

INDIVIDUAL ACCOUNT OPENING FORM

Branch..... DAO CODE:

ACCOUNT TYPE:			
CURRENCY:	RWF <input type="checkbox"/>	USD <input type="checkbox"/>	GBP <input type="checkbox"/> EUR <input type="checkbox"/> KES <input type="checkbox"/>
ACCOUNT NAME:			
ACCOUNT NUMBER:		CUSTOMER NO:	
APPLICANT'S DETAILS			
Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Eng <input type="checkbox"/>
First name:		Last name: Date of Birth:	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	ID/Passport number:
Number of dependents (Children):			
Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
Spouse's name:			
Nationality:		(If US citizen, fill the FATCA form.)	
Relation to the bank: Staff <input type="checkbox"/> EXCO member <input type="checkbox"/> Supplier <input type="checkbox"/> Board Member <input type="checkbox"/> Shareholder(above 5%) <input type="checkbox"/> No relation to the bank <input type="checkbox"/>			
Birthplace:	Country:	Province:	District:
Sector:	Cell:	Village:	
Level of education: Primary Education <input type="checkbox"/> Secondary Education <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate (PHD) <input type="checkbox"/>			
PHYSICAL/RESIDENTIAL ADDRESS & CONTACT DETAILS			
Country:		Province:	
District/County:		Sector/State:	
Cell/City:		Village/Town:	
Street Number:		House Number:	
Postal/Zip code:		Mobile number:	
Email:			
EMPLOYMENT DETAILS			
Nature of employment:		Self-employed <input type="checkbox"/> Salaried <input type="checkbox"/> Unemployed <input type="checkbox"/>	
Occupation:			
Industry sector:			
Income Range (RWF): 1-371,000 <input type="checkbox"/> 371,000-550,000 <input type="checkbox"/> 550,000-808,000 <input type="checkbox"/> 808,000-1,000,000 <input type="checkbox"/> 1,000,000-1,280,000 <input type="checkbox"/> 1,280,000 and up <input type="checkbox"/>			
Employer Telephone no:		Email:	
NEXT OF KIN DETAILS			
First name:		Last name:	
ID/Passport number:			
Telephone:		Email:	
District:		Sector:	
ACCOUNT MANDATE DETAILS			
First name:		Last name:	
ID/Passport number:			
Telephone:		Email:	
District:		Sector:	

Regulated by the National Bank of Rwanda

DIGITAL CHANNELS APPLICATIONMobile banking ☐Internet banking ☐**ACCOUNT OPERATING TOOLS**Debit card ☐Cheque book ☐Payment order book ☐**ACCOUNT SIGNATORIES**

Details	Client	Signatory 1	Signatory 2
Names			
ID/Passport no			
Telephone no			
Address			

MODE OF ACCOUNT OPERATING (If Joint)
☐ Any to sign
 ☐ Both to sign
 ☐ All to sign
 ☐ Other:
APPLICANT'S DECLARATION

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.

APPLICANT'S SIGNATURE

Client	Signatory 1	Signatory 2	Date

TAX RESIDENCE SELF CERTIFICATION & DECLARATION

No	Country/Jurisdiction of tax residency	TIN number	If no TIN available, enter reason A, B, C
1			
2			
3			
4			
5			

If you do not have a TIN, you need to explain why by choosing one of the following reasons:

Reason A - The country/jurisdiction where the Account Holder is a resident does not issue TIN numbers.

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C - No TIN is required. (Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Please explain in the following box why you are unable to obtain a TIN if you selected Reason B above.

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with BPR Bank Rwanda Plc setting out how BPR may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise BPR Bank Rwanda Plc within [XX] days of any change in circumstances which affects the tax residency status of the individual identified or causes the information contained herein to become incorrect or incomplete, and to provide BPR Bank Rwanda Plc with a suitably updated self-certification and Declaration within [up to XX] days of such change in circumstances.

Signature: Date:

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity:

FOR BANK OFFICIAL USE ONLY**CUSTOMER INFORMATION CHECKLIST**

- ☐ Valid identification documents obtained & authenticated.
 - ☐ Blacklist checked.
 - ☐ CRB checked.
 - ☐ Signatory signatures obtained.
 - ☐ Photographs obtained.
 - ☐ Terms and conditions signed.
 - ☐ Key facts statement signed.
- Risk rating ☐ High ☐ Medium ☐ Low

Data collected/input by:

Staff name: Staff ID:

Date: Signature:

Authorizing official's name:

Date, Signature & branch stamp.

Terms and conditions apply.