



**KINGDOM BANK AFRICA LIMITED
(‘KINGDOM’)
BUSINESS ACCOUNT OPENING FORM**

COUNTRY OF RESIDENCE

COMPANY DETAILS

NAME OF ACCOUNT :

COMPANY REGISTRATION NO :

DATE ESTABLISHED :

PHYSICAL ADDRESS :

POSTAL ADDRESS :

.....

CONTACT PERSON :

TELEPHONE NUMBER: FAX NUMBER:

E-MAIL ADDRESS:

CURRENCY

(PLEASE TICK (√) AND INITIAL NEXT TO SELECTION)

UNITED STATES DOLLARS (USD)

EURO (EUR)

BRITISH POUND (GBP)

SOUTH AFRICAN RAND (ZAR)

ACCOUNT TYPE

(PLEASE TICK (√) AND INITIAL NEXT TO SELECTION)

DEMAND DEPOSIT ACCOUNT

CALL ACCOUNT

FIXED DEPOSIT

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PURPOSE/MOTIVATION

1. BRIEFLY EXPLAIN WHY YOU WANT TO OPEN AN ACCOUNT WITH KINGDOM

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2. NATURE OF BUSINESS (Brief description of what the company does/trades in etc)

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3. SOURCE OF INCOME (Briefly state whether from Trading , other sources etc)

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4. ARE FINANCIAL STATEMENTS AVAILABLE ? Yes/No . If no state reasons, If yes please provide a certified copy

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STATEMENTS (HOW OFTEN)

(PLEASE TICK (√) AND INITIAL NEXT TO SELECTION)

WEEKLY

MONTHLY

OTHER

QUARTERLY

DECLARATION

I/WE DECLARE THAT THE INFORMATION PROVIDED ABOVE IS THE TRUTH. I/WE AM/ARE AWARE THAT MONEY LAUNDERING IS ILLEGAL AND THUS, DECLARE THAT I/WE WILL ONLY USE THE ACCOUNT FOR THE STATED AND AGREED PURPOSES. I/WE ALSO DECLARE THAT I/WE WILL ALWAYS GIVE THE BANK PRIOR WRITTEN NOTICE TO RECEIVE FUNDS PRIOR TO MAKING A DEPOSIT INTO THE ACCOUNT.

I/WE DECLARE THAT THE ACCOUNT BENEFICIARY HAS LEGAL CAPACITY TO OPERATE THE ACCOUNT BEING APPLIED FOR AND THAT SUCH BENEFICIARY WILL NOT BE IN BREACH OF ANY APPLICABLE LAWS EITHER IN THE BENEFICIARY'S COUNTRY OF RESIDENCE OR IN THE REPUBLIC OF BOTSWANA IN SO DOING. I/WE FURTHER DECLARE THAT I/WE AM/ARE DULY AUTHORISED TO REPRESENT THE ACCOUNT BENEFICIARY IN SIGNING THIS APPLICATION FORM.

SIGNATURE:

DATE:.....

AND/OR COMPANY STAMP

FAX INSTRUCTION INDEMNITY FORM

I/WE,OF, BEING A CUSTOMER OF KINGDOM CONFIRM THAT WE AUTHORISE KINGDOM TO EFFECT ANY AND ALL TRANSACTIONS RELATING TO OUR ACCOUNT HELD WITH THEM ON THE BASIS OF A FACSIMILE TRANSMISSION REASONABLY ASSESSED TO BE ISSUED BY US IN ACCORDANCE WITH THE SIGNING MANDATE SUBMITTED TO KINGDOM. I/WE FURTHER AGREE TO INDEMNIFY KINGDOM AGAINST ANY LOSSES WHATSOEVER SUFFERED BY MYSELF/OURSELVES OR KINGDOM AS A RESULT OF KINGDOM ACTING ON THE BASIS OF THE SAID FAX INSTRUCTION INCLUDING ANY COSTS AND CHARGES INCURRED IN RECOVERING DAMAGES ON A LEGAL PRACTITIONER AND OWN CLIENT SCALE.I/WE AGREE THAT SHOULD I/WE OR KINGDOM SUFFER ANY LOSS AS MORE FULLY ENUMERATED ABOVE, I/WE SHALL BE LIABLE FOR THE FULL AMOUNT OF SUCH LOSS.

SIGNED THIS..... DAY OF.....2007

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Authorised Signatory

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Authorised Signatory