



Branch

Date

## ACCOUNT UPDATE & SERVICE REQUEST FORM

### CUSTOMER INFORMATION UPDATE *(Mandatory, to be completed)*

Account Number	<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"/>
Account Name	<input type="text"/>														
Applicants Names	<input type="text"/>														
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth:	<input type="text" value="DD / MM / YYYY"/>											
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed											
Type of ID	<input type="checkbox"/> National ID	<input type="checkbox"/> Passport <i>(for foreign nationals)</i>	ID No.	<input type="text"/>											
Nationality	<input type="text"/>			Country of Residence	<input type="text"/>										
Mobile Phone No.	<input type="text"/>			Please sign to confirm your mobile phone No. and email for notifications	sign here please										
Email (Personal)	<input type="text"/>														
Other Phone No.	<input type="text"/>			P. O. Box No.	<input type="text"/>										
Work Place	<input type="text"/>			Residential Address	<input type="text"/>										

### NEXT OF KIN *(Mandatory, to be completed)*

Names:	<input type="text"/>	Relationship	<input type="text"/>
Address:	<input type="text"/>	Telephone No.	<input type="text"/>
Email	<input type="text"/>	Occupation	<input type="text"/>

### INCOME INFORMATION *(Mandatory, to be completed)*

Monthly gross income <i>UGX equivalent</i>	<input type="checkbox"/> Below 1m	<input type="checkbox"/> 1 - 5m	<input type="checkbox"/> 5 - 10m	<input type="checkbox"/> 10 - 50m
	<input type="checkbox"/> 50 - 100m	<input type="checkbox"/> 100 - 500m	<input type="checkbox"/> 500 - 1bn	<input type="checkbox"/> Above 1bn
Source of Income	<input type="checkbox"/> Salary	<input type="checkbox"/> Business	<input type="checkbox"/> Other	
	If other, please specify; <input type="text"/>			
If self-employed or in additional business, specify type & name <input type="text"/>				

### REQUIREMENT BY THE DEPOSIT PROTECTION FUND *(Mandatory, to be completed)*

Choose only one Mode of payment	<input type="checkbox"/> Alternative Bank Account	<input type="checkbox"/> Registered Mobile Money number
	Account Name	<input type="text"/>
	Account Number	<input type="text"/>
	Bank	<input type="text"/>
	Branch	<input type="text"/>

### 1. ACCOUNT AMENDMENT (Status or Mandate) *(\*a new resolution for company accounts and request letter for savings account should be attached)*

<input type="checkbox"/> Account reactivation	<input type="checkbox"/> Change of signature	<input type="checkbox"/> Change in signing mandate
<input type="checkbox"/> Account re-opening	<input type="checkbox"/> Add signatory	<input type="checkbox"/> Remove signatory
<input type="checkbox"/> Temporary change		
Supporting reasons	<input type="text"/>	

### 2. ADDITIONAL ACCOUNT REQUEST *(Check/ tick the appropriate box)*

Currency Type	<input type="checkbox"/> UGX	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR
Savings Accounts	<input type="checkbox"/> ATM Account	<input type="checkbox"/> Classic Savings	<input type="checkbox"/> Dollar Savings	<input type="checkbox"/> Student
	<input type="checkbox"/> Phuture (Children)	<input type="checkbox"/> Target Savings	<input type="checkbox"/> Chama Investment Club	<input type="checkbox"/> Diaspora
Current Accounts	<input type="checkbox"/> Standard Current	<input type="checkbox"/> Kyakala (Single tariff)	<input type="checkbox"/> KWIK Cash Salary	<input type="checkbox"/> Premium
	<input type="checkbox"/> SME Daily	<input type="checkbox"/> Collection A/C	<input type="checkbox"/> Others <input type="text"/>	<input type="checkbox"/> Sapphire

**3. CHEQUE BOOK REQUEST** (Check/ tick the appropriate box)

<input type="checkbox"/> 25 leaves	<input type="checkbox"/> 50 leaves	<input type="checkbox"/> 100 leaves	(*Each leaf costs _____)
Transfer request	Please transfer my cheque book to _____ branch where I prefer to collect it		

**4. ATM VISA DEBIT CARD REQUESTS** ATM Card No. \_\_\_\_\_

Request type	<input type="checkbox"/> New/Replacement Card	<input type="checkbox"/> PIN Reissue	<input type="checkbox"/> Block Card	<input type="checkbox"/> Unblock Card	<input type="checkbox"/> Verified by Visa
Reason for request	<input type="checkbox"/> First Issue (Not received	<input type="checkbox"/> Damaged/Expired	<input type="checkbox"/> Lost/Forgotten	<input type="checkbox"/> Card Found	<input type="checkbox"/> Secure Online transactions
Card type	<input type="checkbox"/> VISA Classic	<input type="checkbox"/> VISA Gold	<input type="checkbox"/> VISA Infinite	<input type="checkbox"/> VISA Prepaid	
Transfer request	Please transfer my ATM card/PIN mailer to _____ branch where I prefer to collect it				

**5. E-BANKING REQUEST** (Check/ tick the appropriate box)

Service/Solution	Function/Scope	ATM Limits	Specify Amount	Other Limits	Specify Amount
Internet Banking	<input type="checkbox"/> Viewing <input type="checkbox"/> Transfers	Per transaction	<input type="checkbox"/>	POS Online	<input type="checkbox"/>
Mobile Banking	<input type="checkbox"/> Viewing <input type="checkbox"/> Transfers	Per day	<input type="checkbox"/>	Internet Banking	<input type="checkbox"/>
SMS Alerts (*To the mobile above)	<input type="checkbox"/> Debits <input type="checkbox"/> Credits	Per week	<input type="checkbox"/>	SMS Alerts (CR)	<input type="checkbox"/>
E-Statements (*To the email above)	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly	Per month	<input type="checkbox"/>	SMS Alerts (DR)	<input type="checkbox"/>

Please link the following account(s)

<input type="checkbox"/> to my new/existing card	Account No. (1)	_____
<input type="checkbox"/> for SMS Alerts	Account No. (2)	_____
<input type="checkbox"/> for E-Statement		

**6. BIOMETRICS ENROLLMENT REQUEST** (For joint accounts, every signatory is required to fill in a separate form)

Account Names	_____													
Account Number	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Please sign to confirm Biometric Registration
By appending my signature, I confirm and consent that all transactions made through biometric verification are duly authorized by myself thus binding on me.													sign here please	

**UNDERTAKING**

I/We undertake to indemnify and keep the Bank at all times indemnified from and against all actions, proceedings, losses, claims charges, demands, expenses, costs and damages whatsoever which may be duly incurred or suffered by the Bank or to which the Bank may be or become liable by reason of reliance on my/our instructions or submissions

Applicant's signature:	_____	DD / MM / YYYY
Additional Applicant's signature:	_____	DD / MM / YYYY

**FOR BANK USE ONLY**  Supporting documents obtained and info updated in core banking system

	Names	Signature	Date
Information input by (SSO)	_____	_____	DD / MM / YYYY
Authorised by (SL/ BOM)	_____	_____	DD / MM / YYYY
Verified by (KYC Officer)	_____	_____	DD / MM / YYYY