

Account Opening Form | Personal Account

Branch:	<input type="text"/>	Date:	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Account No.:	<input type="text"/>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 150px; height: 100px; text-align: center; vertical-align: middle;">Affix photo</div> <div style="border: 1px solid black; width: 150px; height: 100px; text-align: center; vertical-align: middle;">Affix photo</div> </div>	
Code:	<input type="text"/>		
Type of savings account:	<input type="checkbox"/> Ordinary Savings <input type="checkbox"/> Agro Save <input type="checkbox"/> Extra Save <input type="checkbox"/> Child Save <input type="checkbox"/> Target <input type="checkbox"/> Staff Savings <input type="checkbox"/> Students / Youth Savings		
Currency:	<input type="checkbox"/> USHS <input type="checkbox"/> Other	<input type="text"/> Specify	

I - Personal Details (First Signatory)

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Ms	<input type="checkbox"/> Rev	<input type="checkbox"/> Dr/Prof	<input type="checkbox"/> Other
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>	
Nationality:	<input type="text"/>	<input type="checkbox"/> National ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Permit		
		<input type="checkbox"/> Employment	<input type="text"/> Specify	<input type="checkbox"/> Other	<input type="text"/> Specify	
ID/ Passport No.:	<input type="text"/>	ID/ Passport Expiry Date.:	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y			
Place of Birth:	<input type="text"/>	Date of Birth:	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Other <input type="text"/> Specify
Are you registered with any taxation authority?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes list the countries along with the respective tax identification number / social security number:						
Country:	<input type="text"/>	PIN/TIN:	<input type="text"/>			
Country:	<input type="text"/>	PIN/TIN:	<input type="text"/>			
Are you registered with any taxation authority?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes list the countries along with the respective tax identification number / social security number:						
Country:	<input type="text"/>	Country:	<input type="text"/>			

Non Ugandan Customer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa No.:	<input type="text"/>
Passport No:	<input type="text"/>	Resident ID No.:	<input type="text"/>
Refugee ID No.:	<input type="text"/>	Work Permit No.:	<input type="text"/>
Work permit start date:	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Work permit end date:	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

I a - Contact Details

Tel No.:	<input type="text"/>	Office No.:	<input type="text"/>
Personal Email:	<input type="text"/>	Office Email:	<input type="text"/>
Village:	<input type="text"/>	Zone:	<input type="text"/>
Sub-county:	<input type="text"/>	City/Town:	<input type="text"/>
District:	<input type="text"/>	Region:	<input type="text"/>
Fax:	<input type="text"/>	Street:	<input type="text"/>
P.O. Box:	<input type="text"/>	Postal/ZIP Code:	<input type="text"/>

I - Next of Kin Details

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Ms	<input type="checkbox"/> Rev	<input type="checkbox"/> Dr/Prof	<input type="checkbox"/> Other
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>	
Nationality:	<input type="text"/>	<input type="checkbox"/> National ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Permit		
	<input type="checkbox"/> Employment	<input type="text" value="Specify"/>	<input type="checkbox"/> Other	<input type="text" value="Specify"/>		
ID/ Passport No.:	<input type="text"/>			ID/ Passport Expiry Date.:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Place of Birth:	<input type="text"/>			Date of Birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Other <input type="text" value="Specify"/>
Tel No.:	<input type="text"/>			Office No.:	<input type="text"/>	
Personal Email:	<input type="text"/>			Office Email:	<input type="text"/>	
Village:	<input type="text"/>	Zone:	<input type="text"/>	Parish:	<input type="text"/>	
Sub-county:	<input type="text"/>	City/Town:	<input type="text"/>	County:	<input type="text"/>	
District:	<input type="text"/>	Region:	<input type="text"/>	Country:	<input type="text"/>	
Fax:	<input type="text"/>	Street:	<input type="text"/>			
P.O. Box:	<input type="text"/>		<input type="text"/>	Postal/ZIP Code:	<input type="text"/>	

I b - Employment Details

I - SALARIED

Name of Employer:	<input type="text"/>	Monthly Gross Income:	<input type="text"/>
Occupation:	<input type="text"/>	Contract Tenure:	<input type="text"/>
Employer's Mail Address:	<input type="text"/>	Duration of Current Organisation:	<input type="text"/>
Tel No.:	<input type="text"/>	Office No.:	<input type="text"/>
Personal Email:	<input type="text"/>	Office Email:	<input type="text"/>
Village:	<input type="text"/>	Zone:	<input type="text"/>
Sub-county:	<input type="text"/>	City/Town:	<input type="text"/>
District:	<input type="text"/>	Region:	<input type="text"/>
Fax:	<input type="text"/>	Street:	<input type="text"/>
P.O. Box:	<input type="text"/>	Postal/ZIP Code:	<input type="text"/>

