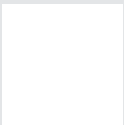
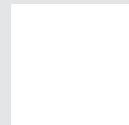


Guaranty Trust Bank (Tanzania) Ltd



ACCOUNT OPENING
DOCUMENTATION
**EXECUTORS/
ADMINISTRATORS**



(In line with extant law and existing regulation)

Details of Account Signatory/ Executor/ Administrator

1.

Title:	<input type="text"/>	Surname:	<input type="text"/>
(Please specify)			
First Name:	<input type="text"/>		
Other Name(s):	<input type="text"/>		
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Others: (please specify) <input type="text"/>
(please tick '✓' as appropriate)		Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year
Place of Birth:	<input type="text"/>		
Mother's Maiden Name:	<input type="text"/>		
Name of Next of Kin:	<input type="text"/>		
District:	<input type="text"/>	Region:	<input type="text"/>
(Tanzanians only)			
Tax Identification No.:	<input type="text"/>		
(If available)			
Means of Identification:	<input type="text"/>	Identification Number:	<input type="text"/>
ID Issue Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year
ID Expiry Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year
Occupation:	<input type="text"/>	Status/Job Title:	<input type="text"/>
Position/Office of the Signatory:	<input type="text"/>		
Nationality:	Tanzanian <input type="checkbox"/>	Others <input type="checkbox"/>	(Please specify) _____
Resident Permit No.:	<input type="text"/>	Social Security No.:	<input type="text"/>
(for non-Tanzanian)			
Permit Issue Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year
Permit Expiry Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(for non-Tanzanian)			
Bank Verification ID No:	<input type="text"/>		
Do you have residency or citizenship of any other country:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, which country: _____
Residential Address			
House/Plot Number:	<input type="text"/>	Street Name:	<input type="text"/>
Nearest Bus Stop/Landmark:	<input type="text"/>		
Street:	<input type="text"/>	District:	<input type="text"/>
Region:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
(If different from the Residential Address)			
Mobile Number:	<input type="text"/>	Phone Number:	<input type="text"/>
E-mail Address:	<input type="text"/>		

I hereby attest that the above information is true and complete

Signature: _____

Date:

Day

Month

Year

Official use only

Verified By (Full name) _____

Signature: _____

Date:

Day

Month

Year

2.

Title: Surname:

(Please specify)

First Name:

Other Name(s):

Marital Status: Single ☐ Married ☐ Others: Gender: Male ☐ Female ☐

Date of Birth: Place of Birth:

Mother's Maiden Name:

Name of Next of Kin:

District: Region:

Tax Identification No.:

Means of Identification: Identification Number:

ID Issue Date: ID Expiry Date:

Occupation: Status/Job Title:

Position/Office of the Signatory:

Nationality: Tanzanian ☐ Others ☐ (Please specify)

Resident Permit No.: Social Security No.:

Permit Issue Date: Permit Expiry Date:

Bank Verification ID No:

Do you have residency or citizenship of any other country: Yes ☐ No ☐ If yes, which country:

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

Street: District:

Region:

Mailing Address:

(If different from the Residential Address)

Mobile Number: Phone Number:

E-mail Address:

I hereby attest that the above information is true and complete

Signature: _____ Date:

Official use only

Verified By (Full name) _____

Signature: _____ Date:

[illegible]

First Name:

[illegible]

Marital Status: Single ☐ Married ☐ Others: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ (please specify)

Gender: Male ☐ Female ☐

[illegible][illegible][illegible]

District: _____ Region: _____
 (Tanzanians only) (Tanzanians only)

[illegible][illegible]

ID Issue Date: ID Expiry Date:

[illegible][illegible]

Nationality:	Tanzanian		Others		(Please specify)
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[illegible]

Permit Issue Date: (for non-Tanzanian) Day Month Year

Permit Expiry Date: (for non-Tanzanian) Day Month Year

[illegible]

Do you have residency or citizenship of any other country: Yes ☐ No ☐ If yes, which country: _____

Residential Address

[illegible][illegible]

Street: District:

[illegible][illegible][illegible][illegible]

I hereby attest that the above information is true and complete

Signature: _____

Date:

Day Month Year

Official use only

Verified By (Full name)

Signature: _____

Date:

--	--

--	--

--	--	--	--

Day Month Year

Accounts held with other banks

S/N	Name and Address of Bank/Branch	Account Name	Account Number	Status : Active/Dormant
1				
2				
3				
4				

Authority to debit account for search fee

Guaranty Trust Bank (Tanzania) Ltd.

.....

.....

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Corporate Affairs Commission or relevant agency/authority.

Thank you.

Yours faithfully,

Name and Authorized Signature of the Customer /Representative & Date

Name and Authorized Signature of the Customer /Representative & Date

Account Opening Mandate

a. Mandate authorisation/Combination Rule (Please tick as appropriate):

Sole Signatory ☐ Two or more ☐ If two or more to sign, please specify

b. Signatories

i. Title:

(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory

(Please indicate class in the box provided)

Please affix
passport photo

Signature: _____

Date:

Day

Month

Year

ii. Title:
(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided) ☐

Signature: _____

Date:
Day Month Year

Please affix
passport photo

iii. Title:
(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided) ☐

Signature: _____

Date:
Day Month Year

Please affix
passport photo

Terms and Conditions

I/We the Executor(s) of the Will (intended)/ Administrator(s) of the Estate of the

Late _____

(Testator/ Interstate)

(Testator's/Interstate's Address)

who died on _____ request you to: _____

1. Open a Current Account in my/ our name(s) as such executor Administrator(s) and at any time subsequently to open further account(s) as I/ We may direct.
2. Honour **all** cheques or other orders which may be drawn on the said account provided such cheques or orders are signed by my/ us and to debit such cheques or orders to the said account whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse to **allow** any overdraft or increase of overdraft and in consideration I/ We agree:
 - a. To assume **full** responsibility for the genuineness or correctness and validity of **all** cheques, orders, bills, notes, negotiable instruments, receipts and/ or other documents deposited in my/ our account.
 - b. To be responsible for the repayment of any overdraft with interest and be bound by the Bank's rules for the conduct of a current account receipt of which I/ We hereby acknowledge.
 - c. To free the Bank from any responsibility for any loss of or damage to funds deposited with the bank due to any future Government order, law, levy, tax, embargo, moratorium, exchange restriction and/ or **all** other causes beyond the Bank's control.
 - d. That **all** funds standing to my/our credit are payable on demand only in such **local** currency as may be in circulation.
 - e. To be bound by any notification of change in conditions governing the account directed to my/our last known address any notice or letter sent to my/ our last known address shall be considered as duly delivered and received by me/ us at the time it would be delivered in the ordinary course of post.

- f. That if a cheque credited to my/ our current account is returned dishonoured the same may be transmitted to me/ us through my/ our last known address either by bearer or by post.
 - g. I/ We note that the Bank will accept no liability whatsoever for funds handed to members of staff outside banking hours or outside the Bank's premises.
 - h. That my/ our attention has been drawn to the necessity of safeguarding my/ our cheque book so that unauthorized persons are unable to gain access to it and to the fact that neglect of this precaution may be a ground for any such cheque(s) and I/ We understand and agree that any such cheque(s) may be returned by me/ us unpaid but if paid, I/ We/ am/ are obliged to repay the Bank on demand.
 - i. That the Bank is under no obligation to honour any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheque(s) and I/ We understand and agree that any such cheque(s) may be returned to me/ us unpaid but if paid, I/ We/ am/ are obliged to repay the Bank on demand.
 - j. That any complaints about entries on my/ our Bank Statements will be made by me/ us within 15 days of the dispatch of the Bank statement. Failing receipt by the Bank of a notice of complaint about the entries within 15 days from the date of dispatch of my/ our Bank Statement, it will be assumed by the Bank that the statement as rendered is correct.
 - k. That any sum standing to the debit of the current account shall be liable to interest charges at the rate fixed by the Bank from time to time. The Bank is authorized to debit from the account the usual banking charges, interest, commission, and any service charge fixed by the management of the Bank from time to time.
 - l. That I/ We shall be personally (and both jointly and severally) liable on the said estate.
 - m. That I/ We will forthwith proceed to obtain and produce to you for registration probate of the said will/ letters of administration of the said estate.
 - n. That any monies standing to the credit of any account(s) kept by the deceased with you or otherwise owing by you to the deceased may be retained and applied in or towards the satisfaction of any money for the time being owing by me/ us to you on the said account.
3. Customers should not write out cheques in staff's name. All cheques for deposits should be made out in customer's name.
4. Customers should desist from transferring money their accounts into staff's accounts. Impromptu cash pick ups from the customers' premises by staff should not exceed TZS1,000,000.
5. Customers who wish to enjoy pick up services should make a formal request which would be handled in accordance with the laid down procedure for cash pick ups. Cash in excess of TZS1,000,000 should be paid over the counter by the customer.
6. I/ We agree to give you notice of any anomalies in the statements of account furnished to me/ us by you within 90 (ninety) days of the date thereof; and I/ We understand and agree that failure to give you such notice shall absolve you of all liability arising therefrom.
7. I/ We agree to give you prompt notice in such manner as you may from time to time specify of instruction not to honour any cheques, bill of exchange, promissory notes, deposit receipts and other orders for the payment of money drawn, endorsed or accepted on my/ our behalf; and to indemnify you for any loss arising from such non- payment.
8. I/ We also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law, the Bank may at any time without notice, notwithstanding any settlement of account of any matter whatsoever combine or consolidate all or any of my/our existing accounts(s) opened in my/our or a related party and set-off, appropriate or transfer any such sum(s) standing to the credit of any such account(s) towards the satisfaction of any of my/ our liabilities whatsoever, whether such liability be present or future, actual or contingent, primary or collateral and several or joint.
9. "Related Party" means my/our spouse(s), sibling(s), child/children, and/or parents; or an entity in which my/our spouse, sibling, child, and/or parent is a director/shareholder.
10. I/We hereby affirm that I/We are aware that it is crime under the laws of the United Republic of Tanzania to issue cheques without sufficient funds in My/Our account in the value of My/Our cheques and I/We hereby undertake to bear all consequences and/or liabilities arising from My/Our instructions to the Bank to pay on cheques drawn on My/Our account where such account is not sufficiently funded with the value of My/Our cheques.
11. Foreign currency cash withdrawals from my/our accounts shall be subject to availability.
12. Subject to the provisions of all laws, rules and/or regulations, the customer hereby agrees that the Bank or any of its subsidiaries and/or affiliates can share information related to their account(s) with any domestic or overseas regulators or tax authorities where necessary to establish their tax liability in any jurisdiction. Where required by any domestic or overseas regulators or tax authorities, the customer agrees that the Bank may withhold and pay out from their account(s) such amounts as may be required according to applicable laws, rules and regulations.

Credit Bureau

I/We acknowledge that the Bank consults with various credit bureaus and reference agencies, and may be required to disclose the My/Our information to these credit bureaus for the purpose of conducting checks on me/us. I/We hereby irrevocably and unconditionally grant My/Our consent to the Bank and expressly authorizes such disclosure of any or all information on My/Our account(s) transaction(s) with the Bank, to such credit bureau and reference agencies whether based locally or abroad, including information on the administrators and other personnel, transactions and conduct on My/Our account together with details of any non-payment or delayed payments as the Bank may deem necessary. The consent herein given discharges the Bank from all liabilities, claims, and damages for such disclosure made by the Bank to any credit bureau pursuant to the consent herein granted.

Corporate Internet Banking - GAPS

User Roles & Functions

Role Code	Users	Responsibilities
ADMIN	System Administrator	<ul style="list-style-type: none">Responsible for user management and activity audit.
UPL	Uploader	<ul style="list-style-type: none">Initiates all transactions and file uploadReview reports and account information
REV	Reviewer	<ul style="list-style-type: none">1st level review and authorization
APP	Approver	<ul style="list-style-type: none">Must be authorized signatories of the bank account. Structure may be sequential (A → B→ C) or non -sequential (Any to sign, either to sign, two to sign, e.t.c)
VIEW	Viewer	<ul style="list-style-type: none">Review end of day activities and reports

User Contact Information

Kindly provide the details for each user and select role below:

First/Last Name	Role Code	Approval Limit	E-mail Address	Mobile Number

Token Request

*Note: All users will require tokens to sign in to GAPS

Kindly take this as an authority to issue _____ unit(s) of tokens for our users.

Token should be released to: _____
(A duly signed indemnity is required) (Name)

Mode of Identification: _____

Declaration

I/We _____
hereby apply for the opening of an account with Guaranty Trust Bank (Tanzania) Ltd. I/We understand that the information given herein and the documents supplied are the basis for opening such account and I/We therefore warrant that such information is correct.
I/We have read the terms and conditions governing the operations of the account which are presented overleaf and agree to be bound by them.

1. _____

NameSignatureDayMonthYear

2. _____

NameSignatureDayMonthYear

In the presence of:

Name:

Address:

Occupation:

Signature: _____

Date:

DayMonthYear

FOR BANK USE ONLY

Customer Segmentation

Customer Classification Code:

Description: _____

Economic Sector Code:

Description: _____

Type of Depositor Code:

Description: _____

Risk Classification

Low Risk

Medium Risk

High Risk

Authentication for Politically Exposed Persons

Is the customer a Politically Exposed Person?

Yes

No

If yes, please provide details: _____

Customer Address Verification/ Call Memo (If applicable)

Address Visited: _____

Comment on Location - Landmarks: _____

Location - Colour of building: _____

Location - Description of building: _____

Full Name of Visiting Staff: _____ Signature: _____

Day

Month

Year

Certification

I hereby confirm that the information contained herein is correct and a true representation of the Customer's profile

Full Name: _____ Signature: _____

Day

Month

Year

Deferral/Waiver of Documents (if any) authorised by

Full Name: _____ Signature: _____

Day

Month

Year

Documents Required

	Checked	Deferred (Please specify deferral period)	Waived
1) Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
2) Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
3) Resident Permit or work permit (for non-Tanzanians)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
4) Two (2) passport sized photographs of each Signatory to the account with name written on the reverse side	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
5) Search Report	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
6) Letters of Administration or Probate	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
7) Power of Attorney (where applicable)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
8) Letter of Indemnity (where applicable)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
9) Proof of identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (Preferred Identity card are Int'l Passport, National Identity Card, National Driver's Licence, and Valid Tanzanian Voter's card)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
10) Proof of Address of all Signatories and Directors/Officers whose name appear on the account opening form/document Utility bill (Certified true copy is acceptable if original is not held)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
11) Two satisfactorily completed reference forms.	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
12) Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

Account Opening Authorised

A/C Manager's Code:

A/C Opened by: Name: _____ Signature : _____ Date: _____

CIS

Approved by: Name: _____ Signature : _____ Date: _____

OPERATIONS HEAD

To:
The Manager,
Guaranty Trust Bank (Tanzania) Ltd.

Dear Sir,

Name of Administrator/Executor

I/We wish to confirm that we have known the Administrators mentioned above for:

I/We would like to comment about their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No. is:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

And my/our Phone No.(s) is/are: _____

Yours faithfully,

Signature

Date

--	--

Day

--	--

Month

--	--	--	--

Year

Name: _____

Address: _____

Please note:

1. Referees must be a current account holder either in GTBank or any other bank.
2. Referee's account must not be less than six months old.
3. Salary account holder(s) are not suitable referees.

"CAUTION"
IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

To:
The Manager,
Guaranty Trust Bank (Tanzania) Ltd.

Dear Sir,

Name of Administrator/Executor

I/We wish to confirm that we have known the Administrators mentioned above for:

I/We would like to comment about their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No. is:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

And my/our Phone No.(s) is/are: _____

Yours faithfully,

Signature

Date

Day	

Month	

Year			

Name: _____

Address: _____

Please note:

1. Referees must be a current account holder either in GTBank or any other bank.
2. Referee's account must not be less than six months old.
3. Salary account holder(s) are not suitable referees.

"CAUTION"
IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU