

DCB Commercial Bank Plc

DCB Welcomes this Opportunity to Provide Banking Services for your Business Needs.

Commercial Account Opening Form

Please complete in **BLOCK LETTERS** and ' $\sqrt{\ }$ ' or 'x' where applicable.

Branch: FOR BANK USE ONLY Account D D / M M / Y Y **APPLICANT'S PARTICULARS** Name (Insert FULL legal name exactly as it appears in the constitutional documents): Country of Incorporation /Country of Residence: Date of Incorporation: DD/MM/YYYYY Domicile Country: TIN Number: Certificate Number: Contact Person: Designation: Designation: Registered Address: Telephone: Email Address: Website: Mailing Address: (if different from above) (if different from above) Fax 2: Telephone 2: (if different from Mailing Address) Trading Address: (if different from above) (if different from above) Telephone 3: **TYPE OF COMPANY** Sole-proprietorship Private Limited Company Public Limited Company Name of Proprietor: Others: Partnership Society/ Association/ Club (Please specify) **BUSINESS ACTIVITIES** Manufacturing Financial Services Export/ Import Other Services Trading NGOs/ Developmental Retail Trading Consulting Wholesale Trading Organisations (Please specify) Commodities Handled: OTHER BANK DETAILS (IF ANY) Deposit/ Investment Loan Type Bank Name: Branch/Country: Amount: Amount: Monthly Account No: Installment: Deposit/Investment Loan Type: Bank Name: Branch/Country: Amount: Amount: Monthly Account No: Installment: NAME OF HOLDING/ ASSOCIATED/ SUBSIDIARY COMPANY IN TANZANIA AND ABROAD Holding Associated Subsidiary Company Company □ Company Group Name in which the applicant belongs to: Residence Abroad: Non-Resident Resident Status: Resident (Please specify) **SOLE PROPRIETORS, PARTNERS OR DIRECTORS DETAILS** Percentage of Designation: S/N First Name/ Middle Name/ Last Name: Ownership (If Any): (For Bank Use Only) 2 3 5



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ACCOUNT	DETAILS		FOR BANK USE ONLY					
Current	Account Name: TZS Others: (Please specify) Initial Deposit:		Account No.:					
Savings	Account Name:		Account No.					
Call	Account Name: TZS Others: (Please specify) Initial Deposit:		Account No.:					
Fixed Deposit	Account Name:		Account No.: Interest Rate:					
Other: (Please specify)	Account Name: TZS Others: (Please specify) Initial Deposit:		Account No.:					
* The Fixed Deposit	will be automatically rolle	ed over for a similar period on ma	aturity at prevailing rate, unless written instructions are received to the contrary.					
ACCOUNT S	STATEMENT AC	ccount Statement is to be sent n	nonthly and commencing date to be arranged by the Bank, unless specified below:					
Frequency:	Daily	Weekly	Monthly Quarterly Other					
Delivery Channel:	Please specify — Please specify —							
* Subject to addition	al terms and conditions	Monthly Consolidate	ed Statement to be delivered: Yes No					
FINANCIAL	DECLARATION							
Annual Sales Tu			Net Profit (Amount):					
Transaction per								
Transaction Types		Anticipated No. of Transac	Anticipated Total Amount (TZS Mil.) or equivalent in FCY per month					
Deposits		0 to 10 11 to 50	> 50 0 - 10 10-200 > 200					
Withdrawals		0 to 10 11 to 50	> 50 0 - 10 10 - 200 > 200					
Reason and Purpose for Opening Account at DCB Commercial Bank Plc: Investment Loan Repayment Salary Processing Overdraft Facility Others (Please Specify) Source of Fund to pass through the account: Own Business Return from Investment Commission (Others (Please Specify)								
OTHER SERVICES REQUIRED BY CUSTOMER (OPTIONAL)								
Cheque book for current Account only (Please state number of leafs) 25 50 Above 50 – Multiple of 25 (Please specify) Internet Banking / Statements and advices by Email (Please provide email address) ATM Card (Please fill in the ATM application form) MWANANCHI SMS Banking (Please provide Mobile Number (s)) Page 2 of 4								



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DECLARATION AND SPECIMEN SIGNATURE

We apply to open the above Account(s) with DCB Commercial Bank Plc (the "BANK"). We represent that the information provided by us in this form and in any other document(s) provided by us to the Bank is true, accurate and complete. We acknowledge that the Bank may decline our application without providing any reason in which no contractual relationship will arise between the Bank and us. We further acknowledge that we have received, read and understood the Bank's prevailing General Account Terms and conditions and we agree to be bound by them in connection with all Accounts opened by us with the Bank. We further agree to be bound by any additional terms and conditions governing any facilities, products and/ or services offered by the Bank as we may apply for and/or utilize time to time.

