



# Finance Trust Bank

ACCOUNT OPENING FORM FOR COMPANY / ASSOCIATIONS / SOLE PROPRIETORSHIP/PARTNERSHIP

ACCOUNT TYPE..... DATE...../...../.....

Name of company/ Association/ Sole proprietorship/Partnership .....

Physical address.....

Telephone.....

The Company/ Association/ Sole proprietorship/Partnership above requests FINANCE TRUST BANK.....

Branch to open a Company/ association/Sole Proprietorship/Partnership Savings account in the names of

Account Number.....

The above Company/ Association/ sole proprietorship/Partnership hereby agree to the terms and conditions governing the.....Company/ Association/ Sole proprietorship/Partnership savings account in FINANCE TRUST BANK and it shall be liable for all endorsements of instrument and instructions provided they are signed by

1. Name..... Signature.....

2. Name..... Signature.....

3. Name..... Signature.....

4. Name..... Signature.....

5.

(Being signatories of the above Company/ Association/ Sole proprietor/Partnership/ for the time being).

SPECIAL MANDATE ( If any) .....

Attached are specimens signatures of the persons authorised to sign in terms of this agreement and this authority shall remain force until FINANCE TRUST BANK receives notice from the Company / Association / Sole proprietorship/ partnership contrary.

Please receive herewith;

- 1. A certified copy of our Memorandum and Articles of Association constitution of the Association.
2. Certified Certificate of incorporation
3. Copy of trading licence or Income Tax Certificate
4. A full list of the present Directors and Secretary (Certified form No.7)
5. Board resolution on Account opening and signatories

Signed at.....

Date.....

Signature Director.....

Signature Secretary.....

UFT Officer's Name and Signature.....



# FINANCE TRUST BANK

APPLICATION TO OPEN A PERSONAL/ JOINT ACCOUNT (tick)

(This particular form must be filled by one individual)

**CUSTOMER'S  
PHOTO**

**ACCOUNT NUMBER:**

To The manager:  
Uganda Finance Trust Ltd: \_\_\_\_\_ Branch: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Type:	Easy Access <input type="checkbox"/>	HISA <input type="checkbox"/>	Other <input type="checkbox"/>
Account Category	Individual <input type="checkbox"/>	Joint <input type="checkbox"/>	Junior <input type="checkbox"/> No Fee <input type="checkbox"/>

**PERSONAL DETAILS/PARTICULARS:**

First name	Other name (s)	Surname	Nick Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth: DD/MM/YYYY	Marital Status	Spouse's Name		
	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow (er)			

**IDENTIFICATION DETAILS**

<input type="checkbox"/> UPDF employee No. _____	<input type="checkbox"/> TIN No. _____	<input type="checkbox"/> Driver Permit No. _____	<input type="checkbox"/> Country ID No. _____
<input type="checkbox"/> Prisons ID No. _____	<input type="checkbox"/> Passport No. _____	<input type="checkbox"/> LC ID card No. _____	<input type="checkbox"/> Police ID No. _____
<input type="checkbox"/> NSSF No. _____	<input type="checkbox"/> Voters Card No. _____	<input type="checkbox"/>	<input type="checkbox"/> Other _____

**RESIDENCE**

Residence <input type="text"/>	Owned <input type="checkbox"/> Rented <input type="checkbox"/>	Country of residence <input type="text"/>	Nationality <input type="text"/>		
Region <input type="text"/>	District <input type="text"/>	Country/Town <input type="text"/>	Sub county <input type="text"/>		
Parish <input type="text"/>	LC/Street Name <input type="text"/>				
Plot/Street No.	Floor No.	Unit Name	Apartment No.	Postal Address	Postal Town
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**NEXT OF KIN**

Name	Residence	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PARENTS DETAILS**

Mother's Name	Father's Name	Residence	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EMPLOYMENT DETAIL**

Employer	Employee No.	Occupation	Timed employed	Current Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Requency of salary	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other specify	Type of employment	<input type="checkbox"/> Formal Employment <input type="checkbox"/> Informal Employment <input type="checkbox"/> Self employed <input type="checkbox"/> Un employed
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**Marketing information: How did you know about Finance Trust? (tick)**

Radio Advert <input type="checkbox"/>	Other customers <input type="checkbox"/>	Billboards <input type="checkbox"/>	Friends <input type="checkbox"/>	Other (specify) <input type="text"/>
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I/We of the above particulars having agreed to open the above account in my/our names hereby agree to provide any documents as may be required by Finance Trust and shall comply with the terms and conditions.

Note: (For additional rules and regulations, terms and conditions, see reverse page.)

