

Bank of India (Uganda) Ltd

Application for opening an account

BOI



Date: ____/____/____

Customer ID No.

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Account No. (UGX):

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Account No. (USD):

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I / We hereby request Bank of India (Uganda) Limited to open following accounts with the following details.

Type of A/c's (Tick whichever is appropriate);

Saving A/c	Current A/c	Fixed Deposit A/c	Recurring Deposit A/c
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Currency Type (Tick whichever is appropriate);

Ugandan Shillings		USD		GBP		EUR		Other (specify)
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For this purpose I / We supply the following information:

Name of the Account: Mr /Mrs /Ms /Dr /M/s; _____

CONSTITUTION			
INDIVIDUAL	SINGLE <input type="checkbox"/>	JOINT <input type="checkbox"/>	
COMPANY	PUBLIC (LISTED/UNLISTED) <input type="checkbox"/>	PRIVATE (LISTED/UNLISTED) <input type="checkbox"/>	
FIRM	SOLE PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	TRUST/SOCIETY <input type="checkbox"/>

PERSONAL DETAILS			
No	First Name	Middle Name	Last Name
1			
2			
3			
4			

① Date of Birth: _____
 ② Date of Birth: _____
 ③ Date of Birth: _____
 ④ Date of Birth: _____

Marital Status: Single
 Married
 Other (Specify) _____

① Nationality: _____
 ② Nationality: _____
 ③ Nationality: _____
 ④ Nationality: _____

WORK DETAILS/OCCUPATION

OCCUPATION/NATURE OF BUSINESS:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

CONTACT DETAILS/ADDRESS

NO	CORRESPONDENCE ADDRESS	PERMANT ADDRESS	OFFICE ADDRESS
1			
2			
3			
4			

TELEPHONE NUMBERS/EMAIL ADDRESS

NO	MOBILE	RESIDENTIAL	OFFICE/FAX	EMAIL
1				
2				
3				
4				

IDENTIFICATION PARTICULARS

NO	PASSPORT NO.	DRIVING PERMIT NO.	VOTER'S CARD NO.	NSSF NO.
1				
2				
3				
4				

ISSUED BY: _____ ISSUE DATE: ___/___/___ EXPIRY DATE: ___/___/___

TIN NUMBER/ REGISTRATION NO:

Do you have any other Bank Account(s) with Bank of India (U) Limited? Yes No

NO	ACCOUNT NUMBER	BRANCH	DETAILS OF CREDIT FACILITIES(IF ANY)
1			
2			
3			
4			

ACCOUNT FACILITIES REQUIRED

1) Cheque Book; Yes No {No. of Leaves: 20 50 100 }

2) Statement by email: Yes No

3) ATM Services; Yes No

4) Internet Banking; Yes No

OPERATIONAL INSTRUCTIONS/ACCOUNT MANDATE

Self Jointly Either or Survivor Former or Survivor Any one or Survivor

Others (Specify):

STATEMENT OF AFFAIRS (IN CASE OF BUSINESS ACCOUNTS)

CAPITAL INVESTED

What amount of capital has been/will be invested?

EXPECTED TURN-OVER

What is the business' annual turn-over likely to be?

EXPECTED EXPENDITURE

What is the business' annual expenditure likely to be?

SOURCE OF FUNDS

Sales proceeds
Grants and donations/Loan
Dividend income
Commissions and fees

INTENDED USE OF ACCOUNT

Business Operations
Savings
Investments
Loan Repayments

DECLARATION

I/We have read and understood the General Terms & Conditions in connection with such dealings with your bank and agree to abide by / accept the same and are binding upon me/us.

I/We also permit you to disclose information related to this account to the Credit Reference Bureau for circulation to credit grantors, Head Office, Agents, and Govt. Agencies.

By signing below, I/we agree that I/we understand the terms and conditions of this account and agree to be bound by it from time to time.

You are requested to honour any drawings and instructions bearing my/our signature as per the specimen given below and also the signature of any person who I/we give mandate to sign on my/our behalf.

IN CASE OF MINOR: I hereby declare that _____ is a minor and I _____ am the natural guardian or guardian appointed by the court order no. _____ dated (proof enclosed). I shall represent the said minor in all future transactions of any descriptions in the above account until the said minor attains the majority. I indemnify the Bank against the claims of the above minor for any withdrawals / transactions made by me in his/ her account.

Name:

Name:

Name:

Name:

APPEND RECENT
PASSPORT PHOTO

APPEND RECENT
PASSPORT PHOTO

APPEND RECENT
PASSPORT PHOTO

APPEND RECENT
PASSPORT PHOTO

Signature

Signature

Signature

Signature

INTRODUCER/ REFERENCES:

A/C No.

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FULL NAMES:

I / We certify that I/we are well acquainted with the above signatory(ies) and have known him/her/them for the past months/years. I confirm and further certify his/her/their occupation and address in the application are suitable to open and maintain this account with you.

FOR BANK USE ONLY

CUSTOMER INFORMATION CHECKLIST

Valid ID obtained and verified <input type="checkbox"/>	Original ID's sighted <input type="checkbox"/>
Photographs obtained and attached <input type="checkbox"/>	Cheque book ordered; Yes <input type="checkbox"/> No <input type="checkbox"/>
Initial deposit received; Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes) Cash <input type="checkbox"/> Transfer <input type="checkbox"/> Amount _____
KYC Section completed systematically <input type="checkbox"/>	
Exceptions (Reasons)	
Exceptions Approved by:	Signature:
Opened by:	Signature:
Input by:	Signature:
Authorised by:	Signature:
Account No. <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Date:

CUSTOMER PROFILING

<input type="checkbox"/> LOW [1]	<input type="checkbox"/> MEDIUM [2]	<input type="checkbox"/> HIGH [3]
Additional Remarks/Comments:		
Branch Manager or Designated Officer's Signature:		Date: ____ / ____ / ____

Documents submitted by the applicant account holder and verified by the Bank with the original:		
Passport <input type="checkbox"/>	Electricity /Water bill Copy <input type="checkbox"/>	Trading License <input type="checkbox"/>
Driving Permit / Licence <input type="checkbox"/>	Introduction Letter from LC .1 Attested with photograph <input type="checkbox"/>	Form 9 <input type="checkbox"/>
Voter's ID / Defence Card <input type="checkbox"/>	TIN Number <input type="checkbox"/>	Financial Card (F.C.S. Card) <input type="checkbox"/>
Employer's ID (Gov't Issued) <input type="checkbox"/>	Certificate of Reg. / Incorporation <input type="checkbox"/>	Payslip / Salary certificate <input type="checkbox"/>
NSSF Card <input type="checkbox"/>	Memorandum & Article of Association /Trust deed/ Bye-laws <input type="checkbox"/>	Income/ Wealth Tax order <input type="checkbox"/>
Birth Certificate <input type="checkbox"/>	Form 20 <input type="checkbox"/>	ROC Search <input type="checkbox"/>
Immunisation Card <input type="checkbox"/>	Board Resolution <input type="checkbox"/>	Any other document <input type="checkbox"/>