



ACCOUNT OPENING FORM

NOTE: Please complete in BLOCK LETTERS and Tick (✓) where applicable.

SECTION A: PERSONAL DETAILS (FOR INDIVIDUALS)

Title: [ ] Mr. [ ] Mrs. [ ] Miss [ ] Dr. [ ] Prof. [ ] Other.....

SURNAME: FIRST NAME (s)

Gender [ ] Male [ ] Female

Are you a Malawian citizen [ ] Yes [ ] No If no, specify nationality.....

Date of birth.....

Identity Type..... Identity Number..... Date of Issue..... (please enclose copy of ID)

Marital status [ ] Single [ ] Married

Spouse first name(s)..... Spouse identity.....

Number of dependants..... Cell number .....

Do you have a will? [ ] Yes [ ] No

Have you ever been declared insolvent [ ] Yes [ ] No If yes state Date of rehabilitation.....

ADDRESS DETAILS

Postal Address

Physical Address

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Water/Electricity account No ..... (please enclose copy of utility bill)

Email address.....

Tel number .....

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**CURRENT BUSINESS/EMPLOYMENT DETAILS**Self employed?       Yes       No**If yes, state:**

Name of Business..... Nature of business.....

Period employed .....years      Work telephone number.....

Monthly income K..... Occupation.....

**If no, state:**

Employer's name..... Monthly income K.....

Employer's address..... Period of employment.....years

..... Work telephone number.....

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**EXISTING ACCOUNTS AT OTHER INSTITUTION(S)**

NAME OF INSTITUTION	ACC NUMBER	DATE OPENED	ACCOUNT TITLE	TYPE OF ACCOUNT
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**SECTION D: REFEREES**

Name      1.....      2.....

Profession      1 .....      2 .....

Address      1 .....      2 .....

Phone      1 .....      2 .....

Email      1 .....      2 .....

**CDH Asset Management Limited**1<sup>st</sup> Floor, Unit House, Victoria Avenue, PO Box 1444, Blantyre, Malawi Tel: +265(0) 1 821 300 Email: [info@cdh-malawi.com](mailto:info@cdh-malawi.com)Website: [www.cdh-malawi.com](http://www.cdh-malawi.com)**Diversity in financial solutions**

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**SECTION E: AUTHORISED SIGNATORIES FOR AND ON BEHALF OF THE ACCOUNT HOLDER**

**Surname**      1.....      2.....      3.....

**FIRST name(s)** 1.....      2.....      3.....

**Capacity**      1.....      2.....      3.....

**Signature**     1.....      2.....      3.....

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**SECTION F: ATTACHMENTS**

Please enclose copies of:

1. Water/electricity bill
  2. Personal identity (e.g. passport/voter registration ID/driving licence)
  3. Business registration certificate
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**SECTION G: TERMS AND CONDITIONS**

1. We warrant that the information above is true and complete
2. We authorize CDH Asset Management Limited to disclose all information contained herein and/or relating to any of my/our account with CDH Asset Management Limited to all division/companies and other associated companies in the group, such information to be used at their discretion

Signed at.....      on (date).....