



BUSINESS ACCOUNT OPENING APPLICATION

BUSINESS BANKING ACCOUNT OPENING APPLICATION FORM

Please complete all details in CAPITAL letters.

I/We wish to open the following account(s) and undertake to comply, observe and be bound by the Bank's General Terms and Conditions. (To expedite processing, please enclose the requisite documents indicated in the aide memoire checklist).

Account name _____

Indicate type of account required:

Account type: Current Savings Call deposit Fixed deposit Other (specify) _____

Currency: UGX KES USD GBP EURO Other (specify) _____

Foreign Currency Accounts: Please state the nature and source of the Foreign Currency _____

Expected monthly business turnover (UGX Equivalent) Below 20 million 20 - 100 million Above 100 million

Expected number of monthly transactions Below 20 20-50 Above 50

ENTITY DETAILS

Company type: Limited Company Sole Proprietorship Partnership NGO Other (specify) _____

Registered name: _____ Trading name: _____

Nature/Description of business: _____

Business registration number: _____ Date of registration/ Incorporation: _____

Country of registration: _____ TIN: _____

Postal address: _____ Postal code: _____ Town/ City: _____

Country: _____ Physical address: _____ Plot number: _____

Tel. number: _____ Mobile number: _____ Fax number: _____

Email: _____ Website: _____

We will send you monthly statements on email (e-statement) to the e-mail address you have given us above

Associate company(ies): _____

INQUIRY ON POLITICALLY EXPOSED PERSONS

1. Have you held senior positions in the cabinet, Parliament, Ministry, Military, Judiciary, or political party Yes No
2. If yes? State the institution served, position held and period _____
3. Are you related to a senior official in the cabinet, Parliament, Ministry, Military, Judiciary, or political party? Yes No
4. If yes? State the name of the official, their position and your relationship. _____
5. Have you held senior positions in an International Organization like the UN, UNDP, EAC, AU, EU or World Bank? Yes No
6. If yes? state the institution served, position held and period _____
7. Are you related to a senior official in an International Organization like the UN, UNDP, EAC, AU, EU or World Bank? Yes No
8. If yes? State the name of the official, their position and your relationship _____

STAKEHOLDER INFORMATION

Number of Directors/ Partners: _____

Number of Shareholders/Ultimate Beneficiaries _____

(NOTE: IT IS MANDATORY THAT SHAREHOLDER/ DIRECTORS/ PARTNERS DULY COMPLETE THE STAKEHOLDERS INFORMATION FORM)

Name in Full	Shareholding %
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

TO BE COMPLETED BY STAKEHOLDER 1 - SHAREHOLDER/DIRECTOR/PARTNER/ULTIMATE BENEFICIAL OWNER

Stake Holder Type: Shareholder Partner Sole proprietor Director Other (specify) _____

Title: Mr. Mrs. Ms. Other (specify) _____

Name _____

Date of Birth: _____ Gender: _____ Marital status: _____ Nationality: _____

National ID/Passport No.: _____ Passport/Expiry date: _____ TIN/Number: _____

Postal address: _____ Postal code: _____

Town/ City: _____ Country: _____

Physical (Residential) address: _____ Street name: _____

Estate/Village: _____ House No.: _____

Tel Home: _____ Mobile number: _____ Email: _____

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Are you a U.S resident? US Citizen Green Card Holder Born in the U.S

Do you have a U.S residential address, correspondence, c/oor hold mail address in the U.S? Yes No

Yes No U.S Telephone Number: _____

Do you have a standing order to a U.S Bank Account? Yes No

Have you granted power of attorney or signatory authority to a person with a U.S address? Yes No

Next of Kin _____ Relationship _____

Mobile Number _____ National ID/ Passport No. _____

INQUIRY ON POLITICALLY EXPOSED PERSONS

- Have you held senior positions in the cabinet, Parliament, Ministry, Military, Judiciary, or political party Yes No
- If yes? State the institution served, position held and period _____
- Are you related to a senior official in the cabinet, Parliament, Ministry, Military, Judiciary, or political party? Yes No
- If yes? State the name of the official, their position and your relationship. _____
- Have you held senior positions in an International Organization like the UN, UNDP, EAC, AU, EU or World Bank? Yes No
- If yes? state the institution served, position held and period _____
- Are you related to a senior official in an International Organization like the UN, UNDP, EAC, AU, EU or World Bank? Yes No
- If yes? State the name of the official, their position and your relationship _____

