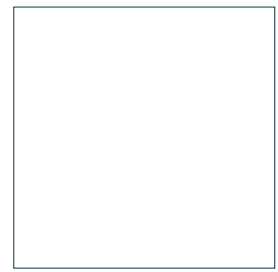




KCB

BANK



# CUSTOMER INFORMATION UPDATE FORM - INDIVIDUAL

## Account details

Date:

Domicile Branch: \_\_\_\_\_

Account Number (s)

Account Name: \_\_\_\_\_

Account Type: Saving  Current  Fixed  Other:  Currency

Product Type: \_\_\_\_\_ (e.g. Simba, Smart etc.)

## Personal details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth:       Gender: Male  Female  Nationality \_\_\_\_\_ Resident  Non-Resident

Marital Status: Married  Single  Widowed  Divorced  Cohabiting  Traditional

Do you have any relationship/ connection to the United States eg Address, citizen, resident, power of attorney etc. YES  NO  If US person, complete the respective FATCA form W9 or W8

(\*US Person indicators - US address, US passport, US telephone number, power of attorney from a US person

### POLITICALLY EXPOSED PERSONS (PEP) DECLARATION

Do you (or any close relative) hold a senior government position (Uganda/foreign) or government Institutions, parastatal, entity?) YES  NO

Advise position Held:

Advise Name (If relative):

## Identification details

Type of ID: National ID  Passport  Refugee ID

NIN \_\_\_\_\_ Card/ID Number \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

TIN number \_\_\_\_\_ ID Expiry date: \_\_\_\_\_ VISA Status: \_\_\_\_\_

## Contact details

Physical Residential Address: \_\_\_\_\_

Physical Office Address: \_\_\_\_\_

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 \_\_\_\_\_

## Next of Kin

Name: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

Residential Physical Location: \_\_\_\_\_

## Employment details

Type of Employment: Permanent  Self Employed  Casual Employment  Contract  Unemployed

Employer Name: \_\_\_\_\_ Employer line of Business/Industry (Give details): \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Contact: \_\_\_\_\_

Designation/ Job Title: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_

Source of funds: Salary  Business  Investment  Others (specify): \_\_\_\_\_

Nature of Business \_\_\_\_\_

## 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

I/We declare and/or agree that the information given above is accurate and correct and undertake to indemnify the Bank against any loss/consequences arising from any misrepresentation and erroneous information/document. I/We also consent to the Bank using and sharing my/our personal information in line with the Data Protection and Privacy Act 2019 and the Terms and Conditions governing this account.

Customer Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Thumb print

## 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 \_\_\_\_\_