



**Additional Signatories For Corporate Accounts**

Please complete all details in CAPITAL letters.

**Business Details**

Company Type:  Partnership  Private Limited  Public Limited  Society  Trust

Account Title \_\_\_\_\_

Account Number(s)

**Signatory Details**

Title:  Mr.  Mrs.  Ms.  Dr.  Prof.  Hon.  Other \_\_\_\_\_

First (Name) \_\_\_\_\_ Middle (Name) \_\_\_\_\_ Last (Name) \_\_\_\_\_

Primary Identification Doc: \_\_\_\_\_ Doc. no. \_\_\_\_\_

Secondary Identification Doc: \_\_\_\_\_ Doc. no. \_\_\_\_\_

PIN No. \_\_\_\_\_ Nationality \_\_\_\_\_

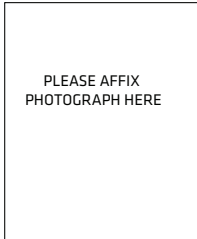
Postal Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Town/ City \_\_\_\_\_ Country \_\_\_\_\_

Tel Off. \_\_\_\_\_ Fax \_\_\_\_\_ Tel Home \_\_\_\_\_

Mobile No. (1) \_\_\_\_\_ Mobile No. (2) \_\_\_\_\_

Email (Preferred) \_\_\_\_\_ Email (Other) \_\_\_\_\_



Name \_\_\_\_\_

Specimen Signature: \_\_\_\_\_

ID.Doc No. \_\_\_\_\_

Mobile No: \_\_\_\_\_

I / We have read the conditions necessary to run and open an account with Commercial Bank of Africa Limited (CBA) and I/ we oblige to comply. I / We agree that this account shall be solely at the discretion of CBA and hereby agree to indemnify CBA at my / our cost against any loss or claims arising out of the account being closed by CBA without notice due to unsatisfactory performance.

I/We confirm that the information given on this form is true and accept that the operations of the account will be subject to the General Terms and Conditions.

Dated This: \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_ (Company Seal)

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_