TO BE COMPLETED BY STAKEHOLDER 2 - SHAREHOLDER/DIRECTOR/PARTNER/ULTIMATE BENEFICIAL OWNER

Stake Holder Type: Shareholder Partner Sole proprietor Director Other (specify) _____

Title: Mr. Mrs. Ms. Other (specify) _____

Name _____

Date of Birth: _____ Gender: _____ Marital status: _____ Nationality: _____

NationalID/PassportNo.: _____ Passport/Expirydate: _____ TIN/Number: _____

Postal address: _____ Postal code: _____

Town/ City: _____ Country: _____

Physical (Residential) address: _____ Street name: _____

Estate/Village: _____ House No.: _____

Tel Home: _____ Mobile number: _____ Email: _____

FOREIGN ACCOUNT TAX COMPIANCE ACT (FATCA)

Are you a U.S resident? US Citizen Green Card Holder Born in the U.S

Do you have a U.S residential address, correspondence, c/oor hold mail address in the U.S? Yes No

Yes No U.S Telephone Number:

Do you have a standing order to a U.S Bank Account? Yes No

Have you granted power of attorney or signatory authority to a person with a U.S address? Yes No

Next of Kin _____ Relationship _____

Mobile Number _____ National ID/ Passport No. _____

INQUIRY ON POLITICALLY EXPOSED PERSONS

1. Have you held senior positions in the cabinet, Parliament, Ministry, Military, Judiciary, or political party Yes No

2. If yes? State the institution served, position held and period _____

3. Are you related to a senior official in the cabinet, Parliament, Ministry, Military, Judiciary, or political party? Yes No

4. If yes? State the name of the official, their position and your relationship. _____

5. Have you held senior positions in an International Organization like the UN, UNDP, EAC, AU, EU or World Bank? Yes No

6. If yes? state the institution served, position held and period _____

7. Are you related to a senior official in an International Organization like the UN, UNDP, EAC, AU, EU or World Bank? Yes No

8. If yes? State the name of the official, their position and your relationship _____

TO BE COMPLETED BY STAKEHOLDER 3 - SHAREHOLDER/DIRECTOR/PARTNER/ULTIMATE BENEFICIAL OWNER

Stake Holder Type: Shareholder Partner Sole proprietor Director Other (specify) _____

Title: Mr. Mrs. Ms. Other (specify) _____

Name _____

Date of Birth: _____ Gender: _____ Marital status: _____ Nationality: _____

NationalID/PassportNo.: _____ Passport/Expirydate: _____ TIN/Number: _____

Postal address: _____ Postal code: _____

Town/ City: _____ Country: _____

Physical (Residential) address: _____ Street name: _____

Estate/Village: _____ House No.: _____

Tel Home: _____ Mobile number: _____ Email: _____

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Are you a U.S resident? US Citizen Green Card Holder Born in the U.S

Do you have a U.S residential address, correspondence, c/oor hold mail address in the U.S? Yes No

Yes No U.S Telephone Number:

Do you have a standing order to a U.S Bank Account? Yes No

Have you granted power of attorney or signatory authority to a person with a U.S address? Yes No

Next of Kin _____ Relationship _____

Mobile Number _____ National ID/ Passport No. _____

INQUIRY ON POLITICALLY EXPOSED PERSONS

1. Have you held senior positions in the cabinet, Parliament, Ministry, Military, Judiciary, or political party Yes No

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4. If yes? State the name of the official, their position and your relationship. _____

5. Have you held senior positions in an International Organization like the UN, UNDP, EAC, AU, EU or World Bank? Yes No

6. If yes? state the institution served, position held and period _____

7. Are you related to a senior official in an International Organization like the UN, UNDP, EAC, AU, EU or World Bank? Yes No

