



# INDIVIDUAL ACCOUNT OPENING FORM

## DATA SUBJECT CONSENT

At NCBA, we value your privacy and are committed to protecting your information. This privacy clause explains how we collect, use, share and protect your personal data when you engage with our services. For more details on how we handle your personal data, and your rights as per the Law relating to the Protection Of Personal Data and Privacy, you can access our full Privacy Policy by visiting <https://rw.ncbagroup.com/privacy-policy/> or obtaining a physical copy at any of our branches. This privacy clause covers the following:

**1.1. Information Collection:** We collect and process personal data that we receive from you or other sources during the account opening process and during the course of our relationship. This may include your identification and contact information, financial details and other relevant data.

**1.2. Data Usage:** Your personal data will be used for various purposes where we have your consent, or have a lawful basis under the Data Protection law. Most commonly, your personal data will be used for registration and onboarding, account management, customer support, product design, provision of the services, legal and regulatory compliance.

**1.3. Sharing Information:** We may share your data for legitimate business purposes, legal or regulatory authorities with third parties who are contractually obligated to keep your personal data confidential subject to appropriate safeguards to prevent it from unauthorized disclosure

**1.4. Cross Border Transfer:** We may need to transfer or store your information in another jurisdiction to fulfill a legal obligation, for legitimate business purposes, or insofar as is necessary to use third parties to provide our services, and those third parties are located or store information (including your sensitive personal data) outside Rwanda. We may also transfer your information across country borders where you have consented to the transfer.

We or our permitted third parties will ensure that any transfer of information across borders is lawful and that it has an appropriate level of protection, including transfer to jurisdictions that have established data protection laws, and entering legally binding agreements to ensure the security of your personal data.

**1.5. Data Security:** We use our best endeavors to put in place appropriate safeguards to ensure that your information remains adequately protected. We have implemented technical and organizational measures to protect your data from unauthorized access, loss or disclosure.

**1.6. Data Retention:** Your personal data will only be retained for as long as reasonably necessary to fulfill the intended purposes, or for longer if required to comply with any legal, regulatory, tax accounting or reporting requirements. We may also retain your personal data for longer in the event of a complaint or prospective litigation in respect of our relationship with you.

**1.7. Your Rights:** You have the right to:

- Be informed of what data we are collecting and how we handle it;
- Access or rectify your personal data;
- Erase your personal data, subject to our retention obligations;
- Request transfer of your personal data to another entity, subject to payment of reasonable fees;
- Object to the processing of your personal data, unless we are obliged to continue such processing by law or otherwise;
- Withdraw your consent for a certain processing activity, although this will not affect processing of such data based on previously-provided consent;
- Request not to be subjected to profiling or for human intervention in a decision-making process;
- Right to designate an heir subject to presentation of a will;
- Right to representation in accordance with the relevant laws.

To exercise the above rights, please reach out to us at our contacts as specified on the back of the form or visit any of our branches for assistance. We will respond to all requests within a reasonable time and in accordance with the requirements under the Data Protection law.

### 1.8. Authority to process your personal data

By signing this form, I/we \_\_\_\_\_ hereby provide my/our consent to collect, process, share and transfer my/our personal data in accordance with the terms of this form and relevant law.

## INDIVIDUAL ACCOUNT OPENING FORM

### BRANCH DETAILS:

I/We wish to open the following account(s) with NCBA RWANDA PLC as per following details

Customer Name:

Type of account to be opened

Current account: RWF  USD  EUR  GBP  Savings account: RWF  USD  EUR  GBP

Please select your preferred language to receive all bank-related communication.

French  English  Kinyarwanda

### FIRST APPLICANT

Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Prof. <input type="checkbox"/>	Hon. <input type="checkbox"/>	Other (please specify)						
Surname:		First name:			Middle name:								
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status:		Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>				
Date of Birth:		dd/mm/yyyy		Nationality:									
ID/ Passport/ Refugee/ Foreigner ID No.:													
Place of Issue:						Issue Date:	dd/mm/yyyy						
Expiry Date:		dd/mm/yyyy		Resident: <input type="checkbox"/>	Non - Resident <input type="checkbox"/>								
Mobile No.:						Office Tel No.:							
Postal Address:						Email:							
Spouse Name:						Spouse Mobile No.:							

### PLACE OF BIRTH

Country:		Province:		District:	
Sector:		Cell:		Village:	

### RESIDENTIAL INFORMATION

Country:		Province:		District:			
District:		Cell:		Village:			
Street No.:		Phone No.:					
Residential Status:	Home Owner <input type="checkbox"/>	Renting <input type="checkbox"/>	Other (Please Specify)				

## PROFESSION / OCCUPATION

Employment Status:	Employed: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unemployed: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer Name:				
Description of your business category:				

## EDUCATION

\* Tick the highest education applicable

<input type="checkbox"/> PHD	<input type="checkbox"/> Masters	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Diploma		
<input type="checkbox"/> A level	<input type="checkbox"/> O level	<input type="checkbox"/> Primary School	<input type="checkbox"/> Below Primary		
What is your relationship with the bank?		<input type="checkbox"/> Customer	<input type="checkbox"/> Staff	<input type="checkbox"/> Director	<input type="checkbox"/> Shareholder

## NEXT OF KIN

Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Prof. <input type="checkbox"/>	Hon. <input type="checkbox"/>	Other (please specify)		
Surname:				First name:				Middle name:	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	
Relationship with applicant:									
Date of Birth:	dd/mm/yyyy		Nationality:						
ID/ Passport/ Refugee/ Foreigner ID No.:		<input type="checkbox"/>							
Place of Issue:				Issue Date:	dd/mm/yyyy				
Expiry Date:	dd/mm/yyyy		Resident: <input type="checkbox"/>	Non - Resident <input type="checkbox"/>					
Mobile No.:				Office Tel No.:					
Postal Address:				Email:					

## ACCOUNT OPERATING TOOLS

	Yes /No	Limit on transaction	Mobile number or email address to receive account activity notifications
Mobile Banking			
Internet Banking			
Cards (Debit)			
Cards (credit)			
Cheque book		Number of leaves 24 <input type="checkbox"/> 48 <input type="checkbox"/>	
Payment Order		Number of leaves 24 <input type="checkbox"/> 48 <input type="checkbox"/>	
E-mail indemnity		(provide your email to be used)	

Kindly sign off separate terms and conditions related to the above services/tool of your choice

## CONSENT TO MARKETING COMMUNICATION

From time to time we may contact you with details of other bank products, services or offers we provide or events and competitions we run. If you consent to receive marketing communications or promotional materials from us or our strategic partners, please tick the box below. You may opt-out of this at any point by sending an email to [contact.rw@ncbagroup.com](mailto:contact.rw@ncbagroup.com).

- Yes, I would like to receive marketing communication or promotional materials from NCBA or its strategic partners.
- No, I do not want to receive marketing communication.

**FATCA (FOREIGN ACCOUNT TAX COMPLIANCE ACT) IN CASE ANY OF THE DIRECTORS, SHAREHOLDERS OR SIGNATORIES IS RELATED WITH THE USA)**

**FATCA**

Are you a U.S. resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a U.S. Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you holding a U.S. Permanent Resident Card (Green Card)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you born in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you granted power of Attorney or signatory authority to a person with U.S. Address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a U.S. Residential Address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a correspondence, C/O or hold mail address in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a standing order to a U.S. Bank Account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a U.S. Telephone No?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "Yes" for any of the above questions, kindly fill separate FATCA Form (W8 or W9)

**Common Reporting Standards (in case you are a foreign taxpayer)**

Please complete the following table in case you are a foreign taxpayer or have a business abroad:

Name: \_\_\_\_\_

Tax Residence: \_\_\_\_\_ (country where you pay taxes)

TIN: \_\_\_\_\_

If a TIN is unavailable please provide the appropriate reason A, B or C:

**Reason A** The country where the Account Holder is liable to pay tax does not issue TINs to its residents

**Reason B** The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

**Reason C** No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

Country of tax residence		TIN	If no TIN available enter Reason A, B or C	If you selected Reason B Please explain why you are unable to obtain a TIN
1				
2				
3				
4				
5				

A separate Individual Tax Residency Self-Certification Form will be filled in case at least one of the above information is filled.

## DECLARATION BY THE CUSTOMER

I/We confirm that the above information is true to the best of my/our knowledge; and I/We hereby acknowledge receipt of a copy of the bank's General Terms and Conditions and I/We agree to abide by the Terms and Conditions therein. Where the National Bank of Rwanda has forbidden banks to transact business with myself or any other signatory to the account, all consequential costs and fines will be debited from my account without advice from the bank.

### Signature

Name:	
Date:	

## FOR OFFICIAL USE ONLY

Branch name	
Customer ID	
Account Number	<input type="text"/>
Account Type:	Current <input type="checkbox"/> Savings <input type="checkbox"/>

### Contacts

NCBA BANK RWANDA PLC  
Kigali Heights, 8th Floor  
Plot No. 772, KG 7 AVE,  
Boulevard de L'Umuganda  
P O Box 6774, Kigali, Rwanda  
Tel: +250 788 149 500 / +250 788 149 555  
Email: [contact.rw@ncbagroup.com](mailto:contact.rw@ncbagroup.com)  
NCBA Data Protection Office: [DataProtectionRwanda@ncbagroup.com](mailto:DataProtectionRwanda@ncbagroup.com)

