



**DIAMOND
TRUST
BANK**

Account Opening Form

Individual/Joint Account

Branch _____ Date / /

Account No. Existing Base of Applicant

I/We request you to open the following account(s) with Diamond Trust Bank as per the following details.
I/We have been advised about the available products and have selected this product as appropriate.

Customer (SIGNATURE (S): _____

Account Type
(Please ✓ tick where applicable) Current Account Savings Account Fixed Deposit Call Deposit

Product Name

Currency
(Please ✓ tick where applicable) USHS USD GBP EUR KES Other (Specify) _____

1. PERSONAL DETAILS (First Signatory) Mr. Mrs. Miss Ms. Dr. Other

First Name _____ Middle Name _____ Last Name _____

Nationality _____ National ID Passport Driving Permit Employment (Specify)

Other (Specify) _____ ID/Passport No.

ID/Passport Expiry Date / /

Place of Birth _____ Date of Birth / /

Gender: Male Female Marital Status: Married Single Other _____

Are you registered with any taxation authority Yes No

If yes list the countries along with the respective tax identification number / social security number.

Country	PIN/TIN	Country	PIN/TIN
1.		2.	

Are you a citizen of any country other than Uganda? Yes No if yes please indicate the name of the country(s)

1. _____ 2. _____

1A. CONTACT DETAILS

Tel No. + Office No. +

Personal E-mail Address _____ Office E-mail Address _____

Postal Address _____ Postal/ZIP Code _____ Town & Country _____

Physical Residential Address
(House No., Estate/Plot/Building/Floor/Road/Street)

1B. EMPLOYMENT DETAILS

I) SALARIED

Name of Employer	Monthly Gross Income
Occupation	Contract Tenure
Employer's Mail Address	Duration at Current Organisation

Physical Office Address
(Building/Floor/Road/Street)

II) SELF-EMPLOYED

Give a brief description about the nature of work/activity _____ Expected Income (per month) _____

Physical Address of Office
(Building/Floor/Road/Street)

III) STUDENT

Name of School	Student ID Number
Source of Funds <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify) _____	Expected Inflow (per month)

Physical Address of School
(Building/Floor/Road/Street)



INTRODUCER

Name
(First, Middle, Last)

Address
(Plot/Building/Floor/Road/Street)

DTB Bank A/C No.

□□□□□□□□□□

Telephone No.

Office No.

Mobile No.

Certificate By Introducer

I would like to introduce the above account applicant to open and maintain an account with you. I have known him/her for..... years and the physical location and address indicated herein is correct. I also confirm that I consider the new account holder suitable to

Date _____ Signature _____ Signature verified by _____

SIGNATURE & MANDATE FORM

Account Mandate: Signing Instructions *(Please tick ✓ where applicable)*

Singly Jointly Either or Survivor Other *(specify below)*

Other Signing instructions: _____

I/we have read and understood the conditions necessary to open and run an Account with DTB and I/we oblige to comply. I/we agree that this account shall be opened solely as the discretion of DTB Uganda and hereby agree to indemnity DTB Uganda at my/our cost against claims arising out of the account being closed by DTB Uganda upon issuance of 30 days notice due to unsatisfactory performance. Furthermore I/we accept that the operations of the account will be subject to the General Terms and Conditions as published from time to time signed by me/us and confirm that all given information on this form is true and correct.

1st Signatory

2nd Signatory

Name: _____

Name: _____

Designation/Title: _____

Designation/Title: _____

ID/Passport No: _____

ID/Passport No: _____

Telephone: _____

Telephone: _____

Signature

Signature

Date: □□/□□/□□□□

Date: □□/□□/□□□□

1 coloured passport photograph here

1 coloured passport photograph here

DOCUMENTS REQUIRED <i>(Please provide copies of these documents certified by Company Secretary or Branch Official)</i>	
<input type="checkbox"/> Introduction/Reference	<input type="checkbox"/> One Passport photograph of all authorized signatories
<input type="checkbox"/> ID/Passport copy of all authorized signatories	<input type="checkbox"/> Copy of additional KYC documents
<input type="checkbox"/> Proof of residential address (electricity /water bill in your name or current tenancy/lease agreement in your name or if employed, a letter from employer)	
<i>(Please sign the terms and conditions at the back of this form)</i>	

FOR BANK USE ONLY			
Customer Information Checklist	Initials		Initials
Valid Identification Documents obtained and authenticated		Signatures scanned	
Photographs obtained		Input by	
Reference verified & Anti Money Landing cheques done		Verified	
Mandated signatures obtained		Manager's Approval	
Customer contact information available		Exeptions <i>(Given reasons)</i>	
Cheque Book Order <i>(if applicable)</i>		Exeptions approved by	
Risk Profile allocated	Grade		
Account introduced by		Authorised by	
Account No. <input type="text"/>		Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Account Opened by	Name	Signature	
Approved by	Name	Signature	
Initial deposit received:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Transfer Amount		
Additional Comments			

ACKNOWLEDGEMENT & SIGNOFF TERMS & CONDITIONS	
I/We hereby have read and understood the Terms and Conditions as per the copy shared.	
Name: _____	Date: _____
Signature: _____	

E-Banking and Other Services (please tick against your choice and answer)

1. Internet Banking

Email Address

Mother's maiden name

Accounts to Link:

Cust ID

Cust ID

Cust ID

Customer Name

Approved by

2. Mobile Banking

Mobile Number

Phone type/model

Mobile Banking Channel Options:

MENU USSD (*all phones*)

SMS Banking (*all phones*)

Mobile Browser (*phones with internet*)

Mobile APP (*android, iPhone, BB*)

Signature

Date

3. SMS ALERTS

I do NOT wish to receive alerts by SMS for transactions on ky account
SMS alerts are charged as per tariff guide

4. E-STATEMENT

I would like to receive my statement on email

Daily

Monthly

Quarterly

Half Yearly

Annually

5. ATM Card

Link to my existing ATM card (for existing customer only)

Employer

Employer's Address

Customer Name

Signature

Approved by:

Date:

Verified by

Date

6. Call Centre Access

Mother's Maiden Name

Customer Name

Account Number

Signature

Approved by:

Date

Verified by

Date

7. Cheque Book Request

Branch from where to collect

Customer Name

Account Number

Signature

Approved by:

Date

Verified by

Date

Number of books

Number of leaves

OR send to address

DTB Bank is regulated by the Central Bank of Uganda

