

AGENT APPLICATION FORM

KEY REQUIREMENTS TO BE AUTHORIZED AS AN AGENT OF BPR

AGENT APPLICATION CHECKLIST		
	List of Requirements	
	Requirements for the Business Entity	Tick As appropriate
1	Certificate of Incorporation or Certificate of Registration of business name	
2	Six Months Latest Bank Statement	
3	A brief one page Company Profile (Include the business history, nature of business, branches & number of employees)	
4	Clear Copies of Business Licenses/Permit for the last 12 months	
5	Two photos of each outlet applied (Inside photo capturing where agency banking will be done & general outside photo of outlet)	
6	If regulated, certificates or letters of registration (e.g. Insurance Brokers)	
	Requirements for the Person In Charge of Agency Banking on Behalf of the Business	
1	Clear copies of ID of the Person in charge of Agency Banking.	
2	Two Passport Photos of the Person in charge of Agency Banking.	
3	Criminal record certificate of the Person in charge of Agency Banking	
	Requirements for the Company Directors/Partners/Owners	
1	Clear copy of ID	
2	One Passport Photo each.	
3	Criminal record certificate	

TO BE COMPLETED BY A PROSPECTIVE AGENT

Company Name:

Compiled By:

Names Signature

Designation Mobile Number

E-mail Date

FOR OFFICIAL USE ONLY

Application Status (Tick appropriate only)

Accepted ☐

Declined ☐

Reason for Decline

	Staff Name	Date	
Agency Banking Sales Representative			
To be Authorized by Mother Branch Manager			
Agent Admin			

Regulated by the National Bank of Rwanda

AGENT APPLICATION FORM (GENERAL BUSINESS INFORMATION AND TO BE COMPLETED BY ONE OF THE BUSINESS DIRECTORS/OWNERS OR SENIOR MANAGER TO OVERSEE AGENCY BANKING OPERATIONS)**A. Company/Business details**

Registered Business Name:.....

.....

Date of Registration:.....

*Business registered in Rwanda: Yes No

Business license No:.....

Issue date: Valid to:.....

TIN Number:.....

B : Business Location

Business Physical Location:

.....

Village :

Cell :

Sector:.....

District:

Province:

Primary Contact Mobile N° 1:

Secondary Contact Mobile N° 1:

Email:.....

C. Particulars of the Applying Owner/Director/Partner

Director/Owner 1's Name:

ID Number: Cell :

Sector: District:

Province:

Primary Contact Mobile N° 1:

Secondary Contact Mobile N° 1:

Next of Kin Name :

Next of Kin Phone Number

I, the undersigned, declare that to the best of our knowledge and belief, the information contained herein and any attachments is complete and accurate to the best of our knowledge.

Signature: Date:

Designation /Position

D. Other Particulars of Owner/Directors/Partner (Witness

Director/Owner 1's Name:

ID Number: Cell :

Sector: District:

Province:

Primary Contact Mobile N° 1:

Secondary Contact Mobile N° 1:

Next of Kin Name :

Next of Kin Phone Number

I, the undersigned, declare that to the best of our knowledge and belief, the information contained herein and any attachments is complete and accurate to the best of our knowledge.

Signature: Date:

Designation /Position

E : Criminal RecordHas any of your Directors/Owners ever been convicted of a crime? (Tick Appropriate) Yes No
Explain the details of the Crime:**F: List of all Outlet Owned by the Entity**

Name of Outlet	Sector	District	Assistant/ Contact Person Names (Attach ID Copy)	Telephone

G : Compliance with KYC Policy and the AML/CFT Regulations

I,, the director/ one of the directors of the above mentioned company agree that it will comply with the KYC policy of the bank and the all the AML/CFT relevant laws and regulations.

Signature.....