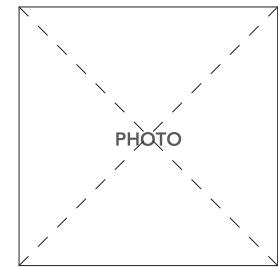




CUSTOMER INFORMATION FORM - INDIVIDUAL

For Official Use Only:

| | |
|-------------------------|--|
| CIF Number: | |
| RM Code: | |
| Employee ID: | |
| CIF Entered on DMS by: | |
| CIF Verified on DMS by: | |



Customer Segmentation:

Classic Affluent Premium

Please complete in BLOCK LETTERS and tick appropriate box.

| | | | |
|--|------------|-------------|-----------|
| Branch: | | Date | |
| Personal Information (First Applicant) | | | |
| Mr/Mrs/Ms/Dr./Master/Miss | First Name | Middle Name | Last Name |
| | | | |

| | | | | | | |
|------------------------|---|-------------------------------------|-----------------------------------|--|----------------|--|
| Identification Type: | Kenyan ID Card <input type="checkbox"/> | Alien Card <input type="checkbox"/> | Passport <input type="checkbox"/> | Birth Certificate <input type="checkbox"/> | Date of Birth: | |
| Identification Number: | Passport/Alien Card Expiry date: | | | | | |
| KRA PIN: | | | | | | |

| | | | | |
|----------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Nationality: | | Resident: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Country of Residence | | City: | | |
| Nearest Landmark: | | Town: | | |
| Gender: | M <input type="checkbox"/> | F <input type="checkbox"/> | | |
| Mailing Address: | Physical Address: | | | |
| Marital Status: | | | | |

Primary Contact:

| | | | |
|-------------------|--|---------------------|--|
| Mobile Number: | | Email ID: | |
| Alternate Number: | | Alternate Email ID: | |

Employment Status:

Employed Self Employed Unemployed Student

| | | | |
|--|------------------------------------|--|---|
| Profession: | | Employers Name: | |
| Employers/Business Details/Nature of Business: | | Position Held: | |
| Monthly Income / Allowance (KSHS): | 0-100,000 <input type="checkbox"/> | 100,001-500,000 <input type="checkbox"/> | 500,001-1,000,000 <input type="checkbox"/> Above 1,000,000 <input type="checkbox"/> |

Parent/Guardian Details- in case of Minor

| | | | |
|---------------|------------|-------------|-----------|
| Mr/Mrs/Ms/Dr. | First Name | Middle Name | Last Name |
| | | | |



| | | | | | | |
|----------------------------------|---|-------------------------------------|-----------------------------------|--|----------------------------|----------------------------|
| Identification Type: | Kenyan ID Card <input type="checkbox"/> | Alien Card <input type="checkbox"/> | Passport <input type="checkbox"/> | Birth Certificate <input type="checkbox"/> | Date of Birth: | |
| Identification Number: | | Nationality: | | Resident: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Relationship to above applicant: | | | | | | |

| | | |
|--|------------------------------|-----------------------------|
| Politically Exposed Person (PEP): is/are any of the applicant/s entrusted with a prominent public office locally or in a foreign country, including any member of your immediate family or close associated? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

| FATCA DECLARATION | | | | | |
|--|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Is the applicant born in the US? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Does the applicant have income from the US? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Is the applicant a US resident? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Does the applicant have a US registered business? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Is the applicant an American Citizen? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Does any applicant have a US telephone number? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Does the applicant hold a US Passport? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Does the applicant have a US postal address? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Is the applicant a US Green Card Holder? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Has the applicant completed W9 form if Yes in any of the above? | Y <input type="checkbox"/> | N <input type="checkbox"/> |

Introduction:

I _____ Introduce and recommend the above applicant to Prime Bank Limited for opening and operating account(s) with you.

I have known _____ for _____ years and the physical location and address indicated in this application is correct

Branch:

Account Number:

Signature:

Declaration of Source of Funds:

I have opened the above account at your branch on _____ I understand that I have to declare the source of funds which may be credited to/deposited in the above account from time to time.

I hereby undertake and certify that the incoming and outgoing funds transacted through this account will be out of: *(Please tick)*

Income from:

Business Salary Dividend Interest

Others (specify): _____

In the instance the case is different than what is stated above, I undertake to declare the same to the bank.

Signature of Applicant:
