



KCB

BANK

CUSTOMER INFORMATION UPDATE FORM - ENTITY

Account details

Date:

Domicile Branch: _____

Account Number (s)

Account Name: _____

Account Type: Corporate SME Other Currency UGX USD GBP EUR KES OTHER

Business details

Legal entity /Business name _____

Date of Registration / Incorporation Registration Number _____

Entity Legal Status _____ Country of Incorporation / Registration _____

FATCA status Yes No (foreign entities in which U.S. taxpayers hold a substantial ownership interest complete FATCA W-8BEN-E)

Address details

Business Address (Plot number, street name, house number/name of building etc) : _____

Postal Address: _____ Town/ City: _____ Country: _____

Mobile Tel No: _____ Residential Tel No: _____ Office Tel No: _____

Email address: _____

Proof of Residence attached: National ID Utility Bill LC Letter Professional body Rental Agreement

Others specify _____

Business information

Nature of business: _____

Please tick in the relevant boxes below to indicate the expected range of activity on your account					
Value of transactions (In UGX or Equivalent)		Expected range			
Sum of all payments into account per month		0-20M	20M-50M	20M-200M	Over 200M
Total Value of cash / cheque deposits	Local currency				
Total Value of cash / cheque deposits	Foreign currency				
Total Value of foreign Remittances	Incoming				
Total Value of foreign Remittances	Outgoing				

Source of Funds

Grants Business receipts Investment Shareholder Contributions Parent Company

Others specify): _____

Alternative mode of payment

The Bank of Uganda and the Deposit Protection Fund (DPF), require that all customers provide an alternative mode of payment to enable us meet legal and regulatory requirements, please provide your alternative mode of payment of choice.

Alternative Mode of Payment	<input type="checkbox"/>	Bank Account	<input type="checkbox"/>	Registered Mobile Money Number
Select Mode of Payment	Account Name		Registered Name	
	Account No.		Mobile Money Number	
	Bank Name		Name of Telecom	
	Signature:			
I confirm that the details provided above shall be used by the DPF to Execute its mandate.				
DPF will use the information provided in the account opening form to execute its mandate.				
Your Deposits are protected by the Deposit Protection Fund (DPF) of Uganda. Terms and Conditions apply				

Declaration

By signing this form, I/we request and authorize you to update my/our account information and authorize you to undertake any inquiries necessary in connection with this application. I/we am/we are willing and able to provide any supporting documentation as may be required to process this request. I/we agree that we have read and understood the terms and conditions of holding and maintaining an account/s with KCB Bank Uganda Limited, a copy of which has been availed to me/us and I/we agree to be bound by them.

Customer Name: _____ Signature _____ Date _____

Customer Name: _____ Signature _____ Date _____

Customer Name: _____ Signature _____ Date _____

Customer Name: _____ Signature _____ Date _____

FOR BANK OFFICIAL USE ONLY

Form Received by: Name _____ Signature and stamp _____ Date _____

Data verified by (BM/MSQC): Name _____ Signature and stamp _____ Date _____

Data validated by: Name _____ Signature and stamp _____ Date _____