

INDIVIDUAL ACCOUNT OPENING FORM

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I / We wish to open the following account(s) with I&M Bank (Rwanda) PLC as per the following details

Account Name	
Account No. <i>(Advised by bank staff)</i>	

FIRST APPLICANT										
Title		First Name								APPLICANT PHOTO
Last Name										
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>		
Spouse Name					Spouse Mobile N ^o					
ID / Passport No.				Place of Issue						
Issue Date				Expiry Date				Resident <input type="checkbox"/>	Non - Resident <input type="checkbox"/>	
Place of Birth						Date of Birth				
Nationality				Mobile N ^o			Office N ^o			
Country				Province			District			
Sector				Cell			Village			
P.O. Box				Physical Address - Street No.						
Email (preferred)					Fax number					
Profession / Occupation					Industry Sector					
Employment Status	Employed <input type="checkbox"/>		Unemployed <input type="checkbox"/>		Self Employed <input type="checkbox"/>					
Employer				Expected monthly income (FRW)			TIN Number			
Business Category of Employer	Small <input type="checkbox"/>		Medium <input type="checkbox"/>		Large <input type="checkbox"/>					

CLIENT SPECIMEN SIGNATURES					
Account Type		Position		Currency	
Operating Mandate	Signature	Signature	Signature		
<input type="checkbox"/> Jointly					
<input type="checkbox"/> Separately					
<input type="checkbox"/> Other - <i>Please specify below;</i>					
US Citizens Only	The account holder has dual citizenship, born in the US or has a green card			<input type="checkbox"/>	
	The account holder's spouse has citizenship, born in the US or has a green card			<input type="checkbox"/>	

Note: If you are a US citizen, please fill the Foreign Account Tax Compliance Act form on page 6

Education *Tick the highest education applicable	<input type="checkbox"/> PHD	<input type="checkbox"/> Masters	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Diploma (A2 or A1 level)
	<input type="checkbox"/> School attendance below A2 level	<input type="checkbox"/> High School	<input type="checkbox"/> Primary School	<input type="checkbox"/> Below Primary
School / University attended			Professional Certificate	

Social Economic class
<input type="checkbox"/> Families who do not own a house and can hardly afford basic needs.
<input type="checkbox"/> Those who have a dwelling of their own or are able to rent one but rarely get full time jobs.
<input type="checkbox"/> Those who have a job and farmers who go beyond subsistence farming to produce a surplus which can be sold. The latter also includes those with small and medium enterprises who can provide employment to dozens of people.
<input type="checkbox"/> Those who own large-scale business, individuals working with international organization's and industries as well as public servants.

INDIVIDUAL ACCOUNT OPENING FORM

What is your income frequency?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
What is your relationship with the bank?	<input type="checkbox"/> Customer	<input type="checkbox"/> Staff	<input type="checkbox"/> Director <input type="checkbox"/> Shareholder

SECOND APPLICANT										
Title			First Name							APPLICANT PHOTO
Last Name										
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>		
Spouse Name					Spouse Mobile Nō					
ID / Passport No.				Place of Issue						
Issue Date				Expiry Date				Resident <input type="checkbox"/>	Non - Resident <input type="checkbox"/>	
Place of Birth					Date of Birth					
Nationality				Mobile Nō				Office Nō		
Country				Province				District		
Sector				Cell				Village		
P.O. Box				Physical Address - Street No.						
Email (preferred)					Fax number					
Profession / Occupation					Industry Sector					
Employment Status	Employed <input type="checkbox"/>			Unemployed <input type="checkbox"/>			Self Employed <input type="checkbox"/>			
Employer				Expected monthly income (FRW)				TIN Number		
Business Category of Employer	Small <input type="checkbox"/>			Medium <input type="checkbox"/>			Large <input type="checkbox"/>			

CLIENT SPECIMEN SIGNATURES								
Account Type			Position			Currency		
Operating Mandate	Signature		Signature		Signature			
<input type="checkbox"/> Jointly								
<input type="checkbox"/> Separately								
<input type="checkbox"/> Other - Please specify below;								

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THIRD APPLICANT															
Title	First Name		APPLICANT PHOTO												
Last Name															
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>								Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>
Spouse Name										Spouse Mobile Nö					
ID / Passport No.										Place of Issue					
Issue Date		Expiry Date								Resident <input type="checkbox"/> Non - Resident <input type="checkbox"/>					
Place of Birth				Date of Birth											
Nationality			Mobile Nö		Office Nö										
Country		Province		District											
Sector		Cell		Village											
P.O. Box		Physical Address - Street No.													
Email (preferred)				Fax number											
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Employment Status		Employed <input type="checkbox"/>		Unemployed <input type="checkbox"/>		Self Employed <input type="checkbox"/>									
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INDIVIDUAL ACCOUNT OPENING FORM

