



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

☐

Parent

☐

Guardian

Other (Specify) \_\_\_\_\_

Expected Inflow (per month)

Physical Address of School

(Building/Floor/Road/Street)

<b>III) OTHER SOURCES OF FUNDS</b> - any other income received not related to main income			
Source of other income _____			
Source of initial funds in account <input type="checkbox"/> Income <input type="checkbox"/> Bonus <input type="checkbox"/> Investment <input type="checkbox"/> Relatives <input type="checkbox"/> Selling Assets			
<input type="checkbox"/> Loans <input type="checkbox"/> Other (Describe) _____			
Mode of initial deposit: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Deposit <input type="checkbox"/> Existing Customer			
<input type="checkbox"/> Internal wire transfer <input type="checkbox"/> Local Wire Transfer			
Please mention name of Bank in case of wire, cheque deposit or transfer _____			
<b>1C. Bank Details: Other Accounts currently held with DTB or other Banks</b>			
Bank Name & Branch	Account Name	Type of Account	Account No.
1.			
2.			
<b>2. PERSONAL DETAILS (Second Signatory)</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____			
Relationship with Primary Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Business Partner <input type="checkbox"/> Other _____			
First Name	Middle Name	Last Name	
Nationality _____	National ID <input type="checkbox"/> Passport <input type="checkbox"/> Driving Permit <input type="checkbox"/> Employment (Specify) <input type="checkbox"/>		
<input type="checkbox"/> Other (Specify) _____ ID/Passport No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
ID/Passport Expiry 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"/> <input type="text"/>			
<input type="checkbox"/> Place of Birth _____ Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>			
Are you registered with any taxation authority Yes <input type="checkbox"/> No <input type="checkbox"/>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes please indicate the name of the country(s)			
1.		2.	
<b>2A. CONTACT DETAILS</b>			
Tel No. + <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Office No. + <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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)			
<b>2B. EMPLOYMENT DETAILS</b>			
<b>I) SALARIED</b>			
Name of Employer		Monthly Gross Income	
Occupation		Contract Tenure	
Employer's Mail Address		Duration at Current Organisation	
Physical Office Address (Building/Floor/Road/Street)			
<b>II) SELF-EMPLOYED</b>			
Give a brief description about the nature of work/activity		Expected Income (per month)	
Physical Address of Office (Building/Floor/Road/Street)			
<b>III) STUDENT</b>			
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)			

Source of other income \_\_\_\_\_

Source of initial funds in account    ☐ Income    ☐ Bonus    ☐ Investment    ☐ Relatives    ☐ Selling Assets

☐ Loans    ☐ Other (Describe) \_\_\_\_\_

Mode of initial deposit:                    ☐ Cash                                    ☐ Cheque Deposit                    ☐ Existing Customer

☐ Internal wire transfer                    ☐ Local Wire Transfer

Please mention name of Bank in case of wire, cheque deposit or transfer

☐ Cheque Book      ☐ Mobile banking      ☐ Agent Operation (Please sign separate Agent Mandate form)

[illegible]☐ E-Statements      ☐ DTB iBank (*online banking*)      ☐ Payeasy

**Cheque Book**      ☐ 25 Leaves      ☐ 100 Leaves

Names to appear on cheque book?

☐ Debit Card (Primary)      My/Our daily limits: ☐ Shs. 2,000,000      ☐ Other (Specify)

[illegible]☐ Debit Card (Supplimentary)

Names to appear on 2nd Applicant's card?

**E-Statements** to be mailed to the following email address: \_\_\_\_\_

Send statements ☐ Daily ☐ Weekly ☐ Monthly

CHILD'S DETAILS (Applicable for minor's account(s)) ☐ Master ☐ Miss.

First Name	Middle Name	Last Name
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Date of Birth:   /   /

Birth Certificate Number

Name of School \_\_\_\_\_ Issuing Authority \_\_\_\_\_

## NEXT OF KIN DETAILS

☐ Name  ☐ Relationship

☐ Phone  ☐ ID / Passport No.

**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 indemnify 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**

Name: \_\_\_\_\_

Designation/Title: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature

Date: /**2nd Signatory**

Name: \_\_\_\_\_

Designation/Title: \_\_\_\_\_

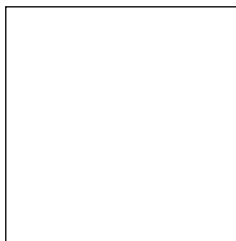
ID/Passport No: \_\_\_\_\_

Telephone: \_\_\_\_\_

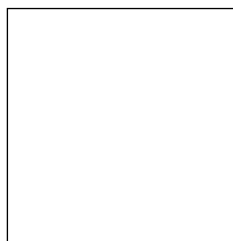
Signature

Date: /

1 coloured passport photograph here



1 coloured passport photograph here



<b>DOCUMENTS REQUIRED</b> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <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:

	View	Transact
<i>Cust ID</i>		
<i>Cust ID</i>		
<i>Cust ID</i>		

Customer Name

Approved by

2. Mobile Banking

Mobile Number

Phone type/model

Mobile Banking Channel Options:

MENU USSD ( <i>all phones</i> )	
SMS Banking ( <i>all phones</i> )	
Mobile Browser ( <i>phones with internet</i> )	
Mobile APP ( <i>adroid, iPhone, BB</i> )	

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

Account Number

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

Number of books

Number of leaves

Branch from where to collect

OR send to address

Customer Name

Account Number

Signature

Approved by:

Date

Verified by

Date

DTB Bank is regulated by the Central Bank of Uganda

