



### 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.    

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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 \_\_\_\_\_