



**SME**  
Banking

**Standard  
Chartered**   
Here for good



**100** years  
in Uganda

## SME Banking Account Opening Form

Standard Chartered Bank Uganda Limited is regulated by the Bank of Uganda.  
Some of our sales staff earn commission for business acquisition. Terms and conditions apply.

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## 8 Tax/legal status

Under the Uganda Income Tax Cap 340, laws of Uganda Income Tax Act, interest paid to resident and non-resident companies are subject to withholding tax.

Tax / Resident Status  Resident  Non-Resident

For Non-Resident only  I am/We are carrying a business in <country> and have a permanent establishment in <country>  
 I am/We are carrying a business in <country> and do not have a permanent establishment in <country>

## 9 Account statement

Account statement is to be sent monthly and commencing date to be arranged by the Bank, unless specified below:

Other Frequency:  Daily  Weekly  Quarterly  Others (Please specify): \_\_\_\_\_

Delivery Channel:  Email\*  Fax\*  Internet (WebBank)\*  Others (Please specify): \_\_\_\_\_

Email ID:

Monthly Consolidated Statement to be delivered:  Yes  No \*subject to additional term and conditions

## 10 Straight2Bank set-up section

This section sets out the designation and authorisation of users in relation to  
 (i) use of Straight2Bank channel and/or (ii) call back confirmation

New  Deletion  Changes

Effective date of change

Straight2Bank Group ID (if applicable):

### User 1

Name:

ID:

Preferred S2B User ID:

Telephone Number:

Mobile Number:

Email Address:

### User 2

Name:

ID:

Preferred S2B User ID:

Telephone Number:

Mobile Number:

Email Address:

### User 3

Name:

ID:

Preferred S2B User ID:

Telephone Number:

Mobile Number:

Email Address:





**User 4**

Name:

ID:

Preferred S2B User ID:

Telephone Number:

Mobile Number:

Email Address:

**User 5**

Name:

ID:

Preferred S2B User ID:

Telephone Number:

Mobile Number:

Email Address:

**User 6**

Name:

ID:

Preferred S2B User ID:

Telephone Number:

Mobile Number:

Email Address:

**Note:** Any user authorisation under the section below shall apply to all S2B channels and services unless the 'special instructions' specify restrictions.

Authorisation for:	User 1	User 2	User 3	User 4	User 5	User 6
<b>A: Straight2Bank</b>						
Prepare Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
View, Print, Download Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approve and Release Instructions <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approve and Release Instructions Jointly <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B: Confirmations</b>						
Confirmations for Discretionary Bank Call Backs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Please provide a copy of ID for all S2B approvers

Special Instructions: \_\_\_\_\_

Name(s) and Signature(s) of persons duly authorised to appoint users.  
(Only required if submitted for new appointments, deletions, changes after taking the mandate)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



**11 Administrator designation and authorisation**

New     Deletion     Changes

Effective date of change

Straight2Bank Group ID (if applicable): \_\_\_\_\_

Please tick as appropriate:     Single Administrator     Dual Administrator

**Administrator 1**

Name:

ID:

Telephone Number:

Mobile Number:

Email Address:

**Administrator 2**

Name:

ID:

Telephone Number:

Mobile Number:

Email Address:

Special Instructions: \_\_\_\_\_

It is agreed that Administrator(s) may instruct the Bank to modify the profile, (including deleting users or adding new users and all such instructions shall bind the client).

**Name(s) and Signature(s) of persons duly authorised to appoint administrators.**

(Only required if submitted for new appointments, deletions, changes after taking the mandate)

Name \_\_\_\_\_ Signature \_\_\_\_\_

**12 Business Debit Card Account**

**APPLICANT'S PARTICULARS**

Name (Insert FULL legal name exactly as it appears in the constitutional documents):  
\_\_\_\_\_

