



CIF Number

REF Number

APPLICATION FOR OPENING A BUSINESS/CORPORATE ACCOUNT

(Form should be filled in CAPS)

I/we wish to open the following account(s) with I&M Bank Limited as per details herein.

Type of Business (Tick as Applicable √)	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Society/Association /Club/Trust/SACCO	<input type="checkbox"/> Limited Company
<input type="checkbox"/> Others (Specify) <input type="text"/>	
Nature of Business (Provide details on your industry and key activities) <input type="text"/>	
<input type="text"/>	

Preferred Account Type (Tick as Applicable √)			
Kenya Shilling Accounts	<input type="checkbox"/> Business Current Account	<input type="checkbox"/> Agri-Business Current Account	<input type="checkbox"/> iMinvest Chama Account
	<input type="checkbox"/> Business Premier Current Account	<input type="checkbox"/> Agri-Business Premier Current Account	
	<input type="checkbox"/> Solo Business Account	<input type="checkbox"/> Deposit Account	
Foreign Currency Accounts	Currency <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR Other Currencies (Specify) <input type="text"/>		
Special Accounts	<input type="checkbox"/> Noble Account	Currency	
	<input type="checkbox"/> Diplomatic Account	<input type="checkbox"/> KES <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR	
	<input type="checkbox"/> Custodial Trading Account	Other Currencies (Specify) <input type="text"/>	
Other account type (Specify) <input type="text"/>			
Purpose of Account (e.g. rent/fees collection, business proceeds, salary processing) <input type="text"/>			

Business /Entity Name	<input type="text"/>				
Trading Name	<input type="text"/>				
Date of Incorporation/Registration	D	D	M	M	Y
	Y	Y	Y	Y	Y
	KRA PIN <input type="text"/>				
Registration Certificate Number	<input type="text"/>				
Mailing Postal Address	<input type="text"/>		Postal Code	<input type="text"/>	Town
Primary Contact (Required)	Email Address	<input type="text"/>			
	Mobile Number	<input type="text"/>	Other Number	<input type="text"/>	
Alternative Contact	Email Address	<input type="text"/>			
	Mobile Number	<input type="text"/>	Other Number	<input type="text"/>	
Physical Address (Required)	<input type="text"/>		Street	<input type="text"/>	House No.
Country of Operation	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>		

Number of employees	<input type="checkbox"/> Less than 10	<input type="checkbox"/> 10-99	<input type="checkbox"/> 100 or more
Annual turnover (KES)	<input type="checkbox"/> Up to KES 1M	<input type="checkbox"/> Above KES 12M-50M	<input type="checkbox"/> Above 250M-1.5Bn
	<input type="checkbox"/> Above KES 1M-12M	<input type="checkbox"/> Above KES 50M-250M	<input type="checkbox"/> Above 1.5Bn
	If annual turnover is above KES 1.5B, select option (Bank to Fill) <input type="checkbox"/> Corporate Banking <input type="checkbox"/> Institutional Banking		

ACCOUNT FACILITIES	
Mobile & Internet Banking: We shall sign you up for our Digital Channels. Tick here to opt out. Do NOT sign me up <input type="checkbox"/> (Fill-in administrator details in the resolution page)	

Cheque Book: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for which account? <input type="checkbox"/> KES <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR
Preferred name format on Cheque Book	

Debit Card: (subject to account mandate) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for which account? <input type="checkbox"/> KES <input type="checkbox"/> USD
If Yes, Debit Card type <input type="checkbox"/> Debit MasterCard <input type="checkbox"/> USD Debit Card <input type="checkbox"/> Others (Specify) <input type="text"/>	
Preferred name format on Debit Card	(Should be related to full name, part of the name may be abbreviated)

<input type="checkbox"/> Debit Card Delivery via courier	<input type="checkbox"/> Collect Debit Card from branch: Preferred collection branch name <input type="text"/>
Get free M-PESA collections short code <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if YES, please fill the Lipa Na I&M Short Code Section</i>	

Notify me by SMS for transactions of the following amount and above for <input type="checkbox"/> KES <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP	
Debit (KES/ USD/ GBP/ EUR) <input type="text"/>	Credit (KES/ USD/ GBP/ EUR) <input type="text"/>

Request for email statements (Free)	
Frequency (Tick only one option)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually

PEP DECLARATION (Individuals with prominent public functions)					
Are any of the Directors, Signatories or Shareholders entrusted with a prominent public office locally or in a foreign country, including any member of their family or close associates?					
<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, give details below)					
Name	<input type="text"/>	Prominent Position Held	<input type="text"/>	Relation to the Company	<input type="text"/>
Name	<input type="text"/>	Prominent Position Held	<input type="text"/>	Relation to the Company	<input type="text"/>