8. If yes? State the name of the official, their position and your relationship _____

TO BE COMPLETED BY STAKEHOLDER 4 - SHAREHOLDER/DIRECTOR/PARTNER/ULTIMATE BENEFICIAL OWNER

Stake Holder Type: Shareholder Partner Sole proprietor Director Other (specify) _____

Title: Mr. Mrs. Ms. Other (specify) _____

Name _____

Date of Birth: _____ Gender: _____ Marital status: _____ Nationality: _____

NationalID/PassportNo.: _____ Passport/Expirydate: _____ TIN/Number: _____

Postal address: _____ Postal code: _____

Town/ City: _____ Country: _____

Physical (Residential) address: _____ Street name: _____

Estate/Village: _____ House No.: _____

Tel Home: _____ Mobile number: _____ Email: _____

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Are you a U.S resident? US Citizen Green Card Holder Born in the U.S

Do you have a U.S residential address, correspondence, c/oor hold mail address in the U.S? Yes No

Yes No U.S Telephone Number:

Do you have a standing order to a U.S Bank Account? Yes No

Have you granted power of attorney or signatory authority to a person with a U.S address? Yes No

Next of Kin _____ Relationship _____

Mobile Number _____ National ID/ Passport No. _____

INQUIRY ON POLITICALLY EXPOSED PERSONS

- 1. Have you held senior positions in the cabinet, Parliament, Ministry, Military, Judiciary, or political party Yes No
- 2. If yes? State the institution served, position held and period _____
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- 4. If yes? State the name of the official, their position and your relationship. _____
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- 6. If yes? state the institution served, position held and period _____
- 7. Are you related to a senior official in an International Organization like the UN, UNDP, EAC, AU, EU or World Bank? Yes No
- 8. If yes? State the name of the official, their position and your relationship _____

SPECIMEN SIGNATURE FORM (MANDATE FILE) AND CONTACT DETAILS

	Name: _____	First name	Middle name	Surname
	Designation: _____			
	National ID/ Passport No.: _____			
	Mobile number: _____			
	Email: _____			
	Signature: _____			

	Name: _____	First name	Middle name	Surname
	Designation: _____			
	National ID/ Passport No.: _____			
	Mobile number: _____			
	Email: _____			
	Signature: _____			

	Name: _____	First name	Middle name	Surname
	Designation: _____			
	National ID/ Passport No.: _____			
	Mobile number: _____			
	Email: _____			
	Signature: _____			



Name: _____ First name _____ Middle name _____ Surname _____
 Designation: _____
 National ID/ Passport No.: _____
 Mobile number: _____
 Email: _____
 Signature: _____

MANDATE: AS PER THE BOARD RESOLUTION

Operating mandate: Solely Either/or All to sign Other (specify) _____

Special signing instructions: _____

Other accounts held currently (with NCBA or other banks)

Bankname: _____ Branch: _____ A/C No.: _____

Bankname: _____ Branch: _____ A/C No.: _____

Are the current Directors/ Partners/ Shareholders holding similar positions in other companies maintaining accounts at NCBA Bank Uganda Limited?

Yes No If yes, please state the company(ies)

Bank name: _____ Branch: _____ A/C No.: _____

Bank name: _____ Branch: _____ A/C No.: _____

CHEQUE BOOKS, SMS ALERTS, SWIFT ADVISES AND STATEMENT DETAILS

Cheque Book: 1 Book 2 Books Other (specify) _____

(Note: Cheque book to be collected from the domicile branch. Any other arrangements to be requested after four working days.)

Statement Cycle: Daily Weekly Monthly Quarterly No Statement

E-Statement and Swift Advices preferred email address _____

Additional Email address _____

E-CHANNELS

1. Mobile Banking Yes No (if yes provide mobile number: _____ *)

2. Online Banking Yes No (if yes complete online Banking Application Form)

3. Business Credit Card Yes No (if yes complete Credit Card Application Form)

4. Business Debit Card Yes No

5. Other (specify) _____ Yes No (if yes specify) _____

BUSINESS DEBIT CARD AND MOBILE BANKING APPLICATION (Applicable for: Sole Signatory, Either/Any to sign mandates)

Auto Sweep Services (applicable to Business collection Accounts Only)

From Account name: _____ Account number:

To Account name: _____ Account number:

Frequency: Daily Weekly Monthly Quarterly Half Yearly Yearly Others (Specify): _____

Note: All funds collected in the specified cycle as per the frequency period above will be transferred to the designated account.