**AUTHORISED SIGNATORY (IES)**

Name	Specimen Signature/ Thumb print
<input type="text"/>	<input type="text"/>

Signing instructions (tick): SELF only  All/both to sign  Any can sign

FOR OFFICIAL USE ONLY: (Sealed with Finance Trust Official Stamp)

Witnessed by: \_\_\_\_\_ Verified by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
FINANCIAL SERVICES OFFICER ACCOUNTANT BRANCH MANAGER



# FINANCE TRUST BANK

## APPLICATION TO OPEN A YOUTH SAVINGS ACCOUNT

*(This particular form must be filled by one individual)*



ACCOUNT NUMBER: 

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To The manager:  
Finance Trust Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Type:		
Account Category	Individual <input type="checkbox"/>	Joint <input type="checkbox"/>

**PERSONAL DETAILS/PARTICULARS:**

Surname	Middle name	Sex	First name	Date of birth

Occupation	Employer / School	Mentor Details (where applicable)
		Name:..... Occupation:..... Tel. No.:..... Residence:.....

Mobile telephone	Customer Segment	No. of dependants	Local language	Residence	Nationality

Educational level <small>(E.g. Degree etc)</small>	Current residential location <small>(Town/City, District, Parish, LCI)</small>	Next of Kin/Mentors & Address/ Telephone/Relationship

Mother's name	Father's name	Parent's Current Residential Address

**Marketing information: How did you know about Finance Trust Bank? (tick)**

Radio Advert <input type="checkbox"/>	Other customers <input type="checkbox"/>	Billboards <input type="checkbox"/>	Friends <input type="checkbox"/>	Other <i>(specify)</i>	DSR	YM	STAFF
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I/We of the above particulars having agreed to open the above account in my/our names hereby agree to provide any documents as may be required by Finance Trust Bank and shall comply with the terms and conditions.  
*Note: (For additional rules and regulations, terms and conditions, see reverse page.)*

**AUTHORISED SIGNATORY (IES) (MENTOR) (Required for Teen Classic A/c only)**

Name	Specimen Signature/ Thumb print

Signing instructions (tick): SELF only  All/both to sign  Any can sign

Do you want to apply for an ATM Card?

(Applicable for Youth Progress A/C holders ONLY) Yes  No

FOR OFFICIAL USE ONLY: (Sealed with Finance Trust Bank Official Stamp)

Witnessed by: \_\_\_\_\_ Verified by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 CUSTOMER CARE / FIELD OFFICER                      ACCOUNTANT                      BRANCH MANAGER



# FINANCE TRUST BANK

## APPLICATION TO OPEN A GIRL'S CHOICE SAVINGS ACCOUNT

(This particular form must be filled by one individual)

<b>CUSTOMER'S PHOTO</b>
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**ACCOUNT NUMBER:**

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To The manager: \_\_\_\_\_  
 Finance Trust Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Type:	
Account Category	Individual <input type="checkbox"/>

**PERSONAL DETAILS/PARTICULARS:**

Surname	Middle name	Sex	First name	Date of birth	
Occupation		Employer / School		Mentor Details (where applicable)	
				Name:.....	
				Occupation:.....	
				Tel. No.:.....	
				Residence:.....	
Mobile telephone	Customer Segment	No. of dependants	Local language	Residence	Nationality
Educational level (E.g. Degree etc)		Current residential location (Town/City, District, Parish, LCI)		Next of Kin/Mentors & Address/ Telephone/Relationship	
Mother's name		Father's name		Parent's Current Residential Address	

**Marketing information: How did you know about Finance Trust Bank? (tick)**

Radio Advert <input type="checkbox"/>	Other customers <input type="checkbox"/>	Billboards <input type="checkbox"/>	Friends <input type="checkbox"/>	Other (specify)
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I/We of the above particulars having agreed to open the above account in my/our names hereby agree to provide any documents as may be required by Finance Trust Bank and shall comply with the terms and conditions.  
*Note: (For additional rules and regulations, terms and conditions, see reverse page.)*

**AUTHORISED SIGNATORY (IES) (MENTOR) (Required for Girl's Choice customer below 18yrs only)**

Name	Specimen Signature/ Thumb print

Signing instructions (tick): SELF only  All/both to sign  Any can sign

Do you want to apply for an ATM Card?

**(Applicable for girls who are above 18 years)**

**FOR OFFICIAL USE ONLY: (Sealed with Finance Trust Bank Official Stamp)**

Witnessed by: \_\_\_\_\_ Verified by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 CUSTOMER CARE/FIELD OFFICER                      ACCOUNTANT                      BRANCH MANAGER