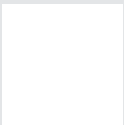


Guaranty Trust Bank (Tanzania) Ltd



ACCOUNT OPENING  
DOCUMENTATION  
**SOLE PROPRIETORSHIP/  
PARTNERSHIP**



Estimated Annual Turnover

Account Service(s) Required (Please tick applicable option below)

Internet Banking Preference: 

GAPS☐

GAPS- Lite☐

E-mail Statement

☒

TZS Debit Card☐

Dollar Debit Card☐

Dollar Credit Card☐

E-mail Alert

☒

SMS Alert (Charges apply)☒

Mobile Money☐

Token (Charges apply)☒

- Kindly note that your account will be debited with a fee as cost for your Card(s) once the account is opened.
- Checked e-banking services are available when the account is opened (3rd party transfers on e-channel will require a token).

Statement Frequency: Monthly☐

Quarterly☐

Semi-Annually☐

Annually☐

Cheque Book Requisition (Fees Apply):

Crossed Cheque☐

25 Leaves☐

50 Leaves☐

100 Leaves☐

200 Leaves☐

- \* GTBank Automated Payment System - Lite (GAPS - Lite) is a secure web-based service that provides a sole signatory with 24/7 online real time access to the Corporate account and other financial services, using secured connections over the internet.
- \*\* GTBank Automated Payment System (GAPS) is a secure web-based service that facilitates the processing of Vendor, Supplier or Payroll payment in batches or single payment, using secured connections over the internet.

Cheque Confirmation

Cheque Confirmation: Will you like to pre-confirm your cheques?

Yes☐

No☐

Cheque Confirmation Threshold: (If the answer to the above is yes, please note that the minimum confirmation threshold is currently TZS1,000,000.00

If you would like to have a higher threshold for pre-confirmation, please specify the amount:

(In line with extant law and existing regulation)

(TZS)

Details of Account Signatory 1:

Title:Surname:

(Please specify)

First Name:

Other Name(s):

Marital Status: Single

☐

Married

☐

Others:

(please specify)

Gender: Male

☐

Female

☐

(please tick '✓' as appropriate)

Date of Birth:

Day

Month

Year

Place of Birth:

Mother's Maiden Name:

Name of Next of Kin:

District:

(Tanzanians only)

Region:

(Tanzanians only)

Tax Identification No.:

(If available)

Means of Identification:Identification Number:

ID Issue Date:

Day

Month

Year

ID Expiry Date:

Day

Month

Year

Occupation:Status/Job Title:

Position/Office of the Signatory:

Nationality: Tanzanian

☐

Others

☐

(Please specify)

Resident Permit No.:

(for non-Tanzanians)

Social Security No.:

Permit Issue Date:

Day

Month

Year

Permit Expiry Date:

Day

Month

Year

(for non-Tanzanians)



Nationality:

TanzanianOthers(Please specify)

Resident Permit No.:

(for non-Tanzanians)

Social Security No.:

Permit Issue Date:

(for non-Tanzanians)

Day

Month

Year

Permit Expiry Date:

(for non-Tanzanians)

Day

Month

Year

Bank Verification ID No:

Do you have residency or citizenship of any other country:

YesNoIf 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:

Day

Month

Year

Official use only

Verified By (Full name)

Signature:

Date:

Day

Month

Year

Details of Account Signatory 3:

Title:

(Please specify)

Surname:

First Name:

Other Name(s):

Marital Status:

SingleMarriedOthers:

(please tick '✓' as appropriate)

Gender:

MaleFemale

Date of Birth:

Day

Month

Year

Place of Birth:

Mother's Maiden Name:

Name of Next of Kin:

District:

(Tanzanians only)

Region:

(Tanzanians only)

Tax Identification No.:

(If available)

Means of Identification:

Identification Number:

ID Issue Date:

Day

Month

Year

ID Expiry Date:

Day

Month

Year

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:

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:

Details of Next of Kin

Title: 



      Surname:

First Name:

Other Name(s):

Date of Birth: 



      Gender: Male ☐ Female ☐

Relationship:

Residential Address

House/Plot Number: 



      Street Name:

Nearest Bus Stop/Landmark:

Street: 



      District:

Region:

Mailing Address:

Mobile Number:

Phone Number:

E-mail Address:

Signature:

Date:

Day

Month

Year

Additional Details

1. Name of affiliated company:

Country of incorporation:

2. Name of affiliated company:

Country of incorporation:

3. Name of affiliated company:

Country of incorporation:

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

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

--

## b. Signatories

[illegible]

First Name:

[illegible]

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

Signature: \_\_\_\_\_

Date: 

--	--

--	--

--	--	--

  
Day Month Year

[illegible]

First Name:

[illegible]

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

Signature: \_\_\_\_\_

Date: 

--	--

--	--

--	--	--	--

  
Day Month Year

[illegible][illegible][illegible]

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

Signature: \_\_\_\_\_

Date: 

--	--

--	--

--	--	--	--

  
Day Month Year



## Terms and Conditions

I/We the undersigned being the sole proprietor/ the present individual partners in the above mentioned firm which has been duly registered under the Registration of Business Name Act hereby request and authorise you:

