

# ACCOUNT OPENING FORM (Individuals)



**PostBank**  
EMPOWERING YOU

Branch:	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Guardian/Trustee(s)			Date:	DD / MM / YYYY			
Account Number(Bank to fill)								
Account Name/Title(Bank to fill)								
A. ACCOUNT TYPE	Specify Account	SERVICES						
		Post Alerts	Post Card	PostMobile *263#	Post App	Post Online	Post E-statement	
Diaspora	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Self-register	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pre-ticked services are "offered by default"
Early Start Account	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Foreign Currency Account	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Save As You Earn (SAYE)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Smart Woman Account	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Summit Account	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transaction Account	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VSLA Account-Individual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Youth Save Account	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Personal Current Account	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Salary Current Account	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Account	<input type="checkbox"/>	.....						
Cheque Book Request	No. of cheque books.....		(Leaves)	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 100		
Please specify currency	<input type="checkbox"/> UGX	<input type="checkbox"/> KES	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR			

## B. APPLICANT DETAILS (\*Guardian's details for Early Start)

Surname:		Other Names:	
Country of Birth:		Date of Birth:	DD / MM / YYYY
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Type of ID Card: (We only accept these)	<input type="checkbox"/> National ID <input type="checkbox"/> Passport <input type="checkbox"/> Refugee ID	ID Card Number (NIN):	
		ID Card Expiry Date:	DD / MM / YYYY
Nationality:		Country of Residence:	

## Contact Details

Mobile Phone Number:		P.O Box Number:	
Other Phone Number:		Tax Identification Number:	
Email Address:			

I guarantee the accuracy of the contacts (mobile/email) provided above and consent to the use of my Mobile Phone No. and Email above for the bank's digital channels.  
I accordingly agree to hold the bank harmless from any loss/claims that may arise should the bank rely on them.

## Current Residential Details

State/City/District:		Province/County:	
Parish:		Sub-County:	
ZIP Code / Village:		Zone/Plot No./ Street:	

## C. SPECIMEN

Applicant's Photo	Applicant's Signature
<b>Signing mandate</b> <input type="checkbox"/> Alone <input type="checkbox"/> Either to sign <input type="checkbox"/> All/Both to sign <input type="checkbox"/> Other (Specify)	

## D. EMPLOYMENT/ BUSINESS DETAILS

Source(s) of income:	<input type="checkbox"/> Salary	<input type="checkbox"/> Business	<input type="checkbox"/> Other(Specify.....)	
Source of Wealth:	<input type="checkbox"/> Salary	<input type="checkbox"/> Business	<input type="checkbox"/> Other(Specify.....)	
If self-employed, specify the nature of business involved in e.g. Agriculture, Trade, Tourism, Transportation, etc.				
Current Employer's Name:		Employee ID:		
IPPS Number:		Force Number:		
Work Physical Address:		Current role/title:		
Monthly gross income or Monthly gross turnover	UGX Equivalent	<input type="checkbox"/> 3m & below	<input type="checkbox"/> >3m & <11m	<input type="checkbox"/> 11m - 150m
		<input type="checkbox"/> >150m & <500m	<input type="checkbox"/> >500m	

## E. NEXT OF KIN

Names:		Relationship:	
Address:		Telephone Number:	
Email Address:			

## F. OTHER ACCOUNT DETAILS

Other accounts with Post Bank if any:	<input type="checkbox"/> Yes	<input type="checkbox"/> None	
Account Names:		Account Number:	
Account Names:		Account Number:	

## G. DEPOSIT PROTECTION FUND (DPF) REQUIREMENTS

Please choose below your preferred mode of payment and provide the details:

<input type="checkbox"/> Alternative Bank Account Details	<input type="checkbox"/> Registered Mobile Number Details
Bank Name:	Telecom Name:
Account Name:	Registered Name:
A/C Number:	Registered Number:

## H. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) REQUIREMENTS

Are you a U.S citizen or a lawful permanent resident there? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill in the FATCA form for US nationals)	Were you born in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## I. PEP STATUS CONFIRMATION

Please confirm if you personally hold or you are directly related to a person (a family member or close business associate) who holds; a Senior government office (Minister-President), a Senior elective political office (LC V, Mayors(LCV level), Chairperson and Member of Parliament), A senior Public Service Office (Heads & Deputy head of a Mission, Chief Administrative Officer and Permanent Secretary), a Director (executive & Non-Executive) in any state-owned corporation, Directors of International Agencies, Member of the National Executive Committee of any political party, Senior Judicial Officers (Judges and Registrars of the High Court and above) or Senior Military Official (Major – Field Marshal), Senior Police Officers (Assistant commissioner of Police – Inspector General of Police), Senior Prisons Officers (Commissioners and Directors), Cultural leaders (King, Queen and Prime Minister), Family members include; spouse and children.

