



Application Form for Opening a Trust Account

A. Trust Particulars

Name of Trust : _____
Registration Number : _____ Country of Registration : _____ Date _____
Business Address : _____
Physical Address : _____
Telephone Number : _____ Fax No: _____ Cell No. _____
E-mail Address : _____
Income Tax Number : _____ Tax Type: _____
Registered Head Office : _____
Postal Address : _____
Telephone Address : _____ Fax No: _____ Cell No _____
E- Mail Address : _____

B List of Trustees and Personal Details

TRUSTEES

(i) Name of trustee : _____
Address : _____
Sex : Male [] Female [] (Tick whichever is appropriate)
Maiden Name : _____
Identification : _____ Nationality: _____
Physical Address : _____
Permanent Address : Village: _____ T/A: _____ District: _____
Telephone Number : _____ Fax No: _____
E-mail Address : _____ Cell No: _____

Bank Accounts Held

National Bank of Malawi

Account Name : _____
Account No : [] Branch: _____

Other Banks

Account Name : _____
Bank : _____ Branch: _____
Account No []

Spouse's Details

Full Name : _____ Title: _____
 Maiden Name : _____
 Address : _____
 Occupation : _____ Nationality: _____
 Telephone Number: _____ Cell No: _____
 E-mail Address : _____ Fax No: _____
 Bankers : _____

(ii) Name of Trustee : _____
 Address : _____
 Sex : Male Female (Tick whichever is appropriate)
 Maiden Name : _____
 Identification : _____ Nationality: _____
 Physical Address : _____
 Permanent Address : Village: _____ T/A: _____ District: _____
 Telephone Number : _____ Fax No: _____
 E-mail Address : _____ Cell No: _____

Bank Accounts Held

National Bank of Malawi

Account Name : _____
 Account No :

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

 Branch: _____

Other Banks

Account Name : _____
 Bank : _____ Branch: _____
 Account No

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

Spouse's Details

Full Name : _____ Title: _____
 Maiden Name : _____
 Address : _____
 Occupation : _____ Nationality: _____
 Telephone Number: _____ Cell No: _____
 E-mail Address : _____ Fax No: _____
 Bankers : _____

(iii) Name of Trustee : _____
Address : _____
Sex : Male Female (Tick whichever is appropriate)
Maiden Name : _____
Identification : _____ Nationality: _____
Physical Address : _____
Permanent Address : Village: _____ T/A: _____ District: _____
Telephone Number : _____ Fax No: _____
E-mail Address : _____ Cell No: _____

Bank Accounts Held

National Bank of Malawi

Account Name : _____
Account No :

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

 Branch: _____

Other Banks

Account Name : _____
Bank : _____ Branch: _____
Account No

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

Spouse's Details

Full Name : _____ Title: _____
Maiden Name : _____
Address : _____
Occupation : _____ Nationality: _____
Telephone Number: _____ Cell No: _____
E-mail Address : _____ Fax No: _____
Bankers : _____

(vi) Name of Trustee : _____
Address : _____
Sex : Male Female (Tick whichever is appropriate)
Maiden Name : _____
Identification : _____ Nationality: _____
Physical Address : _____
Permanent Address : Village: _____ T/A: _____ District: _____
Telephone Number : _____ Fax No: _____
E-mail Address : _____ Cell No: _____

Bank Accounts Held

National Bank of Malawi

Account Name : _____

Account No :

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

 Branch: _____

Other Banks

Account Name : _____

Bank : _____ Branch: _____

Account No

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

Spouse's Details

Full Name : _____ Title: _____

Maiden Name : _____

Address : _____

Occupation : _____ Nationality: _____

Telephone Number: _____ Cell No: _____

E-mail Address : _____ Fax No: _____

Bankers : _____

C. Business Information

Type of Business : _____

Source of Capital : _____

: _____

Number of Employees : _____

D. Additional Information if Association is Foreign

Registered name in foreign country: _____

Identification/Registration No : _____

Head Office Address : _____

: _____

Telephone Number : _____ Fax No: _____

E-mail Address : _____

Physical Address : _____

Bankers : _____

Address : _____

E-mail Address : _____ Fax No: _____

E Associated Individuals

(i) Full Name : _____ Title: _____
Sex : Male Female (Tick whichever is appropriate)
Identity (Passport) : _____ Nationality: _____
Designation : _____ Residential Status: _____
Date of Birth : _____ / _____ / _____ (dd/mm/yyyy)
Telephone Number : _____ Fax No : _____
E-mail Address : _____
Postal Address : _____

(ii) Full Name : _____ Title _____
Sex : Male Female (Tick whichever is appropriate)
Identity (Passport) : _____ Nationality: _____
Designation : _____ Residential Status: _____
Date of Birth : _____ / _____ / _____ (dd/mm/yyyy)
Telephone Number : _____ Fax No : _____
E-mail Address : _____
Postal Address : _____

(iii) Full Name : _____ Title: _____
Sex : Male Female (Tick whichever is appropriate)
Identity (Passport) : _____ Nationality: _____
Designation : _____ Residential Status: _____
Date of Birth : _____ / _____ / _____ (dd/mm/yyyy)
Telephone Number : _____ Fax No : _____
E-mail Address : _____
Postal Address : _____

F. Associated Legal Persons

Registered Name : _____
Registration Number : _____
Registered Address : _____
Head Office Address : _____
Physical Address : _____
Telephone Number : _____ Fax No: _____
E-mail Address : _____

G. Referees:

(i) Name : _____
Address : _____
Physical Address : _____
Telephone Number : _____ E-mail Address: _____
NBM Acc No

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

 Branch: _____

(ii) Name : _____
Address : _____
Physical Address : _____
Telephone Number : _____ E-mail Address: _____
NBM Acc No

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

 Branch: _____

We, _____ declare that the information we have given is true and we will be liable for any information or part thereof, which is false. We understand that in the event of the discovery that the given information is false, the Bank will be justified to close the account and report the same to relevant authorities without giving notice whatsoever.

Trustees Name _____ Signature _____ Date ____/____/____

Trustees Name _____ Signature _____ Date ____/____/____

(Kindly submit the Trust Deed and completed Mandates NBM M4, NBM M7 & Specimen Signature Forms CA 22)

H. For Official Use Only:

Interviewed by : _____ signature _____

Recommended by : _____ signature _____

This application has been approved Declined (If declined the Bank is not obliged to give any reason)

Branch Manager _____ Signature: _____ Date: _____

If approved, account to be opened under

Client Number:

Account Number: Branch Code:

Account Name: _____

Last Assessed Date: Credit Rating (P) Mandate No

Date of Establishment: Tax Flag (Insert 1 or 0) Business Type

AU Code (RBM) (P) : Association Size (S/M/L)

ISIC Code (P) : Bank Flag Alpha Code

DATA CAPTURE AUTHORISATION

Prepared By: _____ Input By _____

Verified by: _____ Input Verified By _____

Authorised By: _____