



Application Form for Opening a Partnership Investment Account

Type of Account (Tick whichever is appropriate)

Fixed Deposit

7 Day Call

30 Day Call

A. Partnership Particulars

Registered Name : _____

Registration Number: _____ Country of Registration : _____ Date _____

Business Address : _____
: _____

Physical Address : _____
: _____

Telephone Number : _____ Fax No: _____

E-mail Address : _____

Income Tax Number : _____ Tax Type: _____

Registered Head Office : _____

Postal Address : _____

Telephone Address : _____ Fax No: _____

E- Mail Address : _____

B. List of Partners and Personal Details

(i) Name: _____

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 : _____

(ii) Name : _____
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 : _____

(iii) Name : _____
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 : _____

(iv) Name : _____
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 : _____

C. Business Information

Type of Business : _____
Source of Capital : _____
: _____
Number of Employees : _____

D. Additional Information if Firm 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:

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

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 Branch: _____

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.

Partner's Name _____ Signature _____ Date ____/____/____

Partner's Name _____ Signature _____ Date ____/____/____

(Kindly complete and submit Mandates NBM M2, 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: _____



National Bank of Malawi

Registered Under the Banking Act 1989

Appointment of Bankers – Partnership Form

A/C Name

A/C Number

Grid for A/C Number: 12 empty boxes

TO: NATIONAL BANK OF MALAWI

.....Branch

Date

We, the undersigned

being the present individual partners trading under the style or firm of

(hereinafter called "the firm") appoint you our bankers and hereby authorize and request you to open an account or accounts in the firm name and for the purposes hereinafter mentioned and for any other purpose whatsoever to honour our respective signatures as under on behalf of the firm.

We also request and authorize you:

- 1. To honour and comply with all cheques, drafts bills of exchange, promissory notes, acceptances, negotiable instruments and orders expressed to be drawn accepted made or given by any one of us on behalf of or in the name of the firm and to debit such cheques drafts bills notes acceptances instruments and orders to the firm's account or accounts with you whether such account or accounts be overdrawn or any overdraft is increased by any payment thereof or in relation thereto or is in credit or otherwise but without prejudice to your right to refuse to allow any overdraft or increase of overdraft and for any balance on the said account or accounts which may become due to you at any time and for all interest thereon we agree to be jointly and severally liable.
2. To honour and comply with all instructions to deliver dispose of any securities or documents or property held by you on our behalf.
3. To hold us liable on all agreements and indemnities in connection with the issue of letters of credit, drafts, SWIFT and telegraphic transfers and with all banking transactions. In the event of the firm's account or accounts becoming overdrawn at any time we hereby agree that you shall be entitled to charge compound interest on the sum by which such account or accounts be overdrawn calculated on daily balances with monthly rests and that the rate of interest charged from time to time shall be at your sole discretion above the minimum commercial rate

in force at that time. You shall not be bound to notify us in advance of any change in the rate of interest but on receipt of a written request from us you shall be obliged to specify the rate of interest being charged at the time of such request.

- 4. To treat all Cheques drafts bills of exchange promissory notes acceptances negotiable instruments and orders as being endorsed on our behalf and to discount or otherwise deal with them provided such endorsements purport to be signed by any one of us in the name of the firm.

Any monies may be borrowed from you in the name or on behalf of the firm and may be secured in any manner upon any securities monies or property of or deposited in the name of the firm by any one of us and we will be jointly and severally responsible for the repayment of such monies with interest costs charges and expenses.

All instructions in connection with this account or accounts and in particular, but without limiting the generality of the foregoing, all instructions relating to instruments and securities and the charging pledging disposal and withdrawal thereof are in order if given by any one of us in the name of the firm.

In the event of others besides the partners being authorized to sign, due notice in writing will be given to you and such notice will be binding on the partnership if given in the firm's name by any one of the signatories hereto.

Upon any partner ceasing to be a member of the firm by death or otherwise you may in the absence of written notice (delivered to you at the abovementioned branch) to the contrary from us or any of us or the legal personal representatives or trustees of any of us treat the surviving or continuing partners or partner or other the partners or partner for the time being as having full power to carry on the business of the firm and to deal with the assets as freely as if there had been no change in the firm.

This authority shall remain in force until revoked by notice in writing delivered to you at the above-mentioned branch notwithstanding any change in the constitution or name of the firm and shall apply notwithstanding any change in the membership of the firm by death bankruptcy retirement or otherwise or the admission of any new partner or partners.

**We declare ourselves jointly and severally liable on all the foregoing transactions.
(To be signed by all the partners in personal capacity).**

Name of Partner	Signature

Partner's Signature: _____ Date _____

Partner's Signature: _____ Date _____