



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 the following details:

Branch	
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Type of Business (✓ where applicable)	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Society / Association / Club <input type="checkbox"/> Limited Company <input type="checkbox"/> Others (Specify)	
Nature of business	

Business / Entity Name			
Trading Name			
Date of Incorporation / Registration	D D M M Y Y Y Y	PIN Number:	
Registration Certificate Number			
Mailing Postal Address		Post Code	Town
Primary Contact	Email Address		
	Mobile Number	Other Number	
Physical Address			
Country of Operation	1.	2.	3.
Alternative Contact	Email Address		
	Mobile Number	Other Number	
Number of Employees	<input type="checkbox"/> Less than 100 <input type="checkbox"/> 100 or more		
Annual Turnover	<input type="checkbox"/> Less than KShs. 500 million <input type="checkbox"/> KShs. 500 million and above		
Balance Sheet Size (Total Assets)	<input type="checkbox"/> Less than KShs. 500 million <input type="checkbox"/> KShs. 500 million and above		

Other Accounts held with I&M Bank or other banks		
Bank Name	Branch	Account Number

Account Type (✓ where applicable)			
Business Transactional	Sapphire	<input type="checkbox"/>	Foreign Currency Transactional <input type="checkbox"/> Sapphire
	Biashara	<input type="checkbox"/>	
	Alpha	<input type="checkbox"/>	<input type="checkbox"/> Term Deposit
	Savannah	<input type="checkbox"/>	
	Noble	<input type="checkbox"/>	
	Diplomatic	<input type="checkbox"/>	<input type="checkbox"/> Call Deposit
	iMinVest Chama	<input type="checkbox"/>	
	Others	<input type="text"/>	

Authorized Signatory Information Form																																									
First Signatory / Director																																									
Mr / Mrs / Ms		First Name										Middle Name										Last Name																			
Nationality						Identification Type														Identification Number																					
						<input type="checkbox"/> National ID <input type="checkbox"/> Passport No. <input type="checkbox"/> Other <input type="text"/>																																			
Gender		F (√)				M (√)				PIN														Date of Birth		D		D		M		M		Y		Y		Y		Y	
Resident		Y (√)				N (√)				Postal Address										Postal Code																					
Email Address																				Mobile Number																					
Position in the Company / Organisation																																									
Occupation																																									

Second Signatory / Director																																									
Mr / Mrs / Ms		First Name										Middle Name										Last Name																			
Nationality						Identification Type														Identification Number																					
						<input type="checkbox"/> National ID <input type="checkbox"/> Passport No. <input type="checkbox"/> Other <input type="text"/>																																			
Gender		F (√)				M (√)				PIN														Date of Birth		D		D		M		M		Y		Y		Y		Y	
Resident		Y (√)				N (√)				Postal Address										Postal Code																					
Email Address																				Mobile Number																					
Position in the Company / Organisation																																									
Occupation																																									

Third Signatory / Director																																									
Mr / Mrs / Ms		First Name										Middle Name										Last Name																			
Nationality						Identification Type														Identification Number																					
						<input type="checkbox"/> National ID <input type="checkbox"/> Passport No. <input type="checkbox"/> Other <input type="text"/>																																			
Gender		F (√)				M (√)				PIN														Date of Birth		D		D		M		M		Y		Y		Y		Y	
Resident		Y (√)				N (√)				Postal Address										Postal Code																					
Email Address																				Mobile Number																					
Position in the Company / Organisation																																									
Occupation																																									

Fourth Signatory / Director																																									
Mr / Mrs / Ms		First Name										Middle Name										Last Name																			
Nationality						Identification Type														Identification Number																					
						<input type="checkbox"/> National ID <input type="checkbox"/> Passport No. <input type="checkbox"/> Other <input type="text"/>																																			
Gender		F (√)				M (√)				PIN														Date of Birth		D		D		M		M		Y		Y		Y		Y	
Resident		Y (√)				N (√)				Postal Address										Postal Code																					
Email Address																				Mobile Number																					
Position in the Company / Organisation																																									
Occupation																																									

I / We the undersigned request you to open an account or accounts as detailed above and at any time subsequently to open such 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 I&M Bank Limited General Terms and Conditions, the Terms and Conditions Governing the Use of I&M Next Generation Banking Facility, the Terms and Conditions Governing the Use of I&M Internet Banking and the Terms and Conditions of Use of the I&M Bank Limited Debit Card. I / We also consent to the terms of the I&M Bank Limited Privacy Notice.

