

CUSTOMER INFORMATION UPDATE FORM

1.ACCOUNT DETAILS	
Account Type: Account Number	
Account Name:	
2. CUSTOMER DETAILS	
Surname: Other Names:	Gender: Male Female
Date Of Birth: D D M M Y Y Y Ist Nationality: 2^{nd} Nationality:	ationality:
National ID/Passport No: Expiry Date:	
Country of Residence PIN/Tax number:	
Mobile Telephone No. Email:	
Residential Address (Physical): Office Address (Physical):	
Postal Address: Postal Code: Town: Co	ountry:
Occupation: Designation/Job Title:	
Name of Employer/Line of Business (please provide details):	
Net income P.M.(KES equivalent) Expected Turnover <0.5 M	1M to 5M Over 5M
Source of Funds: Salary Business Investments Others (specify)	
The address given above shall be used to communicate confidential information	
Next of Kin: Name Relationship	Telephone
FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)/ COMMON REPORTING STANDAR	KDS (CRS)
1. Are you a foreign resident? Yes No If yes, which country?	
2. Are you a foreign citizen? Yes No If yes, which country?	
	Yes / No
3. Have you granted Power of Attorney or Stakeholder authority to a person with a U.S. address?	
4. Do you have a U.S. residential address?	
5. Do you have a standing order, c/o or hold mail address in US?	
6. Do you have a standing order to a U.S. Bank Account?	
7. Do you have a US Telephone Number?	
If your answer to question 1 or 2 is US or you have answered YES to questions 3-7 please fill in the releva	Int forms available on www.irs.gov

POLITICALY EXPOSED PERSONS DECLARATION

Does any Director, Stakeholder, Shareholder, Signatory or their close relatives/associates hold a senior position within a government(Kenya/Foreign) or a government institution (parastatal or entity)?

If yes above, please advise on the following:

Name of Stakeholder that holds a senior position: ____

Position held: _

(Use extra sheet in case the above provision is not enough)

Nature of relationship:

(Use extra sheet in case the above provision is not enough)

CUSTOMER / ACCOUNT INFORMATION UPDATE

Please provide below updated information (Enclose & tick appropriately)

Valid identification card (Citizens)
Valid passport (non-citizens)
Valid business/work permit
Valid practicing licence(where applicable)

Updated passport size photo

CUSTOMER ACCEPTANCE

I/We confirm that the information set out above in this form is complete and accurate to the best of my/our knowledge and belief;

1st Signatory Name:	Signature	I.D. No
2nd Signatory Name:	Signature	I.D. No
3rd Signatory Name:	Signature	I.D. No
4th Signatory Name:	Signature	I.D. No

FOR BANK OFFICIAL USE ONLY

NOTES

RECEIVED BY

Name:	
Signature:	
Date:	

REVIEWED BY

Name:
Signature:
Date: