



Authorised Signature

Photograph

### New Customer Application Form

Delta Input section

#### Name, Address and Contact Details

Customer Number	<input type="text"/>	Branch	<input type="text"/>
Title	<input type="text"/>	Short Name or Initials	<input type="text"/>
Family Name	<input type="text"/>		
Other Names	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
Address Line 3	<input type="text"/>		
Address Line 4	<input type="text"/>		
Post Code	<input type="text"/>	Country	<input type="text"/>
Contact	<input type="text"/>		
Telephone 1	<input type="text"/>		
Telephone 2	<input type="text"/>		
Facsimile	<input type="text"/>		
E-mail (up to 50 chars)	<input type="text"/>		

#### Identification Details

National ID Card No	<input type="text"/>	Expires	<input type="text"/>
Issued at	<input type="text"/>	On	<input type="text"/>
Passport No.	<input type="text"/>	Expires	<input type="text"/>
Issued at	<input type="text"/>	On	<input type="text"/>

#### Classification

Cashier	<input type="text"/>	Mandate	<input type="checkbox"/>
Nationality	<input type="text"/>	Taxable	<input type="checkbox"/>
Country of Residence	<input type="text"/>	Int Cheq	<input type="checkbox"/>
Internal Category	<input type="text"/>	Date Int	<input type="text"/>
BNR Category	<input type="text"/>	Opened	<input type="text"/>
Client Type	<input type="text"/>	Dem Mod	<input type="text"/>
Account Manager	<input type="text"/>	<input type="text"/>	
Family	<input type="text"/>	<input type="text"/>	
Group	<input type="text"/>	<input type="text"/>	

#### Personal Details

Date of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
Department of Birth	<input type="text"/>	Commune of Birth	<input type="text"/>
Sex	<input type="checkbox"/>	Maiden Name	<input type="text"/>
Father's Name	<input type="text"/>	Mother's Name	<input type="text"/>
Profession	<input type="text"/>	Net Monthly Income	<input type="text"/>
Employer's Name	<input type="text"/>	Marital Status	<input type="text"/>
Family Situation	<input type="text"/>		
Legal Capacity	<input type="text"/>		



# New Customer Application Form

(Know Your Customer section)

To be filled with account opening officer

## Accounts to be Opened

Account Type	Current Account	Savings Account	Fixed/ Term Deposit	Loan	-----	-----
Account Number						

## Status Verification

Identity Search on all perscribed lists including internal black list, accounts with other branches and BNR opposition list. (Tick to confirm Yes)

## Name Date of Birth and Nationality Verification

Customer's NAME, DATE OF BIRTH and NATIONALITY verified and supported by one of the following acceptable documents (ticked below) of which a copy is held, stamped and signed as "Original seen and Verified". The ID document must contain a photograph and signature which are those of the applicant.

- National Identity Card  - Passport

## Address Verification

Customer's RESIDENTIAL ADDRESS verified and supported by one of the following acceptable items (ticked below) of which a copy is held, stamped and signed as "Original seen and Verified".

- Tenancy Agreement  - Income Tax Receipt  - Income Tax Assessment Notice  - Employment Contract  
 - Other Bank's Statement  - Utility Bill  - Employer's Reference Letter

## Purpose of Account

Specify the intended Usage of the Account(s) (tick as many boxes as appropriate).

- Savings  - Investment  - Loan Repayments  - Payroll  
 - Salary and Living Expenses  - Transactional  - -----  - -----

## Source(s) of Funds

Indicate the Source(s) of Funds for the Account(s) (tick as many boxes as appropriate).

- Salary and Bonus  - Return on Investments  - Commissions  - Inheritance or Gifts  
 - Own Business  - Remittances from Overseas  - -----  - -----

## Anticipated Volume and Type of Activity

Obtain details of the VOLUME and TYPE of activity to be conducted across the account(s).

Transaction Types	Anticipated Number of Transactions per Month	Anticipated Amount per Month
Deposits (including inward Remittances)		
Withdrawals (including outward remittances)		

## Source of Wealth

Obtain details of the customer's source of wealth and estimated NET WORTH. Tick or specify more than one category as appropriate, e.g. A business owner who inherited his/her wealth.

- Business Ownership  - Income from employment  - Investments  - Inheritance  
 - -----  - -----  - -----  - -----

Estimated Net Worth (tick the appropriate box)

- Less than FRW 5M  - Between FRW 5M and 10M  - Between FRW 10M and 25M  - Between FRW 25M and 50M  
 - Between FRW 50M and 75M  - Between FRW 75M and 100M  - Between FRW 100M and 500M  - Greater than FRW 500M

## Declaration by Customer

\* I ----- hereby acknowledge receipt of a copy of the bank's rules and regulations and I agree to abide by the conditions therein.

\* Where the National Bank of Rwanda has forbidden banks to transact business with myself or any other signatory to the account all consequential costs and fines may be debited to my account without advice from the bank.

Place ----- Date -----

Signature:

## Interviewing Officer's and Manager's Comments

Any mandatory checks not completed or ticked must be supported by suitable comments by the staff responsible. The Branch or Account Manager or designated officer must review the checklist for completeness and decide on whether to allow the account opening while documenting reasons for the decision below.

Completed by interviewing officer:	
Name -----	Date -----
Comments:	
Signature:	

Completed by Branch or Account Manager or designated officer:	
Name -----	Date -----
Comments:	
Signature:	



Delta and KYC

### Additional Signatories to a Customer Account

Use this form to record details of the Spouse of the Primary Account Holder with a joint account or to add other Signatories authorised by Power of Attorney or Third Party Mandate.

#### Name, Address and Contact Details

Customer Number	<input type="text"/>	Branch	<input type="text"/>	Photograph
Family Name	<input type="text"/>			
Other Names	<input type="text"/>			
Residential Address (if different from Primary)	<input type="text"/>			
Postal Address (if different from Primary)	<input type="text"/>			
Telephone 1 Facsimile	<input type="text"/>	Telephone 2	<input type="text"/>	
	<input type="text"/>	E-mail	<input type="text"/>	

#### Identification Details

Type of ID	<input type="text"/>	Number	<input type="text"/>	Expires	<input type="text"/>
Issued at	<input type="text"/>			On	<input type="text"/>

#### Classification

Nationality	<input type="text"/>
Country of Residence	<input type="text"/>

#### Personal Details

Date of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
Sex	<input type="checkbox"/>	Maiden Name	<input type="text"/>
Profession	<input type="text"/>		
Employer's Name	<input type="text"/>		
Position Held	<input type="text"/>	Net Monthly Income	<input type="text"/>
Family Situation	<input type="text"/>	Legal Capacity	<input type="text"/>

#### Status Verification (Sections below to be filled with account opening staff)

Identity Search on all prescribed lists including internal black list, accounts with other branches and BNR opposition list. (Tick to confirm Yes)

#### Name Date of Birth and Nationality Verification

Signatory's NAME, DATE OF BIRTH and NATIONALITY verified and supported by a copy of one of the following acceptable documents (ticked below) stamped and signed as "Original seen and Verified". The ID document must contain a photograph and signature of the signatory.

- National Identity Card       - Passport

#### Address Verification (only required for Spouse if different from Primary)

Signatory's RESIDENTIAL ADDRESS verified and supported by one of the following acceptable items (ticked below) of which a copy is held, stamped and signed as "Original seen and Verified".

- Tenancy Agreement       - Income Tax Receipt       - Income Tax Assessment Notice       - Employment Contract  
 - Other Bank's Statement       - Utility Bill       - Employer's Reference Letter

#### Declaration by Primary Account Holder(s)

\* I/We\* hereby authorise the above named person whose signature is shown to the right to solely/jointly\* operate all the accounts grouped within the customer number shown above. \*Delete as appropriate

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

#### Declaration by Spouse or other Mandate Holders/Signatories

\* I \_\_\_\_\_ hereby acknowledge receipt of a copy of the bank's rules and regulations and I agree to abide by the conditions therein. The signature below will also be the one used when authorising operations on the account(s)

Place \_\_\_\_\_ Date \_\_\_\_\_

**Authorised Signature**

#### Interviewing Officer's and Manager's Comments

Any mandatory checks not completed or ticked must be supported by suitable comments by the staff responsible. The Branch or Account Manager or designated officer must review the checklist for completeness and decide on whether to allow the account opening while documenting reasons for the decision below.

Completed by interviewing officer:
Name _____ Date _____
Comments:
Signature:

Completed by Branch or Account Manager or designated officer:
Name _____ Date _____
Comments:
Signature: