

Serial Number:
(For Bank Use Only)

Account Number:
(For Bank Use Only)

Customer Account Opening Card

Savings Account



Equitorial Trust Bank
Partnership that works

Account Name:
(Surname First)

Customer Mandates:

E-BANKING SERVICES:

Please tick any of the e-banking service(s) you wish to subscribe to

ATM

Internet Banking

Mobile Banking

SMS Alert

E-mail Alert

ACCOUNT SIGNATORIES

Full Name:
Surname first

Signature:

Category of Signatory:

Passport Photograph

Date:

dd-mm-yyyy

Full Name:
Surname first

Signature:

Category of Signatory:

Passport Photograph

Date:

dd-mm-yyyy

ACCEPTANCE OF TERMS & CONDITIONS

I/We hereby request and authorise the bank to open a Savings Account in the name I/we have expressed in this card.

I/We have read and understood the Equitorial Trust Bank Ltd terms and conditions stated on the Customer Record Opening form. I/We agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/We agree that the bank may debit my/our account for service charges as applicable from time to time.

My/Our signature(s) on this Savings Account Card express(es) my/our acceptance of the said terms and conditions. Also, my/our signature(s) on this card confirm that the information/instruction(s) on this card were duly provided by me/us.

CHECKLIST FOR ACCOUNT OPENING CARD

(For Bank Use Only)

	Provided (Tick if applicable)	Deferred (Initials of authorising officer)	Waived (Initials of authorising officer)
1 Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Individuals means of Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Passport photographs of each signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Card Scanning duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION OF PROCESSORS

(For Bank Use Only)

Bank Branch:
(For Bank Use Only)

Staff Name & ID Card No.:

Signature & Date

Account Introduced by:

Relationship Officer:

Account Opened/
Card Scanned by:

Account Authorised by:

Account Checked by: