



Rusca Sacco Limited

PASSPORT
PHOTO

INDIVIDUAL ACCOUNT OPENING FORM

BRANCH _____ ACCOUNT NO. ALLOCATED _____

DATE _____ ACCOUNT TYPE _____

PERSONAL DETAILS:

Surname: _____ First name _____ Other names _____

Gender _____ Nationality _____ Date of birth ___ / ___ / ___

Marital status _____ Number of dependants _____

Home telephone no. _____ Mobile telephone no. _____

E-mail address _____ Tax identification number (TIN) _____

National id/ number (NIN) _____ Expiry date _____

Permanent residential address: village/cell _____ parish/ward _____

_____ sub-county/division _____ district _____

Current residential address _____

Rural or Urban

Occupation _____ Type of business/employer _____

Date of commencement of business _____

Address of employer/business _____

Number of employees _____ Number of Employees with disabilities _____

No of Employees that are refugees _____

Sources of income

1. _____ 2. _____ 3. _____

Estimated monthly Income _____

Other Bankers _____

NEXT OF KIN DETAILS

1. Name _____ Relationship _____
Tel no. _____ Address _____

2. Name _____ Relationship _____
Tel no. _____ Address _____

OTHER SERVICES REQUIRED:

EBO mobile banking service _____ SMS alerts _____

Details of phone number for the service(s) selected _____

How did you get to know about EBO?

TV radio EBO website friend Ebo client Ebo staff

Customer's signatureDate

Official use only:

a) Is client PEP? PEP Type(self, Association, Relation) Tick

PEP reason _____

b) Customer risk rating

(Ref. Customer risk

Rating guide) High Medium Low

c) Does the customer with any disability? Yes No

Customer enrolled for EBO mobile

Account opened by : Name _____ Signature _____
Date _____

Approved by : Name _____ Signature _____
Date _____