<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill in the PEP additional details form)
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## GENERAL TERMS AND CONDITIONS

### 1. INTRODUCTION

- 1.1. These terms set out the terms and conditions upon which we, the Bank will provide banking services to you and references to 'we', 'us', or 'our' read to mean the Bank. References to 'you' or 'your' or 'yourself' are references to the person or persons in whose names the account is held.
- 1.2. The terms and conditions are limited to providing general banking services and form a legal agreement between you and us; so please confirm that you understand all of them.
- 1.3. The terms and conditions apply to all accounts (both transactional and savings) whether opened on the date of signing these terms and conditions or on a later/prior date.
- 1.4. We reserve the right to change or amend any or all of these terms upon giving you notice in accordance with the Bank of Uganda Consumer Protection Guidelines.

### 2. ACCOUNT OPENING

- 2.1. By signing these terms, you guarantee the accuracy of the information submitted on this application. We shall not be held liable for any misrepresentation or any legal consequences arising from reliance on the information provided by yourself.
- 2.2. We may at our discretion decline to open an account for any applicant for an account. We are under no obligation to communicate the reason for our decision to the applicant.

- 2.3. At account opening and at any time throughout the lifetime of the account, you are agreeing to provide us with any supplementary documentation and information we may request for from time to time in order to undertake our due diligence as required.
- 2.4. You will provide us with specimen signatures of each of the persons authorized to operate your account.
- 2.5. If false or inaccurate information is provided and fraud is identified or suspected, your details may be forwarded to the relevant enforcement agencies for any further action as may be required.

### **3. ACCOUNT OPERATION OBLIGATIONS**

- 3.1. We shall not be liable whatsoever for funds handed to Bank Tellers outside banking hours and/or outside designated banking premises or channels.
- 3.2. It shall be incumbent on you to request for and/or always acquire a duly signed deposit slip or acknowledgement receipt when you make a deposit transaction from any of our designated points of representation to aid your transaction confirmation and reconciliation.
- 3.3. You will authorize us to accept instructions signed by yourself/yourselfs.
- 3.4. We shall not make any payment out of your account to any party unless you have consented by giving instruction in accordance to the mandate held by us.
- 3.5. Any cancellation of an instruction shall be communicated to us at least one working day before the payment is due to be debited. For avoidance of doubt, the time of receipt is the time we receive the instructions not the time you send them.
- 3.6. We shall at any time freeze your account as long as there is any dispute or reason to suspect any fraud on the persons entitled to operate the same.
- 3.7. We shall at our discretion refuse to act on any instruction if.
  - We are unable to authenticate the origin of the instructions
  - The instructions are unclear, incomplete, not signed or not in the approved form.
  - The instruction would cause you to exceed authorized limits for your account.
  - Complying with the instruction would be contrary or in breach of any law/regulation applicable to us
- 3.8. We shall notify you with reasons in case we decline to honor instructions, unless if we are limited by circumstances beyond our control preventing us to give this information.
- 3.9. You shall always keep confidential your ATM Card/Password/PIN/Login credentials/phone messages, or any other security information secure to prevent any fraudulent use to them. We will not be held liable in case your password/PIN/Login credentials/phone messages are misappropriated by a third party to access and/or transact on your account.
- 3.10. Your ATM card withdraw transaction limit per day shall not exceed such amounts as determined and advised by the bank from time to time at its sole discretion.
- 3.11. You shall within 24 hours write to us if any card/PIN/security device or security details are lost or stolen or suspect to be used or accessed by an unauthorized person.

### **4. COMPLAINTS**

We shall not be liable for any matters unless you make a complaint to us as soon as reasonably possible either verbally or in writing, through our official communication or feedback channels provided.

### **5. INCIDENT COMMUNICATION**

- 5.1. You will communicate to us in writing in the event of any significant incident or decision alteration (such as change in signatories or signing mandate) in the general operations of your account.
- 5.2. In the unfortunate event of death of any signatory of a joint account holding, the survivor(s) undertake(s) to advise the bank in writing of such death within reasonable time. In absence of acknowledgment (in any form) of receipt of such notification, the Bank shall not be held liable for allowing continuation of operations on any affected account(s).

