AB Rwanda

Agence/Branch /Ishami: *«BRANCH»*

CLIENT INFORMATION SHEET/ NATURAL PERSON/ FICHE D'INFORMATION CLIENT / PERSONNE PHYSIQUE/ AMAKURU Y'UMUKIRIYA

Client Code:	**«Client_Code»** **Numero Iranga Umukiriya**

E-mail	**«Email»**
Phone	**«Phone»**

Client's Full Names: **«Name»**
Amazina y'Umukiliya
Code Client : «Client_Code»
Sex: **«Gender»**
Igitsina

Salutation: **Mr / Mrs / Miss / Ms**
Uko ahamagarwa
Civilité

Date of Birth: **«Date_of_Birth»**
Italiki y'amavuko
Date de Naissance

Nationality: «Place_of_Birth» / OTHER:
Ubwenegihugu
Nationalite

Father's names: **«Father»**
Amazina ya se
Nom du père

Mother's names: **«Mother»**
Amazina ya nyina
Nom de la Mere
Spouse names: _____
Amazina y'uwo bashakanye
Nom du conjoint

Civil Status: **«Status»**
Irangamimerere
État civil

ID Type: **«Type_of_ID»**
Ikimuranga
Type de pièce d'identité

ID/Passport Number: **«NO_ID»**
Nimero y'Irangamuntu/Nimero ya Passiporo
N° de pièce d'identité / passeport

Place of Birth:
Aho yavukiye
Lieu de naissance

Province:_____ *Intara*
District:_____ *Akarere*
Sector:_____ *Umurenge*
Cell: _____ *Akagali*
Village:_____ *Umudugudu*
Street/Rue:_____ *Umuhanda*

Residence Address:
Aho atuye
Adresse de résidence

Province:_____ Intara
District:_____ *Akarere*
Sector:_____ *Umurenge*
Cell: _____ *Akagali*
Village:_____ *Umudugudu*
Street/Rue:_____ *Umuhanda*

Residence type: **Owned/Tenant/Family House**
Inzu atuyemo
Statut d'occupation: ***Propriétaire / Locataire / Maison familiale***

Education
Amashuri yize
Niveau d'instruction
PHD/Masters/Bachelors Degree/Diploma(A2 or A1 level)/School attendace below A2 level/High School/Primary

Number of dependents: _____
Umubare w'abantu atunze
Nombre de personnes à charge

Next of Kin Names: _____
Amazina y'umuragwa
Contact d'un proche ou héritier
Phone (Next of Kin):_____
Telefone y'umuragwa
Contact d'un proche
Next of Kin (ID – Not Mandatory) _____

AB Rwanda

Irangamuntu y'umuragwa
Numéro d'identité (si disponible)

Related party in the Financial Institution:
Uwo bafitanye isano muri Kigo cy'Imari
Relation avec un employé de la banque / institution financière :

Related party's name:_____
Amazina y'uwo bafitanye isano mu kigo cy'Imari
Nom de l'employé lié

Shareholder/ Director/ Management & Senior Officer/Staff/None

Relationship type:
Isano Type de relation

Spouse/Father/ Mother/Brother/ Sister/Son/Daughter/Uncle/Aunt / Cousin/ Grandfather/ Grandmother/ Grandson/ Granddaughter/ Self/ None

Declaration of Source of funds/ DÉCLARATION DE LA SOURCE DE REVENUS/ Aho umutungo uturuka

Employer: **Self / Government / Others**
Umukoresha
Type d'employeur : Indépendant / Gouvernement / Autre
Business Sector: _____
Secteur d'activité / Urwego rw'umurimo

Monthly income range (RWF): _____
Amafaranga yinjiza mu kwezi
Range de revenus mensuels (RWF)
Occupation/Position: _____
Icyo ashinzwe mu kazi/Profession / Poste occupé

Name of the employer:**«Employer»**
Amazina y'umukoresha
Nom de l'employeur : «Employer»

Business Sector code:_____
Kode y'urwego rw'umurimo

Code secteur

Occupation code:_____
Kode y'icyo ashinzwe mu kazi/Code de profession :

I do hereby declare that the source of the funds that I shall be depositing into my account is (tick as appropriate): Je déclare que la source de revenus que je déposerai sur mon compte est de resource/ Ndemezako amafaranga azajya ajya kuri konti yanjye azaba avuye: □ **Salary** □ **Business cash flow** □ **Insurance claims** □ **Gifts / Donations** □ **Others (provide details) ……**

I further confirm that these funds are derived from legitimate sources as stated above and that I will also provide the required evidence of the source of funds if required to do so in future.

Je certifie que ces fonds proviennent de sources légitimes comme déclaré ci-dessus et je fournirai toute documentation justificative requise à l'avenir.

Ndemeza yuko amafaranga nzashyira kuri konti yanjye ari (hitamo igisubizo gikwiye): □ ***Umushahara*** □ ***Aturuka mu bucuruzi*** □ ***Indishyi z'ubwishingizi*** □ ***Impano*** □ ***Andi (uzuza) ……***

Ndongeraho ko ayo mafaranga azaturuka mu nzira zemewe zavuzwe hejuru kandi ko nzatanga ibimenyetso by'aho yaturutse bibaye ngombwa mu gihe kizaza.

With my/ our signature I/we certify that the information we provided to AB RWANDA PLC is true, accurate and complete. I/we acknowledge that the Financial Institution may decline our application without providing any reason in which event no contractual relationship will arise between the Institution and me/us. I/ we further agree to be bound by any additional terms and conditions governing any facilities, products and/ or services offered by the Financial Institution as we may utilize from time to time.
The signature(s) below serves as proof for future relations with the Institution .

Njyewe/twebwe ndemeza/turemeza ko amakuru mpaye/duhaye AB Rwanda Plc ari ukuri,impamo kandi yuzuye.
Namenyeshejwe/twamenyeshejwe ko Ikigo cy'Imari gishobora kutemera ubusabe bwanjye/bwacu tutamenyeshejwe impamvu kandi ntibigire icyo bibangamira ku mikoranire yanjye/yacu n'Ikigo cy'Imari
Ndemeza/turemera kuzubahiriza andi mabwiriza yakwiyongera haba kuri serivisi zitangwa n'Ikigo cy'Imariuko ibihe bigenda.
Umukono ukurikira hasi ni icyemeza imikoranire myiza na n'Ikigo cy'Imari.
DÉCLARATION DU CLIENT

	Par ma signature ci-dessous, je certifie que les informations fournies à AB Bank Rwanda Plc sont vraies, correctes et complètes. Je reconnais que la Banque peut rejeter cette demande sans obligation d'en justifier la décision. Je reconnais également être lié par toutes les conditions générales applicables aux services et produits bancaires. Cette signature est valable pour toutes les relations futures avec la Banque.

FATCA Self-Certification: Individual

Note: In case of U.S person for tax purposes identified, a separate Questionnaire must be completed by each account holder or representative.

☐ I declare that my **tax residence** is _____ [Country].

☐ I declare that I'm not a **tax resident** of the United States of America.

☐ I declare that I don't have any additional **tax residences** other than in RWANDA.

☐ I'm a tax resident in another country _____, the TIN is _____.

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing my relationship with **AB Rwanda Plc** setting out how **the Institution** may use and share the information supplied by me.

I acknowledge that the information contained in this contract and information regarding me and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise **AB Rwanda Plc** within **30 days** of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect or incomplete, and to provide **AB Rwanda Plc** with a suitably updated self-certification and Declaration within **30 days** of such change in circumstances.

AUTO-CERTIFICATION FATCA: PERSONNE PHYSIQUE

(Remplir un formulaire séparé si vous êtes une personne américaine au regard de la fiscalité)

☐ Je déclare que ma résidence fiscale est _____

☐ Je déclare ne pas être résident fiscal des États-Unis

☐ Je déclare être résident fiscal uniquement au RWANDA

☐ Je suis résident fiscal d'un autre pays : _____, NIF : _____

Je comprends que ces informations sont régies par les conditions générales de la Banque, y compris le traitement et le partage des données.

Je reconnais que ces informations peuvent être partagées avec les autorités fiscales conformément aux accords internationaux.

Je certifie être le titulaire du compte ou autorisé à signer pour celui-ci.

Je m'engage à informer la Banque dans les 30 jours de tout changement de situation affectant cette déclaration.

Place : _____
Bikorewe

Date: **«Date»**
Taliki

Client Names: **«Name»**
Amazina y'umukiliya

Signature: _____
Umukono

THIS SECTION IS RESERVED TO THE AB RWANDA PLC STAFF / AHAGENEWE ABAKOZI B'IKIGO CY'IMARI/ À REMPLIR PAR LE PERSONNEL DE AB RWANDA PLC

«USER» Data Collector Names/ Nom du collecteur de données/ Amazina y'ufashe amakuru	_____ **«Date»** Signature of Data Collector/ Signature du collecteur/ Umukono w'uwatse amakuru
_____ Data Inputter User Code/ Code utilisateur (saisie) / Code y'uwinjije amakuru	_____ **«Date»** Signature of Client Advisor/ Signature du chargé de clientèle
_____ Verifier / Authorizer User Code/ Code vérificateur / autorisateur	_____ **«Date»** Signature : Authorised Person