1 Affix colored photograph here	Authorised Signatory Name:	Thumbprint	2 Affix colored photograph here	X ₂ Authorised Signatory Name:	Thumbprint
Date:		Designation:	Date: DD/ M	M / Y Y Y	Designation:
3 Affix colored photograph here	Authorised Signatory Name:	Thumbprint	4 Affix colored photograph here	X ₄ Authorised Signatory Name:	Thumbprint
Date		Designation:	Date: DD /		Designation:
5 Affix colored photograph here	X ₅ Authorised Signatory	Thumbprint	6 Affix colored photograph here	X ₆ Authorised Signatory	Thumbprint
Date		Designation:	Date:	Name:	Designation:
Authorization In	honor, comply provide and treat all catructions, agreements and indemnitie	cheques, drafts, bills on the common control of the	of exchange, promissory endorsed on our behalf	y notes, acceptances, negotiable by;	e instruments orders,
CUSTOMER CO	NCENT CLAUCE			Please specify (e.g. X	1 and X2):
The customer agrees a) Make inquiries customer. b) Seek information existence of the	and authorizes the Bank, financial in from any Bank, financial institutional on from any Bank, financial institutional customer's account. A approved credit reference bureau in	or TBA approved cred	dit reference bureau in credit reference bureau v	Tanzania to confirm any informa when assessing the customer at	any time during the
Authorised	Signatory (Name):	Signa	ature:		YYY
Authorised	Signatory (Name):	Signa	iture:	D D / M M / Y	YYY
VERIFI	CATION (FOR BANK USE ON	LY)			
Varified by (Name):		Signa	uture:	Date: D D / M M / Y	YYY
Static Data	Input By:	Sign	ature:	Date: D D / M M / Y	YYY
Validated	•	Sign	ature:	Date: DD/MM/Y	YYY
APPRO	VAL (FOR BANK USE ONLY)				
Approved E	ву:	Sig	nature:	Date: D D / M M / Y	

This Account Opening Pack includes all the necessary forms you need to complete and a documentation checklist to assist with the account opening requirements. At this point we would like to inform you that the documentation we request from you (as indicated in checklist) is a necessary requirement, prescribed by local laws and regulations and/or international standards. Such documentation helps the Bank with its 'Customer Due Diligence' (CDD) policy and is an integral part of global effort to combat money laundering, terrorist financing, and fraudulent activity. We seek your understanding and cooperation in furnishing the required documents and appreciate your time and effort in doing so. Again, we welcome this opportunity to provide our services to you. If you have any questions on this Account Opening Pack; please contact your Relationship Manager or local branch.

CHECKLIST		Sole Proprietorship	Partnership	Society/ Association/ Trust/ Club	Limited Company
	1. Documents to be provided by the Customer along with the account application p	permanent address of Sh	areholders, Directors and of the s	ignatories to the accounts)	
a.	Two Passport size photographs of each signatory	✓	→	✓	→
b.	Identity documents confirming name, nationality and date of birth. Acceptable documents are: - Passport - Affidavit - Birth certificate - Driver's license Identity date of birth. Acceptable documents are: - Voters registration identity card - Employee identification card together with a letter confirming employment, name, date of birth and nationality	•	•	•	•
C.	Confirmation of permanent address. Acceptable documents are: - Title deed - Lease agreement (if you are a tenant) - Utility bill (water or electricity bill, property tax receipt, etc.) - Recorded description supported by a letter from Ward Executive Officer, House Number supported by a letter from Ward Executive Officer	~	•	•	•
	2. Licenses/ Registration/ Certificates/ ETC to be provided by the customer				
a. ."	Copy of current business license	~	•	N/A	•
b.	Application Letter	~	•	•	•
C.	For existing Companies (i.e. Companies in existence for at least 15 months) - copy of latest annual return certified by the Registrar of Companies	N/A	N/A	N/A	•
d.	Certified copy of certificate of registration	•	•	•	N/A
е.	Certified copy of certificate of incorporation/ compliance	N/A	N/A	N/A	•
f.	Partnership deed	N/A	~	N/A	N/A
g.	Certified copy of a constitution	N/A	N/A	~	N/A
h.	Copy of memorandum and articles of association	N/A	N/A	N/A	•
i.	Board Resolution (Extracts of the meeting that authorizes the opening of accounts)	N/A	~	~	•
j.	Details of main sponsors/ donors (including proof of their identity)	N/A	N/A	~	N/A

^{*} Proof of identity for all signatories, a minimum of 2 directors including Managing Director and all shareholders with significant influence to the company (Shareholders with significant influence are those holding at least 25% of shares).