



Thank you for choosing **BANK OF KIGALI**

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

For Bank Use Only.

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

NUMBER OF DEPENDENTS (CHILDREN)

PLACE OF BIRTH

Province

District

Sector

Cell

Village

Street No

Marital Status Single Married Divorced Widow/er

Spouse Name:

Marital agreement Joint Separate Limited Community

Social economic class (UBUDEHE)

Nationality:

Residence:

LEVEL OF EDUCATION

Primary Secondary Bachelor Masters

PhD Professor None

COMMUNICATION ADDRESS

Street No

Village

Country

Residence Type Owner Tenant

PERMANENT ADDRESS

Street No:

Village

Country

E-mail

Work Tel No:

Mobile Tel No:

OCCUPATION

Profession

Employer Name

Employee (Badge No)

Health Insurance No:

RSSB No:

Customer TIN:

EMPLOYER ADDRESS

Street No

Village

Country

BK Account terms & Conditions apply



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

NATURE OF EMPLOYMENT

SELF-EMPLOYED SALARIED

Income Range

INCOME FREQUENCY; Daily Weekly Monthly
 Quarterly Yearly

NEXT OF KIN

Names:

ID Passport

ID No:

Mobile:

E-mail

TYPE OF ACCOUNTS

Fees	Currency
Current Acc <input type="checkbox"/>	<input type="checkbox"/> FRW <input type="checkbox"/> CAD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> CHF
Non Fees	Currency
Savings Acc <input type="checkbox"/>	<input type="checkbox"/> FRW

DIGITAL CHANNELS

Mobile Banking Yes No
 E-Banking Yes No
 BK App Yes No
 Debit Card MasterCard VISA

PLEASE CONSIDER THESE VALUABLE SERVICES

Cheque Book Yes No
 Order Payment Yes No
 Receipt Book Yes No

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 & Conditions apply



Thank you for choosing **BANK OF KIGALI**

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

For Bank Use Only.

SPECIMEN DETAILS

Account Name and Account number:

[Empty text box for Account Name and Account number]



Name of signatory _____

Specimen signature _____

Mobile | | | | | | | | | | | | | | | | | | | | | |

POWER OF SIGNATORY

[Empty text box for Power of Signatory]

Account Opening Officer: _____

Specimen Uploading Officer : _____

Date: [] [] / [] [] / [] [] [] []

Date: [] [] / [] [] / [] [] [] []

Final verification : _____
(Name & Signature)

Date: [] [] / [] [] / [] [] [] []

BK Account terms & Conditions apply