



Thank you for choosing **BANK OF KIGALI**

Please complete in **BLOCK LETTERS** and tick in the appropriate box.

For Bank Use Only.

Customer No:

Account No

Account Name

BUSINESS DETAILS

Business Name

Registration No

TIN No

Registration Date / /

Business Physical Address

Province

District

Sector

Cell

Village

Street No

Postal Code

Managing Director: Name

ID or Passport No

Expire Date / /

Mobile: + -

SHAREHOLDERS (5% Shares and above)

No	1.	2.	3.	4.	5.
Name					
ID Number					
Place of birth					
Date of birth					
Address					
Tel					
Shares					

BK Account terms & Conditions apply



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DIRECTORS

No	1.	2.	3.
Name			
ID Number			
Place of birth			
Date of birth			
Address			
Tel			

BUSINESS DATA

Capital	
Turnover	
Number of employees	
Nature of Business	

Please check « X » Yes or no for each of the following questions	Yes	No
1. Do you have the U.S. as place of incorporation or organization?		
2. Is the account holder a specified U.S. person?		
3. Is the substantial/ beneficial owner (s) for the entity is a US. Citizen or resident		
4. Do you have a U. S address residence, correspondence, P.O.Box or U.S. phone number?		
5. Is your address (including "in care of "or "hold mail") American?		
6. Do you have a standing instruction to transfer funds to an account maintained in the U.S.		
7. Do you have a current effective Power of Attorney or have you granted a signatory authority to a person With a U.S. address?		

If you have responded « Yes » to any of the question above, please provide the appropriate IRS form .

ACKNOWLEDGMENT

I hereby confirm the information provided above is true, accurate and complete. I undertake to notify Bank of Kigali within 30 calendar days if there is a change in any information which I have provided to the bank.

Subject to applicable laws, I also give consent for Bank of Kigali to share my information with domestic and overseas tax authorities to establish my tax liability in any jurisdiction.

ACCOUNT HOLDER

Name: _____

Signature: _____

Date: _____

ACCOUNT OFFICER

Name: _____

Signature: _____

Date: _____

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