

ACCOUNT OPENING FORM (CORPORATE)

OFFICIAL USE ONLY (ACC. NUMBER)									

Section 1 – Applicant Details		
Applicant type:		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> NFPO	<input type="checkbox"/> Gov't Agency	<input type="checkbox"/> Church
Full legal name of applicant		
<input type="text"/>		
Business Registration Number	Tax ID Number	Date of Incorporation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of years in business	Industry Sector	Number of Employees
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Directors	Is your primary business location owned or rented?	
<input type="text"/>	<input type="text"/>	
Registered Business Address		
<input type="text"/>		
Physical Address / Location		
<input type="text"/>		
Business Telephone	Business Fax	Business E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Briefly describe the nature of your business		
<input type="text"/>		
<input type="text"/>		

Section 2 – Shareholders and Management Details			
Shareholders Details			
Name	% Holding	Address	Telephone
<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"/>
NB: Provide additional shareholders details on separate sheet			
Key Management Details			
Name	Age	Position Held	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	Position Held	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	Position Held	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5 – On Maturity

I / We authorize Darfin Finance Company Limited to (tick appropriate);

Roll over Principal plus interest Rollover Principal only Do not Rollover

Preferred Interest payment schedule Monthly Quarterly Semi Annually Upfront End of Tenure

Mode of Payment: Cheque

Bank Transfer

Cash

Bank Name

Account Name

Account Number

Branch

NB. Amount above regulatory threshold may not be paid in cash

Section 6 – Terms and Conditions

Names	Authorized Signatories	Position	Date
<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"/>

SPECIAL INSTRUCTIONS

Funds disinvested before maturity will have the interest rate applicable on the principal amount invested reduced by 10 percentage points. Kindly note that funds shall be rolled over at Darfin Finance one (1) month prevailing rates (on Call Account) if no instruction is received in three (3) working days before maturity. Please acknowledge receipt on the attached copy.

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The following must be provided with this form

The Business:

- Certificate of incorporation (if corporate)
- Certificate to Commence Business (where appropriate)
- Utility Service Bill (where appropriate)

Each Signatory

- Passport sized photograph
- Photocopy of ID(s)

Account Sourced by:

Signature

Reviewed by:

Date

Comments

I hereby certify that all required documentation has been attached herewith by the applicant and I have confirmed all attached documents to be valid.

Signature