1. To open a current account in my/our firm's name.
2. To honour all cheques, bill of exchange, promissory notes, deposits, receipts, and other orders, drawn or endorsed and all bills accepted on behalf of the firm and to charge the amount of all such orders of accepted bill to the debit of the amount(s) whether the account be in credit or overdrawn or shall become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft or increase of overdraft and I/We shall be jointly and severally responsible for the repayment of any overdraft and interest.
3. To deal with any propriety, securities, valuables of documents of title which may be deposited with the Bank by the firm whether for safe keeping or otherwise when instructions to such effect is given to the Bank in writing and signed by me/ any of the Partners or by any other signatories specified below.
4. To honour any contract entered into with the Bank for the purpose and/or sale of foreign exchange and to deposit other securities with the Bank as security for such contract, I/We further agree to:
  - a. Deliver to the Bank not later than 60 days after the payment of foreign currency or against the firm's import transaction and in any other case not later than 10 days after the arrival of eligible goods in Tanzania, the exchange control of Custom Bill of Entry and other allied documents.
  - b. Indemnify the Bank against loss or damage incurred as a result of failure to provide the required Custom Bill of Entry and/or to comply with any Tanzania Customs or Exchange Control Regulation.
  - c. The debiting of the firm's account or pay on demand to the Bank any difference in exchange rate due to fluctuation in rates between the time of instruction and the completion of the transaction.
5. I/We agree that advances to the firm by way of overdraft discount, loan mortgage or otherwise credits generally and the issue of guarantees by you from time to time may be arranged by myself or by any other signatory (ies) specified below provided that any document relating thereto, a mortgage pledge or other security documents of title relating thereto secure any such advances and any obligations and any undertakings by myself or by any other signatory (ies) specified below.
6. I/We agree that the Bank may at any time without notice, notwithstanding any settlement of account of any matter whatsoever combine or consolidate all or any of the then existing accounts(s) opened in the firm's name 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 liabilities of the firm whatsoever, whether such liability be present or future, actual or contingent, primary or collateral and several or joint.
7. "Related Party" means an entity that is: a subsidiary or an affiliate of the firm; or an individual (person) that is a proprietor/partner of the firm; or an entity in which the firm is a shareholder.
8. I/We agree that in the absence of any directive to the contrary, any account(s) subsequently opened shall be operated and dealt with upon the terms set out above in so far as the same may be applicable.
9. I/We agree that the authority shall remain the force until written notice of revocation shall have been received by the Bank notwithstanding any change in the constitution or name of the firm, provided always, however that the authority under paragraph 5 above may not be revoked except with the Bank's prior written consent and subject to such terms and conditions as the Bank shall determine to impose.
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. Customers should not write out cheques in staff's name. All cheques for deposits should be made out in customer's name.
12. Customers should desist from transferring money from their accounts into staff's accounts. Impromptu cash pick at the customer's premises by staff should not exceed TZS1,000,000.
13. Customers who wish to enjoy cash pick up services should make a formal request which would be handled in accordance with the laid down procedure for cash pick up. Cash in excess of TZS1,000,000 should be paid over the counter by the customer.
14. Foreign currency cash withdrawals from my/our accounts shall be subject to availability.
15. 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 deposits, receipts, and other orders, drawn or endorsed and all bills accepted on behalf of the firm and to charge the amount of all such orders of accepted bill to the debit of the amount(s) whether the account be in credit or overdrawn or shall become overdrawn in consequence of such debit without prejudice to

your right to refuse to allow any overdraft or increase of overdraft and I/We shall be jointly and severally responsible for the repayment of any overdraft and interest.

#### **Credit Bureau**

I/We acknowledge that the Bank consults with various credit bureaus and reference agencies, and may be required to disclose the firm's information to these credit bureaus for the purpose of conducting checks on the firm. I/We hereby irrevocably and unconditionally grant 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 our partners 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"><li>Responsible for user management and activity audit.</li></ul>
UPL	Uploader	<ul style="list-style-type: none"><li>Initiates all transactions and file upload</li><li>Review reports and account information</li></ul>
REV	Reviewer	<ul style="list-style-type: none"><li>1st level review and authorization</li></ul>
APP	Approver	<ul style="list-style-type: none"><li>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)</li></ul>
VIEW	Viewer	<ul style="list-style-type: none"><li>Review end of day activities and reports</li></ul>

## 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. \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Day

Month

Year

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Day

Month

Year

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

## 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) Copy of Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Copy of Form 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Partnership Deed (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) 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"/>
7) Introduction Letter (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Status Report from Banker (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Resident Permit or work permit (for non-Tanzanians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Evidence of Registration with Tanzanian Investment Centre (TIC) (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Search Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Power of Attorney (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Letter of Indemnity (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Proof of Company Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Business Premises visitation certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) 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"/>
17) 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"/>
18) Two satisfactorily completed reference forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Copy of the audited Financial statements (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Deferral/Waiver of Documents (if any) authorised by

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Day	

Month	

Year			

## Account Opening Authorised

A/C Manager's Code:

A/C Opened by: Name: \_\_\_\_\_

CIS

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: Name: \_\_\_\_\_

OPERATIONS HEAD

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

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**