Type of Account (√) as needed					
Current Account	Currency	<input type="checkbox"/> FRW	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EURO (NB: Minimum opening balance for current accounts is FRW 10,000)
Savings (FRW)	Easy SmartSaver	<input type="checkbox"/>	Malaika	<input type="checkbox"/>	Young Saver <input type="checkbox"/> Future Pro <input type="checkbox"/> Young Professional <input type="checkbox"/>
	Monthly SmartSaver	<input type="checkbox"/>	Amount (FRW)		
	Flexi Fixed Deposit	<input type="checkbox"/>	Amount (FRW)		Period

Account Mandate (√) as needed				
Solely	<input type="checkbox"/>	Jointly	<input type="checkbox"/>	Survivor <input type="checkbox"/> Other (specify) <input type="checkbox"/>

NB: For Savings and Fixed Deposit accounts, Terms and Conditions apply. Please refer to product brochure. Interest rates applied may change according to market conditions.

REQUEST FOR AN ATM CARD (√) as needed							
First Applicant only	<input type="checkbox"/>	Second Applicant only	<input type="checkbox"/>	Third Applicant only	<input type="checkbox"/>	All Applicant only	<input type="checkbox"/>
Account Name	Account No.		Limit per day				
			<input type="checkbox"/> FRW 250,000 <input type="checkbox"/> FRW 350,000				
			<input type="checkbox"/> FRW 250,000 <input type="checkbox"/> FRW 350,000				
			<input type="checkbox"/> FRW 250,000 <input type="checkbox"/> FRW 350,000				

Carefully read the Terms and Conditions of use of the I&M Bank (Rwanda) PLC ATM Card.

REQUEST FOR A CHEQUE BOOK (√) as needed							
First Applicant only	<input type="checkbox"/>	Second Applicant only	<input type="checkbox"/>	Third Applicant only	<input type="checkbox"/>	All Applicant only	<input type="checkbox"/>
Account Name	Account No.						

Carefully read the Terms and Conditions of use of the I&M Bank (Rwanda) PLC ATM Card.

ELECTRONIC BANKING (√) as needed	
I hereby apply for: I&M Mobile Banking	<input type="checkbox"/> I&M Online Banking <input type="checkbox"/>
Services to access through e-banking (√) as needed	
Funds transfer <input type="checkbox"/>	Salary transfers <input type="checkbox"/> SMS alert <input type="checkbox"/>
View statement <input type="checkbox"/>	Cheque book request <input type="checkbox"/> eTax payment <input type="checkbox"/>
Airtime purchase <input type="checkbox"/>	Electricity purchase Meter No. _____
Account number(s) to be registered on Mobile Banking	
Mobile number(s) to be used	
Account number(s) to be registered on Online Banking	
Email(s) to be used	

INDIVIDUAL ACCOUNT OPENING FORM

Ceiling on transactions (√) as needed

I/We agree to retain the bank limit (on transaction amounts transmitted via e-banking)

I/We choose to set a ceiling amount above the bank limit (on transaction amounts transmitted via e-banking)

Ceiling amount	
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Please read carefully the Terms and Conditions governing the use of I&M Online and Mobile Banking. Note that some of the services are chargeable as per the I&M Bank (Rwanda) PLC tariff.

CUSTOMER ACKNOWLEDGMENT (Data Protection and Privacy Consent Clause)

I hereby grant I&M Bank (Rwanda) Plc (herein referred to as the "Bank") and all its third-party processors authority to process my personal information/ data, for the following purposes:

- To comply with lawful requirements related to Know your Customer (KYC) prior to account opening.
- To provide me with all the products/services I have requested such as but not limited to Bank cards (Debit Prepaid and Credit Card), loan facilities, Funds transfers, online transactions, and Cheque Books).
- Receiving marketing communications from the Bank relating to its products and services as well as for products and services from other members of the I&M Group which may be of interest to me.
- To process transactions related to Bank's cards services (Debit, Prepaid and Credit)
- To be used (if need be), to assess my loan application if I request it.
- To inquire, record, and update my personal data records within the credit reference bureaus.
- For reporting my account status with the Bank's supervisory/regulatory authorities.

I am aware this is necessary for the Bank's legitimate interests to process personal information for the purposes of rendering a personified service to all my respective requests.

