

INTEGO ACCOUNT OPENING FORM

Client's Information

Name:
INTEGO Account number:
Address:
Phone Number:
Date of Birth:
ID number and Place of Issue:

Beneficiary's Information

Name:
Relationship:
ID number and Place of Issue:
Targeted Amount:FRW

Monthly contribution/ installment:FRW

Interest rate: Eight percent per year (8%)

Period:(between 12 to 36 months)

Account start date: Upon completion of this form

Signature(s)

I, the account holder, confirm that I accept the terms and conditions for opening the INTEGO account and agree to comply with them.

Date, Signature(s): /...../.....

For Bank Use Only: Date, Staff Name, Signature, and Bank Stamp

Date/...../.....

REQUIREMENTS FOR OPERATING THE INTEGO ACCOUNT

These requirements apply to both parties — on one side, the individual who agrees to operate the INTEGO Account, and on the other, BANK OF AFRICA RWANDA LTD.

1. INTEGO ACCOUNT

This is a savings account into which you deposit funds on monthly basis and at any time, which earns interest.

2. REQUIREMENTS

2.1 Required amount

The minimum deposit required to earn interest and benefit from the insurance coverage must be at least equal to the client’s calculated monthly contribution.

2.2 Period

The INTEGO Account has a term of between one (1) and three (3) years. However, this term can be renewed if the account holder chooses to set a new savings goal.

2.3 Account

The account holder must have an existing account with BANK OF AFRICA RWANDA LTD. If not, they are required to open one.

3. CHARACTERISTICS OF THE INTEGO ACCOUNT

The account holder must maintain a current account and sign a standing order authorizing an automatic monthly transfer to the INTEGO account. Both accounts are free of maintenance fees. The interest on the INTEGO account is calculated daily and credited every quarter.

3.1 Deposits

The client sets a personal savings goal — the amount and duration — and the bank calculates the monthly installment accordingly. Additionally, the client must designate a beneficiary to inherit the funds in the event of death.

3.2 Withdrawals

Head Office: KN 2 Nyarugenge – Chic Complex, P.O.Box 265, Kigali – Rwanda TIN: 100423455 Swift: AFRWRWRW
• Email: info@boarwanda.com • Call Center: 5120 (Toll free MTN Only) or 0788172600 (All network)

Withdrawals are not permitted. If a withdrawal is made, it is considered a termination of the agreement, and the life insurance cover linked to this account will immediately be cancelled.

3.3 Termination of the Agreement

If the account holder terminates the agreement, they will be refunded the amount saved up to that point, minus the life insurance premium already paid and the interest for the current quarter.

4. INTEREST

4.1 Interest calculation

Interest is calculated daily based on the account balance. The interest rate may change depending on economic conditions, particularly in relation to the benchmark interest rate set by the National Bank of Rwanda. In such cases, the client will be notified one month in advance before the new rate is applied.

4.2 Interest Payment Schedule

This account offers an annual interest rate of 8%, which is paid quarterly and embeds a life insurance cover.

4.3 Commissions/Charges

There is no maintenance fees charged for this account. Account opening is also free of charge.

5. OTHER CONDITIONS

Other requirements for this account are similar to those of a regular savings account.

6. CLIENT’S ACCEPTANCE OF TERMS

Having read and understood the terms and conditions related to the INTEGO Account, and having received my own copy, I hereby accept all the stated conditions.

Date/ Signature(s) of the Organization’s Representative(s)

MEDICAL QUESTIONNAIRE FORM

Section 1: Health Status

1. a) Height (cm): _____ b) Weight (kg): _____
2. Are you presently disabled, hospitalized, or unable to perform normal activities?
 Yes No
3. Have you ever suffered from respiratory diseases?
 Yes No
4. Are you currently undergoing any medical treatment or following any medical diet?
 Yes No
5. Have you recently done a Hepatitis B or C test?
 Yes No
6. Have you recently done an HIV test?
 Yes No
7. Have you had or will you have a surgery soon?
 Yes No

Have you been diagnosed with any of the following diseases in the last six months?

- Diabetes: Yes No
 - Heart diseases: Yes No
 - Hypertension: Yes No
 - Cancer: Yes No
 - Gastritis: Yes No
8. Would you accept to undergo a full medical examination if requested by your insurer?
 Yes No

Section 2: Terms and Conditions

I hereby certify that I have sincerely answered the above medical questionnaire and declare that I have not concealed anything about my past or present health status. I acknowledge that this declaration constitutes the basis of the life assurance contract, and that any misrepresentation or concealment of information will result in the cancellation of the cover.

I expressly authorize SONARWA LIFE Assurance Company to request information from the medical practitioners who would have treated me. I authorize these physicians to disclose this information to SONARWA LIFE Assurance Company.



BANK OF AFRICA

BMCE GROUP 

Customers Name & signature

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