

Onboarding Form

Trust

Trust Information

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| **Trust details** | |
| **Registered name of the**  **Trust** |  |
| **Trading/Business Name**  **(If Applicable)** |  |
| **Physical Address of a place of Trust** | |
| **Street** |  |
| **Ward** |  |
| **District** |  |
| **Region** |  |
| **Country** |  |
| **Trust Email** |  |
| **Trust Phone** |  |
| **Website** |  |
| **Industry** |  |
| **Type of services / products** |  |

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| **Information of a person authorized by the Board Meeting to open Clickpesa Account:**  **(This information shall be related to the attached Board Resolution)** | |
| **Position** | **Street** |
| **District** | **Ward** |
| **Country** | **Region** |
| **Phone** | **Email** |
| **Date of Birth** | **ID No**  **Expiry Date** |

Trust Information

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| **Required Documents** | | | |
|  | Certificate of Registration |  | Business Licence(s) |
|  | Trust Deed |  | Lease Agreement of a place of Trust |
|  | VAT Certificate(If applicable) |  | TIN Certificate |
|  | Clickpesa KYC Form |  | Board resolution to open and operate Clickpesa account (Use our sample or Create yours) |
|  | Clickpesa Terms and Conditions |  | Identity card- NIDA, Voter’s ID, Driving Licence or Passport of Directors, Trustees, Authorized persons |

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| **Director’s and Trustee’s Information (More pages may be added according to the number)** | |
| **Full name:** | **Birth Date:** |
| **Occupation**(Director/Trustees): | **Email:** |
| **Physical Address:**  Street:  Ward:  District:  Region: | **Telephone:** |
| **ID No:**  **Expiry Date:** |

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| **Director’s and Trustee’s Information (More pages may be added according to the number)** | |
| **Full name:** | **Birth Date:** |
| **Occupation**(Director/Trustees): | **Email:** |
| **Physical Address:**  Street:  Ward:  District:  Region: | **Telephone:** |
| **ID No:**  **Expiry Date:** |

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| **Director’s and Trustee’s Information (More pages may be added according to the number)** | |
| **Full name:** | **Birth Date:** |
| **Occupation**(Director/Trustees): | **Email:** |
| **Physical Address:**  Street:  Ward:  District:  Region: | **Telephone:** |
| **ID No:**  **Expiry Date:** |