

BUSINESS ACCOUNT OPENING APPLICATION FORM

Registered and Non-registered Businesses				
[FOR OFFICIAL USE ONLY]				
Customer ID (Generated by the system)				
ACCOUNT NUMBER				
DETAILS OF BUSINESS APPLICATION		DATE:		
Name of Business				
Trading Name:				
(If different from the Registered Name)				
Nature of Business(Industry)		Profession	on/Status	
CONTACT ADDRESS & PHYSICAL ADDRESS				
Postal Address	Postal Code		Town/City	
Telephone	Cell Phone Number		C/O Where applicable	
Fax Number	Email		Website	
Physical Address	Street/Road		Building	
Building Block Number	Utility Company		Utility Account Number	
	tate of Incorporation If for IBIMINA and associations Issuing Authority		ate (for coop ck Appropria Place of Is	ately)
Date of Incorporation/Registration	RRA TIN Number		VAT Number	
ACCOUNTS HELD IN OTHER BANKS				
Account Number	Bank		Branch	
ACCOUNT DETAILS I/We hereby apply for: (Tick Appropriately) Business Current Business Investment Wisigara Investment Wisigara Investment Iyimbere MFI Iyimbere Sacco H			Twisuga agri busind	ane investment — ess —
Currency: RWF USD GBF	EURO Ot	hers (Speci	fy)	









FINANCIAL INFORMATION

Please tick in the relevant boxes below to indicate the expected normal range of activity in your account

	Expected Range (RWF. equivalent)							
Value of Transactions Up to 1,000,000 (tier1)		1,000,000- 5,000,000 (tier1)	5,000,001- 10,000,000 Tier 1	10,000,001- 50,000,000 (tier 1)	50,000,001 to 300,0000,000 (Tier 2)	300,0000,001 to 1,000,0000,000 (Tier 3)	Above 1 billion (Tier 4)	
Sum of all payments into month	account per							
cheque deposits per month	Local Currency							
	Foreign Currency							
Total value of foreign remittances per month	Incoming							
	Outgoing							

Annually

I/We confirm that the information given above is true to the best of my/our knowledge. By signing on this form I/We request you to open an account in my/our name (s). I/We agree that I/We have read, understood and accepted the terms and conditions of this account, supplied separately, and agree to be bound by them. I/We hereby authorize the Bank to disclose any information relating to my/our account (s) to any credit reference agency, any other institution or third party as it deems necessary.

Afix photo here	Signature
Stakeholder type	
Name	
Identification	
Tel No.	
Email Address	
RRA PIN	
Residential Addres	

Afix photo here	Signature
Stakeholder type	
Name	
Identification	
Tel No.	
Email Address	
RRA PIN	
Residential Addres	

Afix photo here	Signature
Stakeholder type	
Name	
Identification	
Tel No.	
Email Address	
RRA PIN	
Residential Addres	

Afix photo here	Signature
Stakeholder type	
Name	
Identification	
Tel No.	
Email Address	
RRA PIN	
Residential Addres	

Regulated by the National Bank of Rwanda











Signed in the presence of	Signature No
Signature & Branch's Official Stamp	Date
MODE OF SIGNING	
OFFICIAL USE ONLY	
Name of Sales Staff:	Sales Code(12x):
Sector: Target:	
Valid Identification documents obtained & authentic	ated
Document copies clear, complete & duly certified Physical Address Verification/Utility bill obtained Resolution obtained Photographs obtained Blacklist Checked Contact information available obtained Alterations countersigned	
Authorizing Official's Name:	Signature:
Signature & Branch Stamn	