DECLARATION

1. We have read and been explained to (in a language that we comprehend and understand) and agree to be bound by the Account Opening General Terms and Conditions referred to herein and which form part of this application form that are available in all NCBA branches or website www.ncbagroup.com and the General Terms and Conditions (GTC) that apply to the Bank's products and services and we further acknowledge that we are bound by any variation that the Bank makes to these documents and confirm that we have obtained a copy of the Account Opening General Terms and Conditions.
2. We confirm and warrant that all information (including any documents) we have given to the Bank in connection with this application is correct, complete and not misleading. If any of the information provided is incorrect or misleading we will be personally liable either jointly or severally for the same. We undertake to promptly notify the Bank if we become aware that any information we have given changes, is incorrect or misleading.
3. We agree that the Bank will send all correspondences in online form using email or any other online media. However, the Bank reserves the right to send paper correspondences to me at my last known address as per the Bank's records.
4. We represent and warrant that we have all the necessary power and authorisations to own assets, carry on business, and enter into each of the banking agreements and any other arrangement with the Bank to ensure compliance with our obligations under this Agreement.
5. We confirm that the personal information provided in this application form and that of our joint account holder (if any) or authorised person (if any) will apply to the account(s) we hold with the Bank unless we expressly tell you otherwise.
6. We consent to the Bank contacting me at the address, email address and phone numbers we have provided to them, to give you information on other products and services that the Bank, or its strategic partners, may offer.

AUTHORISED SIGNATORY(IES)

By signing on this form I/we request you to open an account(s) in my/our name. I/We commit to provide any and all documentary proof that the Bank will find necessary for the validation of this application.

I/We confirm that the information provided, is correct and to the best of my knowledge. By signing this application form, I/We understand that I/We will be deemed to and I/We confirm that, prior to signing this application form, I/we have read, understood and accepted the General Terms and Conditions (GTC) that apply to the Bank's products and services and I/we hereby agree to comply, observe and be bound by the GTC (as amended from time to time) and update on the Bank's website www.ncbagroup.com.

For

Name	Signature	ID number	Date

* Company Seal (where applicable)

FOR OFFICIAL USE ONLY

Customer number: _____ Account number:

Account officer: _____ Account opened by _____

Account officer code (DAO 1): _____ Preferred branch (DAO 2): _____ Sales code (DAO 3): _____

Signature: _____ Date: (dd/mm/yyyy)

Authorized by: _____

Signature: _____ Date: (dd/mm/yyyy)

Sector: _____ Industry: _____ Legal Entity: _____

Account Restrictions: _____ Special instructions: _____

AML Risk Category: _____ Review date: _____ PEP status: _____

FATCA INDICATOR

1. Are any of the stakeholders US persons (from questions included in stakeholder details)? If so, is the total shareholding of these US persons more than 10%?

2. Has the customer indicated whether the entity expects to receive US source investment income?

3. Has the customer indicated whether the entity expects to receive US source trade and business income?

FATCA status

If Yes, FATCA documentation to be completed;

- 1. Form W9
- 2. Form W-8BEN-E
- 3. Form W-8ECI

See guide on which forms are applicable based on the above responses:

Question 1	Question 2	Question 3	Form to fill
y	y	y	W-9
y	n	n	W-9
y	n	y	W-9
n	y	y	W-8BEN-E & W-8ECI
n	y	n	W-8BEN-E
n	n	y	W-8ECI

	Verified by:	Checked by:	Authorized by:
Name			
Signature			
Date	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)

AIDE MEMOIRE CHECKLIST

(Please tick requisite documents obtained and attached)

CORPORATE/ LIMITED COMPANY

- Copies of Certified certificate of incorporation, Memorandum and Articles of Association, company form 7/ or recent annual returns
- Certified copy of Registered Board Resolution stating to open accounts and designated authorized signatories (as applicable)
- Certified copies of power of attorney documents, where applicable

