

**ACCOUNT OPENING FORM  
FOR INDIVIDUALS**  
(Please fill the form in BLOCK LETTERS only)

To: The Branch manager

Of \_\_\_\_\_ Branch

I/ We would like to open an account with your branch.

Branch: -----

Date: ---/---/-----

**1. Account type**

Current account  saving account  Deposit account  
 MasterCard account  Websurfer Account

**2. Personal Information (Principal Applicant)**

Full name of the applicant: -----

Former Name or Other name: -----

Name of the joint applicant (if any): -----

Driving license /ID /Passport No. ----- Issued on: -----

-----Issued at: ----- Issued by: -----  
-----

Date of Birth: ----- Current nationality: -----

Former nationality (if any)-----

Full residential address:

Flat and Bldg No: -----

Street name and no. -----

Area and landmark: -----

City: ----- P.O.Box :-----

Home Phone: -----Office Phone: -----

Mobile Phone: -----Email: -----

Existing SAB Account No. (if any):-----

In case of minor, please provide

Name of Parent or Guardian: -----

3. Personal Information (Joint Applicant)
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Full Name of the applicant: -----

Former Name or Other name: -----

Driving License /ID /Passport No. ----- Issued on: -----

-----Issued at: ----- Issued by: -----  
-----

Date of Birth: ----- Current Nationality: -----

-Former nationality (if any)-----

FULL Residential Address:

Flat and Bldg No: -----

Street Name and NO. -----

Area and Landmark: -----

City: ----- P.O.Box :-----

Home Phone: -----Office Phone: -----

Mobile Phone: -----Email: -----

Existing SAB account No. (if any):-----

In case of minor, please provide

Name of Parent or Guardian: -----

**4. Personal Information (Joint Applicant)**

Full Name of the applicant: -----

Former Name or Other name: -----

Driving License /ID /Passport No. ----- Issued on: -----

-----Issued at: ----- Issued by: -----

Date of Birth: ----- Current Nationality: -----

-Former nationality (if any)-----

FULL Residential Address:

Flat and Bldg No: -----

Street Name and NO. -----

Area and Landmark: -----

City: ----- P.O.Box :-----

Home Phone: -----Office Phone: -----

Mobile Phone: -----Email: -----

Existing SAB account no. (if any):-----

In case of minor, please provide

Name of Parent or Guardian: -----

**5. Signing instruction for joint account**

Single

jointly

Power of attorney

**6. Technology access to your bank account**

Would you like to access your account via  E-banking  SMS  IVR  SMS notification

**7. Electronic cards**

Please issue the following card (s)  MasterCard  Salaam debit Card

Web surfer Card to the following person(s)  First applicant  Second applicant  
 All applicants

## 8. Tell us about your self

Marital Status:  Single  Married

Education:  Undergraduate  Graduate  Postgraduate   
Doctorate  Professional

Occupation:  Salaried  Business  Doctor  Engineer

Lawyer  Retired  Student  Others, namely: -----

Your residence is  Rented  Self owned  Company provided  
 Owned by parents  Purchased against loan

No. of children: \_\_\_\_\_

Is your spouse employed  No  Yes, Full time  Yes, Part time

Family Income (Annual)  Below DJF 100,000  Between DJF100,000 and  
200,000  Between DJF 200,000 and 500,000  Above DJF 500,000

The vehicle you use is  Owned by you  Company provided  
 Purchased against a loan

Type of company you work for  Proprietorship  Partnership  Public  
 Private Ltd.  Govt. Sector  
 Multinational  Financial Sector  
 Others: -----

9. Nomination

I/we hereby nominate the following person(s) to whom be paid all amounts in respect of deposits held in this bank account should I/we, the account owner, am /are passed away.

Name of nominee	relationship	address	Signature of Nominee	Name and Signature of Guardian (Minor)

Do you have a bank account with any Bank based in Djibouti?  No  Yes  
 If yes, please mention which bank you are currently maintaining account with: -----  
 -----

Have you a plan to apply any type of investment:  No  Yes  
 If yes, please mention which type of investment you would like to apply:  buying a house  buying a land  buying a vehicle  buying foodstuff  buying garments  buying garments

10. KYC declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes immediately. In case of any information is found false or untrue, I am aware that I may be held liable for it.

Client(s)

Signature (sole/first Holder)

Signature (second Holder)

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-----

Date: ----/----/----- (DD/MM/YYYY)

Date: ----/----/----- (DD/MM/YYYY)

For official use only.

Form completed fully [ ] form signed and signature confirmed [ ]

Address confirmation produced [ ] Document no. ----- Issuing office: -----

Application approved by: -----

I, the undersigned hereby confirm that I have interviewed the above-named and believe the information above is accurate and complete.

Signature:-----