

**1. PERSONAL DETAILS**

Title	Forename(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Sex	Nationality	Marital Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. CONTACT DETAILS**

Residential Address	Mailing Address (if different)	
<input type="text"/>	<input type="text"/>	
Home Telephone No.	Mobile No.	Fax No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	ATTACH 2 PASSPORT SIZE PICTURES	
<input type="text"/>		
	Fax No.	
	<input type="text"/>	

**3. EMPLOYMENT DETAILS**

Occupation / Profession	Employer - Name & Address
<input type="text"/>	<input type="text"/>
Date Commenced	
<input type="text"/>	

Type of Engagement (Please tick)

Full Time	Part Time	Contract	Others-Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Telephone No.	Email	Fax No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. FINANCIAL DETAILS**

4.1 Annual Income

Up to Le5M	Up to Le10M	Up to Le20M	Up to Le50M
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.1 In satisfying Money Laundering Regulations, we require you to answer and confirm the following.

Please state your reason for requiring an account with SLCB Ltd.

<input type="text"/>
<input type="text"/>
<input type="text"/>

4.3 Please state the original source of funds being used to open this account

<input type="text"/>
<input type="text"/>

**5. REFERENCE**

Please provide the names and addresses of two acceptable individuals who can be contacted to provide reference information on your suitability to operate an account and also confirm some of the details you have provided in this application form.

NOTE: Referees should be established customers of the bank or well-known public/private individuals in the community.

**First Referee**

Name	<input type="text"/>
Address	<input type="text"/>
Bankers of Referee	<input type="text"/>

**Second Referee**

Name	<input type="text"/>
Address	<input type="text"/>
Bankers of Referee	<input type="text"/>

**6. TYPE OF ACCOUNT**

I wish to open: (Please select)

Current  Savings  CFC

Call Deposit  Fixed Dep.

**7. OTHER EXISTING BANKERS DETAILS & REFERENCE**

Reference may be required from existing bankers if we wish to confirm your personal details from the information you have provided to us. Please consent by completing the details below.

Name & address of current bankers

<input type="text"/>
<input type="text"/>
<input type="text"/>

**8. SERVICE**

	Yes	No
1, Internet Banking	<input type="checkbox"/>	<input type="checkbox"/>
2, ATM debit card	<input type="checkbox"/>	<input type="checkbox"/>
3, Telephone Banking	<input type="checkbox"/>	<input type="checkbox"/>
4, Statement delivery:	On request	Monthly
	<input type="checkbox"/>	<input type="checkbox"/>

Others - Please Specify

<input type="text"/>
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To: The Manager\*

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Dear Sir/Madam

I hereby authorize you to provide Sierra Leone Commercial Bank Ltd with information necessary for the purpose of opening a bank account with them.


Yours faithfully

<input type="text"/>
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Signature of applicant

Name	<input type="text"/>
Address	<input type="text"/>
Date	<input type="text"/>
Account No.	<input type="text"/>

\*Refers to present/existing bankers



**MoneyGram Service**

Available at Siaka Stevens Street Branch,  
Lightfoot Boston Street Branch,  
Congo Cross branch,  
Bo, Makeni and Koidu Branches.

HEAD OFFICE 29/31 Siaka Stevens Street Freetown Sierra Leone Tel: 225264, 225265 Telex: 3274  
Swift: SLCBSLFR, Cable: SIERBK SL Fax: 232-22-225292 Email: slcb@slcb.biz Website: slcb.biz

Congo Cross Branch 1c Murray Town Road Freetown Tel: 233080	Bo Branch 13 Dambara Road, Bo Tel: 032-260 Fax: 032-293	Kenema Branch Private Mail Bag, Kenema Tel: 042-276 Fax: 042-377	Koidu Branch Post Office Road Mobile: 076-606411	Makeni Branch 2 Station Road Makeni 290416/4264
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**9. TYPE OF ACCOUNT**

I request you to open the account in my name and agree to be bound by our terms and conditions. I confirm that the information given is correct and that I am above 18 years of age.

Please sign below and it is agreed that the bank will refer this signature to process any instructions on your behalf.

*Signature of applicant*  
*Must be witnessed by*  
*your current Bankers*  
*or attested by a*  
*Notary Public*

Date

**10. CHECKLIST - DOCUMENTS**

After completing this application form please return it and all documents to the following address.

**Sierra Leone Commercial Bank Limited**  
**29/31 Siaka Stevens Street**  
**Christian Smith Building**  
**Freetown, Sierra Leone**

Please complete this checklist to ensure that we have all the necessary information needed to open your account without any delay when returning your application form to us. We will write you if we require further information.

We require a copy of your Passport, National ID Card or Driver's License. This is to confirm your identity. If you are resident abroad, copy of any documents must be certified as a true copy of the original by a Licensed Bank, Notary Public Officer or Solicitor. The document must be signed, officially stamped, dated and clearly stating the name, address and capacity of the individual certifying the document.

We currently require a minimum deposit as follows:

Current Account	-	Le	100,000.00
Savings Account	-	Le	50,000.00
Fixed Deposit	-	Le	1,000,000.00
Foreign Currency Account -			
		USD	1,000.00
		GBP	1,000.00
		EUR	1,000.00

**We will only be able to open your account once this form is completed and signed by yourself and all the above information /documents have been received.**


**The bank reserves the right to introduce changes or other requirement without notice.**

**Any queries relating to your account application can be dealt with by direct telephone to 232 22 223080.**  
**You can also email us at [slcb@slcb.biz](mailto:slcb@slcb.biz) or [slcb@sierratel.sl](mailto:slcb@sierratel.sl)**

**Thank you for applying for an account.**  
We wish to welcome you as an esteemed customer of Sierra Leone Commercial Bank Limited

Visit us at [www.slcb.biz](http://www.slcb.biz)

**END OF FORM**



**SIERRA LEONE**  
**COMMERCIAL BANK LIMITED**

**.....delivering value**

PERSONAL ACCOUNT

APPLICATION FORM

Please complete this application form in full to enable us to open an account in your name. Details provided should be valid and accurate in every material respect and can be confirmed by third party with your consent. Failure to complete ALL areas in this application may result in the application being declined.

The information you provide below will help us meet your needs and offer appropriate products and services based on your circumstances. Your details will be kept in strict confidence according to the laws of Sierra Leone.