CARD DETAILS		FOR BANK USE ONLY	
1	Card Name: _____	BIN: _____	
	Account No.: <input type="text"/>	Bar code: <input type="text"/>	
	Currency:    UGX <input type="checkbox"/> USD <input type="checkbox"/>		
	Limits:        POS <input type="checkbox"/> ATM <input type="checkbox"/>		
2	Card Name: _____	BIN: _____	
	Account No.: <input type="text"/>	Bar code: <input type="text"/>	
	Currency:    UGX <input type="checkbox"/> USD <input type="checkbox"/>		
	Limits:        POS <input type="checkbox"/> ATM <input type="checkbox"/>		





**14 Process agent**

Name

Telephone

Address

Fax

Whose Attention

**15 General Account Mandate**

To: Standard Chartered Bank (Uganda)

Date:

We, being the company Secretary/Director(s)/Partner(s)/Member(s)/Trustee(s)/Legal Representative(s) of the Client, hereby certify that the resolutions set out below are a true extract of the resolutions of the Board of Directors/Members/Trustees/Partners of the Client passed with effect from the date shown below.

_____ Authorised signatory	_____ Authorised signatory
Name: _____	Name: _____
Designation: _____	Designation: _____

**Resolutions**

It was resolved that:

1. The Approving Signatories as listed in Part A of the Schedule hereto may from time to time in their absolute discretion, on behalf of and in the name of the Client:
  - a) open bank accounts of any type with the Bank.
  - b) sign and deliver any account opening or cash management (including electronic client access services) documentation as required from time to time.
  - c) bind the Client to the Bank's General Account Terms, the applicable Country Supplement and cash management (including electronic client access services) documentation as amended from time to time.
  - d) amend the list of Authorised Signatories as specified in Part B of the Schedule.





Resolutions (e) and/or (f) will apply unless deleted

e) arrange with the Bank for advances to the Client by way of discount, loan, overdraft, or otherwise, and for the granting of credits and the issue of guarantees by the Bank from time to time and to sign on behalf of the Client any form of deposit and withdrawal, Memorandum of Deposit, Letter of Trust, Mortgage, or any other grant of security whatsoever relating to any securities or property or document of title relating thereto to secure any advances, obligations, undertakings, instructions, guarantees, indemnities and counter-indemnities, and any other documents which may be required by the Bank in connection with such facilities insofar as they are not by their nature required to be executed under the Common Seal of the Client.

f) sign and deliver an ISDA Master Agreement, whether with or without a Credit Support Annex, or any other master agreements and other documents in relation to foreign exchange transactions, swaps, options and other derivatives transactions, securities dealing (including, without limitation, repurchase and securities lending transactions), money market transactions and collateral or margin arrangements relating to such transactions between the Bank and the Client, and enter into any financial transaction of a type from time to time offered by the Bank ("Transactions"), whether orally, in writing or through an electronic messaging or system and bind the Client to the terms agreed for each Transaction.

#### Important Information:

Resolutions 1(e) and 1(f) above are intended to allow the Approving Signatories to sign up to borrowing facilities or any other service or product which the Client may wish to use or buy from the Bank now or at any time in the future. If resolution 1(e) and/or 1(f) are excluded from this Mandate, the Client may need to provide fresh board resolutions each time it wishes to sign up to a new service or product.

2. The Approving Signatories as listed in Part A of the Schedule may from time to time in their absolute discretion, delegate any of their authority or powers referred to in resolution 1 above to any one or more persons specified and revoke any such delegation.
3. The Authorised Signatories as listed in Part B of the Schedule hereto may from time to time in their absolute discretion, on behalf of and in the name of the Client:
  - a) bind the Client to the Bank's General Account Terms and the applicable Country Supplement as amended from time to time and any terms for cash management services and products (including electronic client access services) agreed with the Bank from time to time.
  - b) (i) instructions in writing for the payment of money, or the dealing of securities, to and from any account maintained by the Client with the Bank, (ii) payment instruments in the form of cheques, drafts, money orders, cashier's order or other similar instrument, (iii) confirmation of Transactions and (iv) instructions in writing in respect of the settlement or performance of Transactions, including, without limitation, notices exercising any option or other right of election under any Transaction.
4. Any step already taken by the Authorised Signatories as contemplated by resolutions 1, 2 and 3 above be and is hereby ratified by the Client.
5. These resolutions will remain in force unless and until the Client delivers to the Bank a new resolution revoking, amending, or superseding these resolutions.



