

**COMPANY, PUBLIC
INSTITUTIONS AND NGOS
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.

I/We wish to open the following account(s) with NCBA RWANDA PLC as per following details					
Institution Name (Company Name):					
Trading Name:					
TIN No.		<input type="text"/>			
Please select your preferred language to receive all bank-related communication					
French <input type="checkbox"/> English <input type="checkbox"/> Kinyarwanda <input type="checkbox"/>					
A. TYPE OF ACCOUNT TO BE OPENED					
Type of account to be opened					
Current account: RWF <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/>		Savings account: RWF <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/>			
B. COMPANY/ ORGANISATION ADDRESS:					
Country:		Province:		District:	
Sector:		Cell:		Village:	
Street No.:		Building name:			
Telephone No.:		Mobile Number:			
E-mail:		Company Postal Address:			
Date of incorporation/ Registration:		Registration Number:			
Name of Parent Company (if any)		Address:			
C. TYPE OF BUSINESS tick (✓) where applicable					
Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Company <input type="checkbox"/>	Public Limited Company (PLC) <input type="checkbox"/>		
NGO <input type="checkbox"/>	Cooperative <input type="checkbox"/>	Faith-based Organisation <input type="checkbox"/>	Ikimina/Tontine <input type="checkbox"/>		
Any other type: <input type="text"/>					
Estimated annual turnover in figures(RWF)				Number of Employees:	
D. SHAREHOLDERS (owner of =>10% of shares in the company)					
	Shareholder 1	Shareholder 2	Shareholder 3	Shareholder 4	
Names					
ID/Passport/Reg number					
Issue of passport/ expiry of passport					
Nationality					
Date of Birth/ Date of incorporation					
Place of Birth/ Place of incorporation					
Current address District/Sector/Cell/Village					
Resident (Yes/No)					
Number of shares in %					

NB: In case of more than 4 shareholders (with=>10%), you will have to fill extra forms.

E. MEMBERS OF THE BOARD

	Director 1	Director 2	Director 3	Director 4
Names				
ID/Passport				
Issue of passport/expiry of passport				
Nationality				
Tel.				
Email				
Date of Birth				
Place of Birth				
Current address: District/Sector/Cell/Village				
Resident (Yes/No)				
Education				

NB: In case of more than 4 Directors (with=>10%), you will have to fill extra forms.

F. SIGNATORIES

	Signatory 1	Signatory 2	Signatory 3	Signatory 4
Names				
ID/Passport				
Issue of passport/expiry of passport				
Position in the Company/ Organisation				
Nationality				
Tel.				
Email				
Date of Birth				
Place of Birth				
Current address: District/Sector/Cell/Village				
Resident (Yes/No)				
Education				

~~SIGNING INSTRUCTION~~ Tick (✓) where applicable

Single Jointly Any Other (Specify) _____

G. ULTIMATE BENEFICIAL OWNER (UBO) OF THE CORPORATE CUSTOMER/ LEGAL ENTITY

1. a) Direct UBO: In case UBO is a Director, Shareholder or Senior Management member.

Full Name:		Relationship of UBO with the customer	
Nationality:		a) Principal Owner (100% of shares):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth:		b) Direct Control with more than 50% of shares: <i>If yes, precise.....% of shares.</i>	
Place of Birth:		c) Indirect control with more than 10% of shares: <i>If yes, precise% of shares</i>	
Residential Address:			
Telephone:		d) Director - Member of the Board	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the UBO NCBA's customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	e) Member of Senior Management:	Yes <input type="checkbox"/> No <input type="checkbox"/>
E-mail:		f) Controlling power without shares and presence in Board or Management	Yes <input type="checkbox"/> No <input type="checkbox"/>
		g) Relative to Directors or Senior managers (Precise)	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. b) Indirect UBO (legal entity owned by other legal entities): In case a company A is owned by another company B

Corporate Name:		Relationship with legal entity under Indirect UBO:	
Certificate of Incorporation Number:		a) Principal Owner (100% of shares):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of incorporation:		b) Direct Control with more than 50% of shares: <i>If yes, precise.....% of shares.</i>	
% of shareholding in legal entity opening account		c) Indirect control with more than 10% of shares: <i>If yes, precise% of shares</i>	
Tax Payer Number:			
Legal Form:	NGO <input type="checkbox"/> Church <input type="checkbox"/> Corporate <input type="checkbox"/>	d) Director - Member of the Board	Yes <input type="checkbox"/> No <input type="checkbox"/>
Joint Venture <input type="checkbox"/>	Other	e) Member of Senior Management:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indirect UBO (Individuals representing the company mentioned above):		f) Controlling power without shares and presence in Board or Management	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name:		g) Relative to Directors or Senior managers (Precise)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nationality:		<p>*UBO The natural person(s) who ultimately owns or controls a customer. It also includes those persons who exercise ultimate effective control over a legal person or arrangement.</p> <p>**In case of more than one UBO: you will fill more pages of UBO.</p>	
Date of Birth:			
Place of Birth:			
Residential Address:			
Telephone:			
E-mail:			
Is the UBO NCBA's customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

H. 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.

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

I. 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 to granted power off 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)

J. Common Reporting Standards (in case a director, shareholder or senior manager is a foreigner tax payer)

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

Name:	
Tax Residence	
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.

K. 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 of 1st Signatory:		Signature of 2nd Signatory:	
Name:		Name:	
Date:		Date:	
Signature of 3rd Signatory:		Signature of 4th Signatory:	
Name:		Name:	
Date:		Date:	

L. FOR OFFICIAL USE ONLY

Branch name:			
Customer ID:			
Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Type:	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	
The designated bank officer will review the checklist for completeness and advise on your account status.			
Completed by Interviewing Officer		Approved by Branch Manager or Designated Officer	
Economic sector code		Comment	
Economic sub-sector code			
NAICS Code		Institutional Code	
NAICS Description		Public Sector Code	
Name		Name	
Signature and Date		Signature and Date	

NOTE: All companies with special licenses must provide a valid regulator license All signatories must complete and submit the signature mandate.

A. PARTNERSHIP

- Copy of Business license, Certificate of Incorporation or Business Permit (original sighted)
- Tax identification Number and RDB Registration Certificate
- Memorandum of Association
- Letter signed by all partners appointing NCBA as the banker and notification of signatories and signing powers
- 1 Photocopy of ID card or passport or other valid identification for each signatory
- 2 Passport photographs of each signatory
- Full identification of each signatory
- Acceptance of Terms and Conditions

B. CORPORATION

- Copy of certificate of incorporation (original sighted)
- Memorandum and Articles of Association
- Board resolution appointing bank as the banker notification of signatories and signing power
- 1 Photocopy of ID card, passport or any other valid identification for each signatory
- 2 Passport photographs of each signatory
- Full identification of each signatory
- Acceptance of Terms and Conditions

C. NGO

- Government registration certified copy (Original sighted)
- Appointment letter of signatories (Power of Attorney)
- Board resolution appointing bank as the banker notification of signatories and signing power
- 1 Photocopy of ID card, passport or any other valid identification for each signatory
- 2 Passport photographs of each signatory
- Full identification of each signatory
- Acceptance of Terms and Conditions

D. PUBLIC BODIES

- Ministry registration or equivalent document
- Appointment letter of signatories (Power of Attorney)
- Board resolution appointing bank as the banker notification of signatories and signing power

E. DISTRICT COUNCIL

- Letter of appointment of district officials
- Board resolution appointing bank as the banker notification of signatories and signing power
- 1 Photocopy of ID card, passport or any other valid identification for each signatory
- 2 Passport photographs of each signatory
- Full identification of each signatory
- Acceptance of Terms and Condition

F. PUBLIC HOSPITALS AND SCHOOLS

- Letter of appointment of governing officials
- Board resolution appointing power bank as the banker notification of signatories and signing
- 1 Photocopy of ID card, passport or any other valid identification for each signatory
- 2 Passport photographs of each signatory
- Full identification of each signatory
- Acceptance of Terms and Conditions

G. FRIENDLY GROUPS, MUTUAL FUND, CHORUS GROUPS, IKIMINA/TONTINE

- Sector Registration Certificate
- MOU creating the club
- Appointing letter of the governing body to open an account
- A reference letter if available
- Full identification of signatories as individual
- 1 Photocopy of ID card, passport or any other valid identification for each signatory
- 2 Passport photographs of each signatory
- Full identification of each signatory
- Acceptance of Terms and Conditions

H. COOPERATIVES, UNIONS AND FEDERATIONS

- Articles of association
- Board resolution to open an account
- Registration document from Rwanda Cooperative Agency
- Temporary authorization from District-only when registration certificate is not yet out
- 1 Photocopy of ID card, passport or any other valid identification for each signatory
- 2 Passport photographs of each signatory
- Full identification of each signatory
- Acceptance of Terms and Conditions

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

NCBA Data Protection Office: DataProtectionRwanda@ncbagroup.com

