



ZENITH BANK PLC

ONLINE DEPOSIT ACCOUNT FORM

ACCOUNT OPENING REQUIREMENTS

INDIVIDUAL DEPOSITS

- 1. Account Opening form duly completed & signed*
- 2. Two Independent and satisfactory references. Referees must be current account holders. Referees who maintain current account with Zenith must have done so for a minimum of (6) six months.*
- 3. One recent clear passport size photograph of each signatory to the account with their names and signature written on the reverse.*
- 4. Identification of signatories – International Passport, Driver's License or National ID Card. (Originals to be sighted)*
- 5. Visitation to be conducted to the place residence of the signatory(ies) to the account.*
- 6. Where the deposit is a joint personal account, a duly completed Personal Information Form for each of the signatories to the account should be obtained.*
- 7. When the individual is an account holder of the bank, completion of the account opening form and passport photograph will suffice.*

LIMITED LIABILITY COMPANY

In addition to the above requirements, the following shall also apply:

1. *Certificate of Incorporation (Original to be sighted)*
2. *Memorandum and Articles of Association (certified as a true copy by the Registrar of Companies and a Director of the Company)*
3. *Form C07 – CAC certified true copy (Original to be sighted).*
4. *Board Resolution appointing Zenith Bank Plc as the company's bankers and nominating signatories to the account.*
5. *Visitation to be conducted to the place residence of the signatory(ies) to the account.*
6. *A duly completed Personal Information Form for each of the signatories to the account should be obtained.*
7. *Where a current account already exists in the same name, completion of the current account opening form and a passport of signatories will suffice.*

CLUBS, SOCIETIES AND ASSOCIATIONS

1. *A copy of the Certificate of Incorporation (Original to be sighted)*
2. *Copy of the Constitution (certified by the President of the Association)*

Please know that normal business transactions would only commence if we are in possession of all these stipulated requirements.

ZENITH BANK PLC

DEPOSIT ACCOUNT OPENING FORM

NAME OF ACCOUNT _____

REGISTRATION NUMBER _____

DATE OF INCORPORATION _____

REGISTERED ADDRESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____ TELEX _____ FAX _____

TELEPHONE NUMBER (S) _____

NATURE OF BUSINESS/ OCCUPATION _____

AMOUNT (N) _____ IN WORDS _____

MODE OF PAYMENT CHEQUE CASH TRANSFER FROM ACCOUNT

CHEQUE NUMBER: _____ DRAWN ON _____

CHEQUE TYPE OPEN CROSSED

DO YOU HAVE ANY OTHER ACCOUNT WITH ZENITH BANK? YES NO

IF YES, SPECIFY ACCOUNT TYPE: DEPOSIT CURRENT

IF CURRENT ACCOUNT, SPECIFY ACCOUNT NUMBER _____

PREFERRED MEANS OF CONTACT: MAILS TELEPHONE

LEAVE ALL MESSAGES/CORRESPONDENCE HERE UNTIL WE/I VISIT? YES NO

NEXT OF KIN WHERE APPLICABLE

SURNAME.

OTHER NAMES

PROFESSION

RESIDENTIAL ADDRESS

POSTAL ADDRESS

OFFICE ADDRESS

PHONE NUMBER

PAYMENT MODE

The bank would raise cheques strictly in the name (company or individual) in which funds are received. An open cheque would not be raised for funds from a company or individual. This condition may only be waived for instructions given by the authorised signatory(ies) of a company which has a regular account with the bank.

NAME & SIGNATURE OF SIGNATORIES TO THE ACCOUNT:

NAME _____ SIGNATURE _____

MOBILE PHONE NO _____

NAME _____ SIGNATURE _____

MOBILE PHONE NO _____

NAME _____ SIGNATURE _____

MOBILE PHONE NO _____

“CAUTION”
IT IS DANGEROUS TO INTRODUCE A
PERSON WHO IS NOT WEL- KNOWN
TO YOU

.....20.....