FATCA DECLARATION (FOREIGN ACCOUNT TAX COMPLIANCE ACT)	
On an annual basis, the Bank will report information on financial accounts held directly or indirectly by US Persons. In certain circumstances and where customers fail to provide the appropriate documentation, the Bank may be required to apply 30% US withholding tax on certain types of US income paid to such customers.	
Do you receive any income from the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity have US Partners/Signatories/Directors ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Particulars of Significant Stakeholders					
Please indicate below the names of significant shareholder(s) (10% and above) and individuals who are the ultimate beneficial owners in cases where a shareholder is a corporate body.					
Stakeholder(s) Name (Individual(s) or Registered Entity)	Stakeholder Type (Director, Shareholder, Sole Proprietor, etc.)	Ultimate Beneficial Owner's Name (This information is required if shareholder is a corporate body)	ID/PP No. for Individuals or Registration No. for Entities	Shareholding (%)	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZED SIGNATORY INFORMATION FORM

First Signatory/Director					
Mr/Mrs/Ms	First Name	Middle Name	Last Name		
Nationality	Identification Document Type		Identification Document Number		
	<input type="checkbox"/> National ID <input type="checkbox"/> Passport				
KRA PIN					
Country of Residence <input type="checkbox"/> Kenya <input type="checkbox"/> Other (Specify) <input type="text"/>					
Postal Address (Optional)		Postal Code		Town	

Second Signatory/Director					
Mr/Mrs/Ms	First Name	Middle Name	Last Name		
Nationality	Identification Document Type		Identification Document Number		
	<input type="checkbox"/> National ID <input type="checkbox"/> Passport				
KRA PIN					
Country of Residence <input type="checkbox"/> Kenya <input type="checkbox"/> Other (Specify) <input type="text"/>					
Postal Address (Optional)		Postal Code		Town	
Contact Details (Required)	Email Address				
	Mobile Number		Other Number		
Position in the Company/ Organization					
Occupation					

Third Signatory/Director					
Mr/Mrs/Ms	First Name	Middle Name	Last Name		
Nationality	Identification Document Type		Identification Document Number		
	<input type="checkbox"/> National ID <input type="checkbox"/> Passport				
KRA PIN					
Country of Residence <input type="checkbox"/> Kenya <input type="checkbox"/> Other (Specify) <input type="text"/>					
Postal Address (Optional)		Postal Code		Town	
Contact Details (Required)	Email Address				
	Mobile Number		Other Number		
Position in the Company/ Organization					
Occupation					

Fourth Signatory/Director					
Mr/Mrs/Ms	First Name	Middle Name	Last Name		
Nationality	Identification Document Type		Identification Document Number		
	<input type="checkbox"/> National ID <input type="checkbox"/> Passport				
KRA PIN					
Country of Residence <input type="checkbox"/> Kenya <input type="checkbox"/> Other (Specify) <input type="text"/>					
Postal Address (Optional)		Postal Code		Town	

Contact Details (Required)	Email Address			
	Mobile Number		Other Number	
Position in the Company/ Organization				

DECLARATION

TERMS AND CONDITIONS

I/We the undersigned request you to open an account(s) as detailed above and at any time subsequently to open further account(s) of whatever nature as I/We may direct. I/We confirm that all of the above details are correct and that I/We have read, understood and agree to the attached I&M Bank Limited General Terms and Conditions, the Terms and Conditions Governing the Use of I&M Next Generation Banking Facility; Use of I&M Internet Banking; Collections Service and the use of the I&M Bank Limited Debit Card as amended from time to time and available at <https://www.imbankgroup.com/ke/terms-and-conditions/>

PRIVACY NOTICE

I/We hereby acknowledge that I/we have read and understood how the information that I/we have provided in this form will be used by the Bank as outlined in the Privacy Notice available at <https://www.imbankgroup.com/ke/information-security/privacy-notice/> and I/we consent to usage of this data as stipulated therein.

Tick both for acceptance ✓

Terms & Conditions	Privacy Notice	Director's Name	Signature
<input type="checkbox"/>	<input type="checkbox"/>	1. Name	Sign Here
<input type="checkbox"/>	<input type="checkbox"/>	2. Name	Sign Here
<input type="checkbox"/>	<input type="checkbox"/>	3. Name	Sign Here
<input type="checkbox"/>	<input type="checkbox"/>	4. Name	Sign Here

Account (s) operating instructions	
<input type="checkbox"/> Singly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Jointly All <input type="checkbox"/> Jointly Any	
<input type="checkbox"/> Special Mandate (Specify)	
Other signing instructions	

Name of 1 st Signatory	Name	Date
1 ST SIGNATORY PASSPORT PHOTOGRAPH	Signature of 1 st Signatory/Director	
	Sign Here	
Name of 2 nd Signatory	Name	Date
2 ND SIGNATORY PASSPORT PHOTOGRAPH	Signature of 2 nd Signatory/Director	
	Sign Here	
Name of 3 rd Signatory	Name	Date
3 RD SIGNATORY PASSPORT PHOTOGRAPH	Signature of 3 rd Signatory/Director	
	Sign Here	

NAME OF AUTHORISED SIGNATORY	POSITION

4. THAT the terms and conditions of the proposed arrangements stated in the bank's website and produced in the meeting be and are hereby approved.

