



**Full Names of Customer:**

.....

**Identity Number (PASSPORT/ DRIVER'S LICENCE/ VOTER'S ID No):**

.....

**Full Business Premises/Residential Permanent address:**

.....  
.....  
.....  
.....

**Nature of Business/Occupation:**

.....

We/I the undersigned;

Do Hereby declare to BANCABC that We/I are/am a company registered/an adult male/female (delete whichever is not applicable) conducting business/residing at the aforementioned address and all our/my sources of income are as indicated below:

| <b>Nature of Activity where income is derived</b> | <b>Net Monthly Income</b> |
|---|---------------------------|
| 1.....  | .....                     |
| 2.....  | .....                     |
| 3.....  | .....                     |
| 4.....  | .....                     |
| 5.....  | .....                     |

**Total Expected Income/month:** .....

- **Please note that in the event of changes to any information now provided, the customer is required to immediately update the information held by BancABC.**

We/I understand that the information requested above is necessary to facilitate accounts(s) opening in line with regulatory requirements and for access to other products/services at BANCABC.

We/I acknowledge that you may give out the above information if you are under a duty to do so or if the law allows you to do so but otherwise you will keep the information confidential.

We/I agree that any information obtained by you in this income declaration and in our/my dealings with you maybe stored and shared within the ABCH group and Atlas Mara. We/I also agree that you and other companies in the ABCH group and Atlas Mara may use the information for assessment and analysis ( including credit scoring, market and product analysis), so that you can develop, improve and market your products and services to me/us and other customers and also to protect your interests.

We/I confirm that the information given is true and complete. We/I authorize you to make any searches or other enquiries in accordance with your normal procedures in connection with this income declaration.

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Declaration made by:

Signed..... Signed.....

Name..... Name.....

Designation ..... Designation .....

Tel.....

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**For official use**

I....., Employee number.....confirm that I have interviewed the above named and I have explained to them the importance of providing information that is accurate and complete.

Name: ..... Signed: .....

Designation: ..... Date: .....