### **6. BANK CHARGES**

- 6.1. We may apply charges for use of the account and for services provided to you in accordance with our prevailing tariff guide in accordance with the Consumer Protection Guidelines issued by the regulator.
- 6.2. We may apply new or revised charges to your account at least 30 calendar days after the change notice is given in print media and displayed in our designated branches and website.
- 6.3. We are mandated to debit your account for any of the following;
  - Interest on any facility granted by us at a prescribed date, unless otherwise agreed in writing.
  - All charges including but not limited to statement printing, taxes and duties and any other expense incurred in operating this account.

### **7. DEBIT INSTRUMENTS**

- 7.1. We have the discretion to issue you with a debit card for operations of your account and to retain or cancel your instruments if there is any suspicion of fraud regarding your account.
- 7.2. We shall not be liable for any loss arising from lost or misplaced debit instruments e.g. In-house vouchers or voucher book(s) if we are not notified within a reasonable period (at most within 24 hours of its loss).

### **8. STATEMENTS**

- 8.1. We shall provide you with free regular electronic copies of your statements onto your availed email address and upon registration on the Bank's internet banking platform, the same shall be available online. Any paper statements or additional requests will be charged in accordance with our prevailing tariff guide.
- 8.2. We shall avail your transactional information for a period of 10 years preceding the date of request in accordance with the regulations; any information required exceeding 10 years will be at our discretion.

### **9. DISCLOSURE OF PERSONAL DATA**

- 9.1. You consent:
  - i. To providing your personal data as submitted herein to PostBank Uganda Ltd for purposes of accessing financial services.
  - ii. That the Bank may in exercise of its responsibilities and in fulfilment of its mandate as a financial services provider and a regulated financial institution in compliance with the relevant laws, regulations and guidelines as issued by the Regulator or other competent authority, collect, control, process, share, exchange and/or store your personal data with its relevant business stakeholders in any part of the world.

9.2 Notice:

You are hereby issued notice to the effect that;

- i. Provision of your personal data as prescribed in this form to the Bank is a mandatory legal and regulatory requirement under the Financial Institutions Act,2004 (as amended), The Anti-Money Laundering Act, 2003 (as amended) , The Anti-Money Laundering Regulations and, The Registration of Persons Act,2015.
- ii. Failure to provide all the data required in this form shall be ground enough to restrict you from accessing the desired financial services from the Bank.
- iii. Authorized Bank officials, agents ,partners and/or vendors shall have access to your personal data for purposes of delivering financial services to you and, meeting other institutional regulatory and legal obligations.
- iv. You have a right of access to, right to request rectification and deletion of data collected before and after the collection and;
- v. Your data shall be retained by the Bank for as long as this relationship is maintained. Upon termination of this relationship, the Bank shall retain your personal data for a minimum period of ten years.

**10. INACTIVE ACCOUNTS**

- 10.1. Your account will be classified as inactive if there are no customer-initiated transactions for a consecutive period of 6 months. Anytime thereafter, you may be given 14 calendar days’ notice to re-activate or authorize its closure.
- 10.2. In any case, if this inactivity continues for a consecutive period of 2 calendar years the account shall be classified as dormant and, it shall be dealt with in accordance with the prevailing laws of the country.

**11. CLOSING OF ACCOUNT**

- 11.1. You reserve the right to give us written instructions to close your account as per the signed mandate.
- 11.2. We may terminate your account immediately if we have reasonable grounds to suspect any of the following:
  - That you provided us with false information.
  - That it is being used for illegal dealings.

**12. BANKS RIGHT TO SET OFF**

We may upon giving you reasonable notice, set off any sums against any indebtedness in respect of which you are liable notwithstanding that some other person may also be liable in respect thereof.

**CONFIRMATION AND CONSENT:**

I/We, the undersigned confirm that the information given is true and complete and agree that I/We have read and understood the above terms and conditions and hereby fully consent to be bound by them as construed and governed by the laws of Uganda.

Name	Signature	Date
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY

BANK USE ONLY			
Sales Agent Name:		Agent ID/PF Code:	
<b>Core Banking</b>	Maker Name:		Signature & Date:
	Checker Name:		Signature & Date:
<b>ATM cards</b>	Maker Name:		Signature & Date:
	Checker Name:		Signature & Date:
<b>Mobile/Internet</b>	Maker Name:		Signature & Date:
	Checker Name:		Signature & Date:
<b>Comments (If any)</b>			