By signing this form, I hereby acknowledge that I/We have read, understood, and do consent to the terms of the received Privacy Notice as well as provided on the I&M Bank website <https://www.imbankgroup.com/rw/> and I hereby also authorize the Bank and/or its service providers and/or affiliates to use my/our data, personal data and/or sensitive data as stipulated above.

DECLARATION BY THE CUSTOMER

I / We, the undersigned, request you to open an account(s) as detailed above and confirm that the above information is true to the best of my / our knowledge and I / we hereby acknowledge receipt of a copy of the bank's General Terms and Conditions and I/we agree to abide by the Terms and Conditions therein. Where the National Bank of Rwanda has forbidden banks to transact business with myself or any other signatory to the account, all consequential costs and fines will be debited from my / our account without advice from the bank. I / We authorize I&M Bank (Rwanda) PLC to debit my / our current / savings account for relevant bank charges for the account herein registered.

Signature of 1st Signatory		Signature of 2nd Signatory	
Name		Name	
Date		Date	
Signature of 3rd Signatory		Signature of 4th Signatory	
Name		Name	
Date		Date	

FOR BANK USE ONLY

ACCOUNT OPENING CHECKLIST

A. Personal - Resident

- Copy of ID / Passport (original sighted)
- 2 passport photographs of each account holder
- TIN Number (if applicable)
- Letter from employer confirming employment (if available)
Mandatory for PEP
- SDN Check

B. Personal - Non Resident

- Copy of ID / Passport (original sighted)
- 2 passport photographs of each account holder
- Letter from employer confirming employment
- SDN Check

INDIVIDUAL ACCOUNT OPENING FORM

Completed by Interviewing Officer		Approved by Branch Manager or Designated Officer
Comment		Comment
NAICS Code	NAICS Description	
Name		Name
Signature and Date		Signature and Date

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FORM - PERSONAL ACCOUNT

Account Name	
Account No.	

The Foreign Account Tax Compliance Act (FATCA) was signed into U.S. law on March 18th, 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, I&M Bank (Rwanda) PLC is required to request certain taxpayer information from U.S. nationals who maintain an account at I&M Bank (Rwanda) PLC (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfill I&M Bank (Rwanda) PLC's requirements under U.S. federal tax law and will not be used for any other purpose. In order to fulfill this requirement, we must immediately receive your completed W-9 or W-8BEN form and/or other forms of documentation that certifies your status (whether such persons are U.S. taxpayers or not), as applicable, declaring your tax status.

Please note that a failure to submit your tax form may force us to turn over (withhold) 30% of any U.S. sourced transactions to / from your account on a monthly basis directly to the IRS and / or enforce closure of your account. This process will continue until such a time that we receive your completed W-9 or W-8BEN form or other documentation to certify your status, as applicable.

INFORMATION OF AUTHORISED SIGNATORY (FATCA U.S. INDICATION)

Please confirm the signatory's FATCA status by ticking the relevant box:

Are you a U.S. citizen or lawful permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation Required If yes, please provide form W-9
Were you born in the U.S. (U.S. Place of Birth)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide form W-9 or W-8BEN and Non-U.S. passport or similar documentation establishing foreign citizenship; and written explanation regarding U.S. citizenship
Is there Power of Attorney or signatory authority granted to a person with a U.S. address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide form W-9 or W-8BEN and Non-U.S. passport or similar documentation establishing foreign citizenship
Will there be instructions to transfer funds to U.S. accounts or directions regularly received from a U.S. address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide form W-9 or W-8BEN and documentary evidence establishing non-U.S. status
Will there be address on file which is "care of" or "hold mail" or U.S. P.O. Box and/or U.S. telephone number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide form W-9 or W-8BEN; and documentary evidence establishing non-U.S. status telephone number

I / We authorise I&M Bank (Rwanda) PLC to disclose relevant account and / or personal information to the U.S. tax authorities for the purpose of I&M Bank (Rwanda) PLC complying with its obligations under the U.S. Foreign Account Tax Compliance Act ("FATCA"). I / We undertake to fully cooperate with I&M Bank (Rwanda) PLC to ensure it meets its obligations under FATCA in connection with my/our account.

I / We will indemnify and hold harmless I&M Bank (Rwanda) PLC from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' fees, consultant fees and expert fees), claims, damages, or liability which arises or is incurred by I&M Bank (Rwanda) PLC in discharging its obligations under FATCA and / or as a result of disclosures to the US tax authorities.

Client Name _____ Signature _____