



Additional Products / Maintenance Form For Personal Accounts

Account Title: _____

A. APPLICATION TO OPEN AN ADDITIONAL ACCOUNT

Please tick as appropriate

Indicate type of account required

Account Type Currency Savings Call deposit Fixed deposit

Currency KSHS USD GBP EURO Other (Specify) _____

For Foreign Currency Accounts, please state the source of the Foreign Currency _____

Account Category Individual Joint

Operating Mandate Sole Either/Or All to sign Other (Specify) _____

I/We request you to open an additional account as specified above. I/We agree to provide any documents requested by you according to the type of account requested and abide by the current conditions of conduct of such an account.

Please select your desired preference

Cheque Book 1 Book 2 Books To be collected from _____ Branch

Debit Card Yes No

Credit Card Yes No

Statement Cycle Monthly Quartely No Statement

Statement Delivery Mailing Address Email Fax

Internet Banking Yes No

Mobile Banking Yes No

B. CHANGE OF ACCOUNT TITLE / MANDATE / SIGNATORIES

i. Change of Account Title

I/We request you to change my / our account title to read as follows and agree to provide any documents requested by you to effect the above changes

Account No.

--	--	--	--	--	--	--	--	--	--	--

Account Title _____

ii. Change of Operating Mandate

I/We request you to ammend my / our operating mandate as specified below:

Sole Either/Or All to sign Other (Specify) _____

(For additional signatories, please fill out the Additional Signatory Form)

C. UPDATE OF CUSTOMER RECORDS

I/We request you to update my / our records to read as follows:

Contact Details

Postal Address _____ Postal Code _____

Town/ City _____ Country _____

Physical Address _____

Tel Off _____ Fax _____ Tel Home _____

Mobile No. (1) _____ Mobile No. (2) _____

Email (Preferred) _____ Email (Other) _____

Cheque Book 1 Book 2 Books To be collected from _____ Branch

Statement Cycle Monthly Quarterly No Statement Other (Specify) _____

Statement Delivery Mailing Address Email

(Please note that only the changes indicated will be amended)

D. COMPULSORY FOR ALL SECTIONS

I/We have read the conditions necessary to open and run an account with Commercial Bank of Africa Limited (CBA) and I/we accept that the operations of the account will be subject to the General Terms and Conditions signed by me/us.

Dated _____ Day of _____ 20 _____

Customer Name _____ Signature _____

Customer Name _____ Signature _____

FOR BANK USE ONLY

Customer Number _____ A/C Number _____ A/C Officer _____

A/C opened by _____ Date _____ Signature _____

Authorized by _____ Date _____ Signature _____

AIDE MEMOIRE CHECKLIST

	YES	NO
Mandates of operating additional accounts obtained	<input type="checkbox"/>	<input type="checkbox"/>
Valid identification received and authenticated	<input type="checkbox"/>	<input type="checkbox"/>
Photograph scanned	<input type="checkbox"/>	<input type="checkbox"/>
Signature scanned	<input type="checkbox"/>	<input type="checkbox"/>

Initial Deposit

Cash Amount _____

In-house Cheque Amount _____

Local Cheque Amount _____ Bank _____ A/C No. _____

Internal Transfer Amount _____