5. THAT the application for Corporate Internet Banking by the Company be and is hereby approved

6. THAT the company nominates the below person(s) as administrator(s) for corporate internet banking

Name	Email	Mobile number

7. THAT the person(s) whose names appear above be and are hereby authorised to administer internet banking (including setting operation mandate) and create users to operate the account (s) on behalf of the company, reset your passwords, edit user details and set transaction limits.

8. That the person(s) whose names appear above will have rights as below:

Rights	Yes	No
One administrator can create users, reset passwords, edit user details and set transaction limits singly without any other administrator verifying the record	<input type="checkbox"/>	<input type="checkbox"/>
The administrator/s can initiate financial transaction	<input type="checkbox"/>	<input type="checkbox"/>
One administrator can initiate and complete a financial transaction singly without any other administrator verifying the record	<input type="checkbox"/>	<input type="checkbox"/>

9. That the maximum corporate daily limit for internet banking was proposed in the meeting, and is hereby approved

Maximum Corporate Daily Limit	
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Declaration:

We, the undersigned persons, on behalf of (the "Company") hereby declare that the Company has been incorporate in conformity with the provisions of the Companies Act, No. 17 of 2015 and that the Company: (To choose one of the options below)

- ☐ has been incorporated with its own Articles of Association; or
- ☐ has adopted the model Articles of Association as provided for in the Companies Act 2015; or
- ☐ has been incorporated with part of its own Articles of Association and adopted part of the model Articles of Association provided in the Companies Act 2015.

The secretary reported that under the Articles of Association of the company, the Directors present were empowered to pass the necessary approvals to ratify the resolutions above. The Company shall indemnify the Bank against any actions, proceedings, claims, demands, losses, costs, damages, liabilities or expenses whatsoever which the Bank may at any time incur, sustain or suffer as a result of its acting upon or refraining from acting upon this declaration

IT IS HEREBY CERTIFIED THAT the foregoing is a true extract from the minutes of the meeting of the Board of Directors of the company, that a quorum of the Directors was present throughout the meeting, that the resolutions set forth above were duly passed in accordance and comply with the Memorandum, Articles of Association of the company.

DIRECTOR	Date	
Name		Signature

DIRECTOR	Date	
Name	Signature	

Documents Required Checklist			
<input type="checkbox"/>	ID/Passport Copy/PIN Card copy of all authorized signatories (of all applicants)	<input type="checkbox"/>	Recent colour passport photographs of all authorized signatories
<input type="checkbox"/>	Certified copy of latest annual returns or Letter from auditor / Co. Secretary certifying names of existing Directors	<input type="checkbox"/>	Memorandum & Articles of Association of company / by-laws or constitution of organization (certified copy) / Partnership Deed / CR 1, 2 & 8
<input type="checkbox"/>	Copy of PIN card of Company / Organization	<input type="checkbox"/>	Copy of Certificate of Incorporation / Registration
<input type="checkbox"/>	Audited financial statements in case of companies	<input type="checkbox"/>	Board Resolution / Extracts of committee meeting signed by Chairman and Secretary / Partner's Resolution

Kindly Note: An independent search will be carried out by the Bank at a cost of approximately Kshs 1,000 to be borne by the company or organization.

FOR OFFICIAL USE ONLY

RM CODE		Bank Director Related <input type="checkbox"/> Yes <input type="checkbox"/> No
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SEGMENT	
<input type="checkbox"/> Nano <input type="checkbox"/> Micro <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Commercial / Large <input type="checkbox"/> Corporate <input type="checkbox"/> Institutional	

Industry	
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Banking and Insurance <input type="checkbox"/> Trading <input type="checkbox"/> Services (Professional) <input type="checkbox"/> Tourism	
<input type="checkbox"/> Others (Specify)	
Specific line	

Branch Checklist	Initials	Initials
Valid Identification Documents obtained and authenticated		Exception(Give reason)
Reference confirmed		
Manager's Approval		
Account Opened by (Name & Initials)		
Authorised by (Name & Initials)		Exception Approved By

Staff Details	
Name of Sales Staff/Agent	
Staff ID	
Sales Code	
Branch Name	
Referring Staff ID	