SOLE PROPRIETORSHIP ACCOUNTS

- Copy of certified certificate of registration
- Statement of particulars

PARTNERSHIP ACCOUNTS

- Copy of certified certificate of registration
- Partnership Deed

CLUBS/ SOCIETIES/ TRADE UNIONS/ ASSOCIATIONS/ MISSIONS/ CHARITIES/ NGO ACCOUNTS

- Copy of certified Certificate of registration, constitution, By-Laws, Trust Deed or similar documentation evidencing legal status
- Certified copy of Rules and Regulations/ Constitution of the Clubs, Societies, Associations and Charities
- Resolution or Meeting minutes authorizing to open an account or Letter requesting to open accounts and designate authorized signatories
- Licence/ NGO Certificate or Certificate of Incorporation, or other legal proof of registration with a competent authority
- Certified copies of power of attorney documents, where applicable

NOMINEE/ FIDUCIARY TRUST AND PROVIDENT FUND ACCOUNTS

- Certified copy of Certificate of Registration or Certificate of Incorporation as the case may be, Constitution, Trust Deed, Will or other instrument if any, indicative of the nature of business and the legal status
- The original and certified copy of every power of Attorney upon which the Bank is required to act
- Certified copy of Board Resolution stating authority to open accounts in NCBA Bank and designate authorized signatories
- Identification for the Chairman and all the signatories
- Address confirmation of the Chairman/ Managing Trustee and Secretary/ Trustee, or other office bearers of similar authority and all beneficial owners/ Shareholders and signatories of the various accounts

ANGLICAN OR CATHOLIC CHURCHES AND MOSQUES

- Minutes of Church/ Mosque Executive Committee resolving to open accounts, authorized signatories and signing mandate
- Copies of by-laws or Constitution
- Introduction letter duly signed by the Secretary at the Diocese/ or Uganda Muslim supreme council
- National ID & address confirmation of controlling persons and those office bearers authorized to operate the account

SCHOOLS AND INSTITUTIONS

- Copy of Certified Registration Certificate
- Operating license from Ministry of Education
- Registered school board of Governors/ Directors' resolution to open an account in NCBA bank and operating instructions

SACCOS

- A copy of the SACCO constitution
- Certificate of registration issued by Cooperative Society or Uganda Micro-Finance Regulatory Authority (for newly registered SACCOs)
- Certified resolution to open the account in NCBA bank Certified by Cooperative Society or Uganda Micro-Finance Regulatory Authority (for newly registered SACCOs)

FOREIGN ENTITIES

- Certified copy Certificate of Registration, Memorandum, and Articles of Association and Company form 7
- Certified copy of Board Resolution
- Certified Power of Attorney documents, where applicable

ADDITIONAL MANDATORY REQUIREMENTS (for Companies/ Sole Proprietorship/ Club/ Society/ Association/ NGO/ Saccos)

- Passport size photos of all signatories
- Valid Identification document(s) of all authorized signatories i.e National ID for Ugandans and Passport for foreigners
- Identification of the Principle of substantial shareholders (5% shares and above).

For Foreigners nationals

- Work permit/Residence permit for non-Ugandans
- Copy Visa status (confirm that the customer's visa is not expired)

ADDITIONAL MANDATORY REQUIREMENTS (for Companies/ Sole Proprietorship/ Club/ Society/ Association/ NGO/ Saccos)

- Valid work permits for foreigners employed in Uganda
- NB: In some instances work permit may not be required by for account opening for foreigners. For example, where a customer is not in any form of employment, the customer should provide a valid resident permit
- TIN for American Citizens (FATCA)
- Tax Identification Number (TIN) Certificates, (Personal TINs & Company/ Business TIN)
- Trading License (Where applicable)
- Company search report
- Site visit

- Minimum Initial deposit
- Certified Power of Attorney documents, where applicable
- Address confirmation for the company & all authorized Signatories verified by National ID, a reference (i.e existing customer whose account is properly run & has been bank customer for the last 6 months, lawyer, clergy, or from employer etc or supporting documentation (i.e copy of Utility Bill, Bank Statement, or recent tenancy agreement relating to the past 3 months))

OTHERS

- Risk profiling form, Key Facts Documents (KFD)
- Indication of Pep and sanctioned status