The Manager,
ZENITH BANK PLC,

Dear Sir,

RE:
PROSPECTIVE ACCOUNT NAME

We understand that the above- named Company/Individual applied to open a Deposit Account with you. We have known the above- named Company/ Individual for -----
(Period) and we comment on their means and reputation as follows: -

We also confirm that the applicant is an entity to whom the usual banking facilities may be extended. We maintain current account(s) with:

NAME OF BANK	BANKER'S ADDRESS	ACCOUNT NUMBER
1.		
2.		

The above information is provided in confidence.

Yours faithfully,

REFEREE'S ACCOUNT NAME

REFEREE'S ADDRESS

Authorised Signatory

Authorised Signatory

Please note that 2 copies of this form are required for processing.

MANDATE FOR DEPOSIT ACCOUNT

PASSPORT

NAME OF ACCOUNT: _____

POSTAL ADDRESS: _____

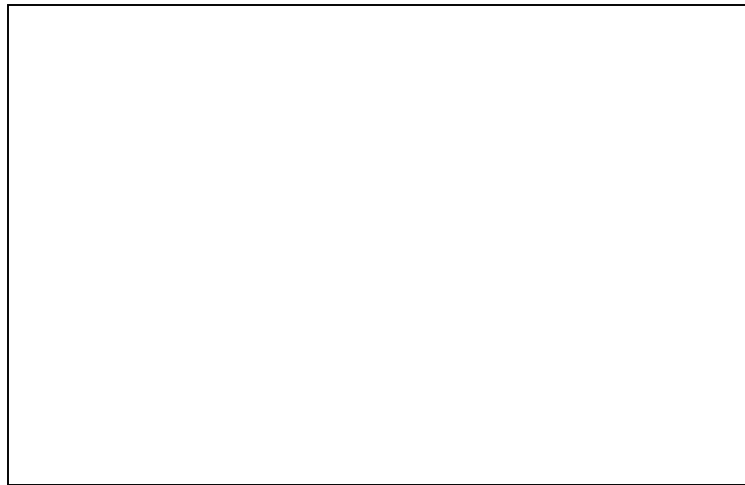
CONTACT ADDRESS: _____

TELEPHONE NUMBER: _____

MANDATE SPECIFICATION (IF ANY) _____ SIGNATURE (S)

COMPANY STAMP REQUIRED? YES NO

IF YES, AFFIX STAMP SPECIMEN HERE:



SIGNATORY PERSONAL INFORMATION

NAMES: _____

SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH: (OPTIONAL) _____

PLACE OF BIRTH: _____

SEX: FEMALE

MALE

MARITAL STATUS: SINGLE MARRIED WIDOWED

SUFFIX: _____

TITLE: _____

USUAL NAME: _____

MODE OF IDENTIFICATION: _____

COUNTRY OF ORIGIN: _____ STATE: _____

LOCAL GOVERNMENT AREA: _____

CONTACT ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____ FAX: _____

MOTHER'S MAIDEN NAME: (OPTIONAL) _____

ACCOUNT TITLE: _____

SIGNATURE/ DATE

BANK ONLY

VERIFIED BY _____

FOR OFFICE USE ONLY

ATTESTATION:

**I HEREBY ATTEST THAT THE PERSON WHOSE PHOTOGRAPH APPEARS ON THE MANDATE CARD IS _____ AND SIGNS THUS;
(SEE MANDATE CARD)**

PASSWORD AND SIGNATURE(S) CONFIRMED:

APPROVED BY: _____

CHECKLIST		IN PLACE	WAIVER
1.	DOCUMENTATION HAVE BEEN PROCESSED		
2.	PASSPORT PHOTOGRAPH		
3.	REFERENCES		
4.	EVIDENCE OF IDENTITY		
5.	VERIFICATION OF CUSTOMER'S ADDRESS		
6.	DULY COMPLETED SIGNATORY PERS. INFO. FORM		

TYPE OF INVESTMENT: _____

TENOR: _____