**16** Schedule to mandate signatories

Branch: \_\_\_\_\_

**New appointment**    **Deletion**    **Changes**

Account Name (Insert full legal name exactly as it appears in the constitutional documents): \_\_\_\_\_

Account no.: \_\_\_\_\_ Submission date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please tick one

**Part A – Approving signatories**    Any one to sign    Any two to sign    Other (insert details below)

Draw a line through any unused space   If you check “other”, describe the alternative method of instruction in the special instructions below

Specimen signature stick photograph here

Specimen signature stick photograph here

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact details: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact details: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Specimen signature stick photograph here

Specimen signature stick photograph here

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact details: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact details: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Special instructions

For bank use only

Verified by (ARM Name) \_\_\_\_\_

ARM Signature \_\_\_\_\_

Verified by (Approver) \_\_\_\_\_

Approver Signature \_\_\_\_\_

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Branch: \_\_\_\_\_

**New appointment**    **Deletion**    **Changes**

For bank use only

Account Name (Insert full legal name exactly as it appears in the constitutional documents): \_\_\_\_\_

Account no.: \_\_\_\_\_ Submission date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please tick one

**Part B – Authorised signatories**    Any one to sign

Any two to sign    Other (insert details below)

Draw a line through any unused space

If you check "other", describe the alternative method of instruction in the special instructions below

Specimen signature

stick photograph here

Specimen signature

stick photograph here

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact details: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Contact details: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Specimen signature

stick photograph here

Specimen signature

stick photograph here

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact details: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Contact details: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Special instructions

If there is insufficient space, please provide the full list of authorised signatories on a separate schedule on client letterhead      Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name(s) and signature(s) of person(s) duly authorised to appoint signatories: \_\_\_\_\_  
(Only required if submitted for new appointments, deletions, changes after taking the mandate)

For bank use only

Verified by (ARM Name) \_\_\_\_\_

ARM Signature \_\_\_\_\_

Verified by (Approver) \_\_\_\_\_

Approver Signature \_\_\_\_\_

CLIENT INITIAL	STAMP

17 Declaration

We apply to open the above accounts with Standard Chartered Bank (Uganda). We represent that the information provided by us in this form and in any other document(s) provided by us to the Bank is true, accurate and complete. We acknowledge that the Bank may decline our application without providing any reason in which event no contractual relationship will arise between the Bank and us. We further acknowledge that we have received, read and understood or have been explained to (in a language we understand) the Bank's prevailing General Account Terms, applicable Country Supplement and the terms contained in this form, which are available at our branches or on our website at [www.sc.com/ug](http://www.sc.com/ug) and we agree to be bound by them in connection with all Accounts opened by us with the Bank. We further agree to be bound by any additional terms and conditions governing any facilities, products and/or services offered by the Bank as we may apply for and/or utilize from time to time.

Tick box if the Bank should NOT act on any instruction (including contingency received by Fax).

Authorised signatory: \_\_\_\_\_ Authorised signatory: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Designation: \_\_\_\_\_

Authorised signatory: \_\_\_\_\_ Authorised signatory: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Designation: \_\_\_\_\_

18 For bank use only

	Savings Account	Current Account	Deposit Account	Others
ARM Code				
Account Number				
Currency				
Initial Deposit				
Product Code				
Account Classification				
GI Department ID				
Interest Code				
Advise Int. Indicator				
Cr. Int. Indicator				
Dr. Int. Indicator				
Cr. Int. Product Code				
Dr. Int. Product Code				
Deposit Amount By Cash Deposit; By Cheque Deposit; Transfer from A/C.....; on Bank.....				
Tenor 1 Month; 3 Months; 6 Months; 12 Months; Others: Please specify .....				
Upon the maturity, the prin- cipal to be	Credit to SCB A/C no.....; Others: Please specify .....			
Interest to be	Credit to SCB A/C no.....; Others: Please specify .....			
Deal Number				
Deal Type				
GL Dept. ID				
Interest Rate				
Effective Date	DD / MM / YYYY			