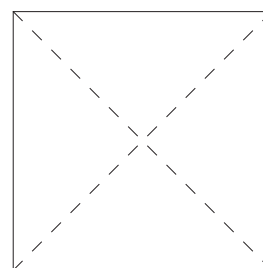
Attach coloured passport size photograph



Authorized Signatory 2

(Please sign only within the boundary of this box)

Attach coloured passport size photograph



Name:	
ID / PP Number:	
Mode of Operation:	
Mobile Number:	

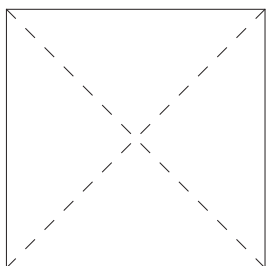
Name:	
ID / PP Number:	
Mode of Operation:	
Mobile Number:	

Authorized Signatory 3

(Please sign only within the boundary of this box)

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Attach coloured passport size photograph

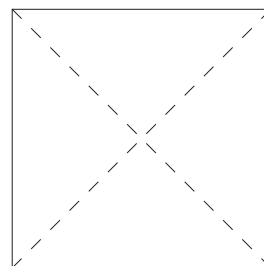


Authorized Signatory 4

(Please sign only within the boundary of this box)

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Attach coloured passport size photograph



Name:	
ID / PP Number:	
Mode of Operation:	
Mobile Number:	

Name:	
ID / PP Number:	
Mode of Operation:	
Mobile Number:	

Customer Classification:

a) Sector/Type of Business:	
b) Expected Annual Turnover:	
c) Expected No. of Monthly Transactions:	
d) Expected value of monthly cash transactions	
e) Expected No. of Cash Transactions:	
f) Expected value of total monthly transactions	
g) Expected Average Account Balance:	

Declaration

I/We confirm that the information I/We have provided herein and the disclosures made are factual and true. I/We confirm that I/We have successfully accessed, read and understood the General Terms and Conditions governing the Bank-Customer relationship in regard to the operations of a Bank account (T&Cs), the use of the Mobile and Internet Banking facilities as well as the use of the Debit / Credit Cards (wherever applicable), as accessible through the following link - www.primebank.co.ke/tcs/

I/We accept to be bound by and also acknowledge that the Terms and Conditions contained therein shall constitute part of my/our obligations herein.

Authorized Signatory 1

Name:	
Signature	

Authorized Signatory 2

Name:	
Signature	

Authorized Signatory 3

Name:	
Signature	

Authorized Signatory 4

Name:	
Signature	



Prime Bank

P U T T I N G Y O U F I R S T

FOR BANK USE ONLY

Customer Profile:		Customer Classification:	
Customer/Account Name:		Parameters	Rating (1/3/5)
Telephone/Contact:		Based on sector/type of business	
Account Number:		Based on No. of monthly transactions	
Constitution:		Based on expected monthly cash value	
Profession/Nature of Business:		Based on monthly No. of cash transactions	
Account Segment:		Based on account balance	
Economic Sector:		Based on annual turnover	
Sub-Segment:		OVERALL CUSTOMER RATING	

CHECKLIST

Sales Code:	
Account entered in System by:	
Account verified in System by:	
Signatures of Authorised Signatories admitted by:	
Signatures Scanned by:	
Signatures Verified by:	
Introducer Signature Verified by:	
Customer Risk Rating input by:	
Letter of Thanks sent on:	

BRANCH MANAGER

Sign _____

Date_____