Shareholder's / Director's Signature _____ Shareholder's / Director's Signature _____

Account Mandate

☐ Singly

☐ Jointly All

☐ Jointly Any _____

☐ Special Mandate (Specify) _____

☐ Anyone to Sign Solely

☐ Other Signing Instructions _____

Name of 1 st Signatory		Date	
1 ST SIGNATORY PASSPORT PHOTOGRAPH			Signature of 1 st Signatory / Director
Name of 2 nd Signatory		Date	
2 ND SIGNATORY PASSPORT PHOTOGRAPH			Signature of 2 nd Signatory / Director
Name of 3 rd Signatory		Date	
3 RD SIGNATORY PASSPORT PHOTOGRAPH			Signature of 3 rd Signatory / Director
Name of 4 th Signatory		Date	
4 TH SIGNATORY PASSPORT PHOTOGRAPH			Signature of 4 th Signatory / Director

Resolution for Appointment of Banker

At a meeting of the Directors / Members / Trustees / Partners of (Insert Full Name of Entity) _____

duly convened and held at _____ on the _____ day of _____ 20_____.

The meeting being quorate:

1. The Chairman reported that arrangements were being proposed with I & M Bank Limited ("the Bank") whereby the company would open and operate an account or accounts with the Bank on the Terms and Conditions of the Mandate endorsed on the "Application to Open a Corporate Account" Form now produced at the meeting for inspection.
2. It was a term of the arrangements that the company would complete the "Application" to Open a Corporate Account" Form and execute the Mandate endorsed thereon specifying the persons authorised to operate the account(s) on behalf of the company and appending their respective specimen signatures.

All present having unanimously agreed to and confirmed the above arrangements **IT WAS RESOLVED** as follows:-

1. **THAT** the company opens and operates an account or accounts with the bank on the Terms and Conditions of the Mandate endorsed on the "Application to Open a corporate Account" Form.
2. **THAT** The "Application to Open a Corporate Account" Form be and the same is hereby approved and that the Directors complete the Form, execute the Mandate endorsed thereon and deliver the same forthwith to the Bank.
3. **THAT** the persons whose names appear below be and are duly authorised to open and operate the account(s) on behalf of the Company and their specimen signatures be appended to the Mandate:

Name of Authorised Signatory

Position

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Operating Mandate:

We, the undersigned persons, on behalf of (the "Company") hereby declare that the Company has been incorporated 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 and Regulations of the of company.

Dated _____ day of _____ 20_____

Signed:

Name _____

Name _____

Signature _____

Signature _____

Director _____

Director / Company Secretary _____

Documents Required			
ID / Passport Copy / PIN card copy of all authorised signatories (of all applicants)	<input type="checkbox"/>	Recent colour passport photographs of all authorised 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 organisation (certified copy) / Partnership Deed / CR 1, 2 & 8	<input type="checkbox"/>
Copy of PIN card of Company / Organisation	<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	<input type="checkbox"/>

P.S. 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 organisation

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Information Data Input			
Industry: Manufacturing <input type="checkbox"/> Banking and Insurance <input type="checkbox"/> Trading <input type="checkbox"/> Services (Professional) <input type="checkbox"/> Tourism <input type="checkbox"/> Others <input type="text"/>		Bank Director related (Y/N)	
		RM Code	
		Segment Code	
Specific line		Sub-Segment Code	

Branch Checklist		Initials	
Valid Identification documents obtained & authenticated		Exception (give reasons)	
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	
Branch Name	