II - SELF-EMPLOYED

Give a brief description about the nature of work / activity:

<input type="text"/>			
<input type="text"/>			Expected income (pm): <input type="text"/>
Tel No.:	<input type="text"/>	Office No.:	<input type="text"/>
Personal Email:	<input type="text"/>	Office Email:	<input type="text"/>
Village:	<input type="text"/>	Zone:	<input type="text"/>
Sub-county:	<input type="text"/>	City/Town:	<input type="text"/>
District:	<input type="text"/>	Region:	<input type="text"/>
Fax:	<input type="text"/>	Street:	<input type="text"/>
P.O. Box:	<input type="text"/>	Postal/ZIP Code:	<input type="text"/>

III - STUDENT

Name of School:	<input type="text"/>			Student ID No.:	<input type="text"/>				
Source of Funds:	<input type="checkbox"/> Parent	<input type="checkbox"/> Gaurdian	<input type="checkbox"/> Other	<input type="text" value="Specify:"/>					
Expected Inflow (pm):	<input type="text"/>	Date of Birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>				Age:	<input type="text"/>	
Physical Address of School:									
Tel No.:	<input type="text"/>			Office No.:	<input type="text"/>				
Personal Email:	<input type="text"/>			Office Email:	<input type="text"/>				
Village:	<input type="text"/>	Zone:	<input type="text"/>	Parish:	<input type="text"/>				
Sub-county:	<input type="text"/>	City/Town:	<input type="text"/>	County:	<input type="text"/>				
District:	<input type="text"/>	Region:	<input type="text"/>	Country:	<input type="text"/>				
Fax:	<input type="text"/>	Street:	<input type="text"/>						
P.O. Box:	<input type="text"/>		<input type="text"/>	Postal/ZIP Code:	<input type="text"/>				

IV - OTHER SOURCES OF FUNDS - any other income received not related to main income

Sources of other income:

Sources of initial deposit:

<input type="checkbox"/> Income	<input type="checkbox"/> Bonus	<input type="checkbox"/> Investment	<input type="checkbox"/> Relatives	<input type="checkbox"/> Loan
<input type="checkbox"/> Selling Assets	<input type="checkbox"/> Other	<input type="checkbox"/> Specify		

Mode of initial deposit:

<input type="checkbox"/> Cash	<input type="checkbox"/> Mobile Money	<input type="checkbox"/> RTGS/GET
-------------------------------	---------------------------------------	-----------------------------------

I c - Bank Details: Other Accounts currently held with Opportunity Bank or Other banks

Bank Name & Branch:	Account Name:	Type of Account:	Account No.:
1 - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNT SERVICES NEEDED (Please tick where preferred choice(s) were applicable)

ATM Card: ☐ Yes ☐ No Opportunity Kusimu (Mobile Banking): ☐ Yes ☐ No

SMS Alert: ☐ 50 ☐ 100 ☐ 100 >

ATM Card to be collected from: Branch (Within one month)

Opportunity Legacy: ☐ Yes ☐ No

CHILD'S DETAILS (Applicable for minor's account/s)

Gender: ☐ Male ☐ Female Age:

First Name: Middle Name: Last Name:

Date of Birth:

Customer's approval

I/We request you to open the following account(s) with Opportunity 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):

For Bank Use Only

Customer Information Checklist:

Initials:

Customer Information Checklist:

Initials:

Valid Identification Documents Obtained and authenticated

Signatures scanned

Photograph obtained

Input by

Reference verified & Anti Money Laundering checks done

Verified

Mandates signatures obtained

Manager's Approval

Customer contact information available

Exceptions (Given reason)

KFD signed

Exceptions approved by

Risk Profile allocated:

Grade:

Account Introduced by:

Authorised by:

PEP Status:

☐

Yes

☐

No

Level:

Other Relationships:

KYC Risk Indicate (Please tick):

☐

High

☐

Medium

☐

Low

Account No.:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Account Opened By:

Name:

Signature:

Approved By:

Name:

Signature:

Initial deposit received:

☐

Cash

☐

Cheque

☐

Transfer Amount

Additional Comments: