



Application Form for Opening a Trust Investment Account

Type of Account ((Tick whichever is appropriate))

Fixed Deposit

7 Day Call

30 Day Call

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 :

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 Branch: _____

Other Banks

Account Name : _____

Bank : _____ Branch: _____

Account No

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Spouse's Details

(i) 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 :

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 Branch: _____

Other Banks

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

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Spouse's Details

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

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

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 Branch: _____

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

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 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)

