



Thank you for choosing **BANK OF KIGALI**
 Please complete in **BLOCK LETTERS** and tick in the appropriate box.
 For Bank Use Only.

PERSONAL ACCOUNT OPENING FORM

01 PERSONAL DETAILS

Customer No:

Account No

Salutation/Title Mr Ms
 Mrs Miss

First Name

Middle Name

Surname

NATIONAL ID TYPE National ID card
 Passport for foreigners

National ID No:

Gender Male Female

Date of Birth / /
dd MM YYYY

Father's Name

Mother's Name

PLACE OF BIRTH

Province

District

Sector

Cellor

Village

Street No

Marital Status Single Married Divorced Widow/er

Spouse Name:

Marital agreement Joint Separate

Nationality:

Residence:

PERMANENT ADDRESS

Province

District

Sector

Cellor

Village

Street No

Work Tel No:

Mobile Tel No:

OCCUPATION

Profession

Employer Name

Telephone No:

E-mail:

NATURE OF EMPLOYMENT

SELF-EMPLOYED SALARIED

Income Range

NEXT OF KIN

Names:

Mobile:

E-mail

BK Account terms & Regulations apply



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**PERSONAL ACCOUNT
OPENING FORM**

FOR U.S.A CITIZENS ONLY

Please check « X » Yes or no for each of the following questions	Yes	No
1. Are you a Citizen or a Lawful Permanent Resident of the U.S?		
2. Is the U.S or U.S territory your place of birth?		
3. Do you have a U. S address residence, correspondence, P.O.Box or U.S phone number?		
4. Is your address (including "in care of "or "hold mail") American?		
5. Do you have a standing instruction to transfer funds to an account maintained in the U.S?		
6. 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 .

ACKNOWLEDGEMENT

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 OPENING OFFICER

Name: _____

Signature: _____

Date: _____

BK Account terms & Regulations apply