
ACCOUNT OPENING INTRODUCTION FORM

PERSONAL / BUSINESS APPLICANTS

INTRODUCTION /ADDRESS CONFIRMATION BY:			
CUSTOMER <input type="checkbox"/>	EMPLOYER <input type="checkbox"/>	A MEMBER OF STAFF <input type="checkbox"/>	ACCOUNTANT <input type="checkbox"/>
LAWYER <input type="checkbox"/>	HEADMASTER <input type="checkbox"/>	CLERGY <input type="checkbox"/>	DOCTOR <input type="checkbox"/>
Tick as applicable			

APPLICANT TO COMPLETE

CONSENT

I authorise EQUITY Bank to receive information on the details below and a letter of address confirmation.

Name (in capital Blocks):.....

Signature: Date: / /

Dear Sir/ Madam

The applicant above has provided us with your name to obtain a confirmation of address/introduction for the purpose of opening an account.

In addition, please advice us of the length of time you have known the applicant. Please insert the details on the form overleaf and return it to the applicant. If necessary we may contact you for further confirmation. Thank you for your assistance.

Yours faithfully

For and on behalf of
EQUITY BANK LIMITED

(continued overleaf)

INTRODUCER TO COMPLETE

(Existing Equity customer must have held an account for at least 12 months and has known the applicant for at least 12 months)

For other type of introducers must have known the applicant for at least 12 months or more

Applicant's Name	
Applicant's residential address	
Applicant's postal address (if residential address not known)	
Length of time of relationship with the applicant	

I confirm that the address above is that of the above mentioned applicant

Signature:	
Your Address:	
Equity Account Number (if applicable) Equity	
Branch Name (if applicable) Telephone Number:	
(Home) Telephone Number: (Office)	
THIS SECTION IS ONLY APPLICABLE TO EQUITY STAFF	
INTRODUCERS Job Role	
Current Station	
Length of service with Equity Bank	

NOTE: COMPANY / FIRM STAMPS SHOULD BE IMPRESSED ON THE SPACE PROVIDED ON ALL INTRODUCTIONS EXCEPT THOSE OF EXISTING CUSTOMER AND MEMBER OF STAFF.

Stamp.....