



PERSONAL / JOINT NON RESIDENT ACCOUNT OPENING FORM

FOR OFFICIAL USE ONLY

Branch _____

Customer ID No. (Cumm.) _____

Date

Account No _____

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

TYPE OF ACCOUNT

Current

Savings

Other (Specify) _____

PERSONAL ACCOUNT HOLDER

Account Name _____

1ST APPLICANT

Full Names (Mr./Mrs./Ms./Miss./Dr./Prof.) _____

Nationality: _____ Date of Birth: _____ ID/ Passport No: _____

Mailing Address: _____ Street: _____ City: _____

Code: _____ State: _____ Country: _____

Tel. Office: _____ Mobile No: _____

Fax: _____ Email _____

Currency: Tzs. Foreign Currency (Specify) _____

Occupation: _____

Employer: _____

Employer's Postal Address: _____

Next of kin: _____

ID/ Passport No: _____

Next of kin Address: _____

Tel: _____

JOINT ACCOUNT HOLDERS (WHERE APPLICABLE)

2ND APPLICANT

Full Names (Mr./Mrs./Ms./Miss./Dr./Prof. _____)

Nationality: _____ Date of Birth: _____ ID/ Passport No: _____

Mailing Address: _____ Street: _____ City: _____

Code: _____ State: _____ Country: _____

Tel. Office _____ Mobile No. _____

Fax _____ Email _____

Employment/Occupation Details _____ Personal File No. / Growers No. _____

Employer's Postal Address _____ Tel: _____

3RD APPLICANT

Full Names (Mr./Mrs./Ms./Miss./Dr./Prof. _____)

Nationality: _____ Date of Birth: _____ ID/ Passport No: _____

Mailing Address: _____ Street: _____ City: _____

Code: _____ State: _____ Country: _____

Tel. Office: _____ Mobile No: _____

Fax _____ Email _____

Employment/Occupation Details _____ Personal File No. / Growers No: _____

Employer's Postal Address _____ Tel: _____

Do you have any other Account(s) with Equity Bank or any other Bank? Yes No If yes, please give details:

Account Number	Bank	Branch
1.		
2.		

Do you want to be issued with a cheque book? Yes No If yes, indicate:

Number of leaves: 25 50 100 Size: Corporate Personal Voucher

Allow Sweep: Yes No

Why did you choose Equity Bank?

Signature authority or the Account Mandate: (Tick as appropriate).

Singly Either to sign All of us jointly Any two to sign

Other (Specify) _____

SMS BANKING SERVICE

Please provide me with this service as per details provided below:-

Mobile No _____ Home Tel. No. _____ Account Alias Name 4 letter code

Mobile registered in the name of _____ **SMS**

ALERTS

Include the following SMS Alert Services. (Tick required services below) Please note each SMS alert is charged as per prevailing bank tariffs.

- When cheque is cleared
- On overdrawing of account
- On loan repayment date
- On large debit Tzs
- On large Credit Tzs
- On salary credit
- Account balance time daily weekly ATM withdrawal

I need this service for the following Accounts

1.
2.
3.

Specify the Account that you will most frequently use with this service. (Tick as appropriate) 1 2 3

I hereby admit my acceptance to the terms and conditions of SMS banking overleaf and confirm that:

1. The information given is correct
2. Any use / uses of my account alias name and pin code will be considered as used by me and I will be responsible for all the alerts and transactions made
3. I will change my Pin Code for security purpose when I receive it and it is my personal responsibility. The Bank will not be held responsible for any use or misuse. Also I do agree with all the terms and conditions fixed by the bank governing the accounts and the services provided by the Bank.

Name: _____ Signature: _____ Date: _____

ATM SERVICES

* Do you have an Atm card? Yes No

If yes please indicate the card No.

Would you like to link this account to above indicated card? Yes No

* If you do not have an ATM Card, would you like to be issued with an ATM card? Yes No

I hereby confirm that the information given above is correct and I admit my acceptance to the ATM terms and conditions governing ATM

Name: _____ Signature: _____ Date: _____

CURRENT BANKERS AUTHENTICATION

Name of the Bank: _____

Bank Address: _____

Bank Tel No: _____

Banks Official: _____

Stamp & Signature: _____

I confirm that I have checked that all the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I confirm acceptance of this customer relationship with Equity Bank Limited.

Branch Manager.....
WRITE NAME.....Signature..... Date