

PERSONAL ACCOUNT OPENING FORM



FOR OFFICIAL USE

Date

Branch:

CIF ID:

Account No.

I / We wish to open an account at Equity Bank Rwanda PLC and undertake to comply, observe and be bound by the general terms and conditions in force from time to time governing the operation of accounts with the bank.

Tick in the appropriate box

Type of Account: Current Equity Saving Account Other

Currency: FRW Foreign Currency (Specify)

PERSONAL ACCOUNT DETAILS

Salutation: Mr Mrs Miss Ms

Surname First Name Middle Name

Office Phone No. Mobile Phone No.

Email Address

Date of Birth Gender: Male Female

Marital Status: Single Married Divorced Widow(er)

If Married, Spouse Name

National ID Type: ID Passport Driving License

ID/PP No. Nationality

Number of Dependant(s) Customer TIN No.

Related Party to the Bank? Yes No If yes, Shareholder Director Management Staff

Place of Birth

Country Province District Sector

Cell Village Street No.

Parmanent Address

Country Province District Sector

Cell Village Street No.

Level of Education

None Primary Secondary Bachelors Masters PHD Professor

PERSONAL ACCOUNT OPENING FORM



Occupation Details

Profession _____ Employer Name _____

Employee ID _____ Income Range _____ Income Frequency _____

Economic Sector Code

Business Activity Name _____ Economic Sub Sector Code _____

Economic Sub Sector Code Isic _____ Institution Sector Name _____

Public Sector Code _____ Business Segment _____

Employer / Business

Country _____ Province _____ District _____ Sector _____

Cell _____ Village _____ Street No. _____

Next of Kin Details

Names _____ ID/PP/DL No. _____

Email Address _____ Mobile No. _____

Cheque Book

Need for cheque Book Yes No Number of leaves 25 50 100

Channel Application

Equity Mobile App Equity Online Equity Debit Card

Account Owner Signature

Names (Block Letters) _____ ID / PP / DL No _____ Signature _____

FOR BANK OFFICIAL ONLY

Data collected / Input By _____ Signature _____ Date _____

Verified / Approved By _____ Signature _____ Date _____

Declaration by Branch / Operations

I confirm that the account opening form is well completed with all required information on as per KYC and regulatory requirement and all relevant documents are attached to this form.

Branch / Operation Manager _____ Signature _____ Date _____