



ZENITH BANK (GAMBIA) LTD.

**ZENITH CHILDREN'S ACCOUNT
(ZECA)**

ZENITH BANK (GAMBIA) LTD

APPLICATION FOR THE OPENING OF ZENITH CHILDREN'S ACCOUNT (ZECA)

PARENT / GUARDIAN DETAILS:

SURNAME: _____ OTHER NAMES: _____

DATE OF BIRTH: _____ NATIONALITY _____

SEX: MALE FEMALE

OFFICE ADDRESS	FOREIGN OFFICE ADDRESS (if any)	MAILING ADDRESS	RESIDENTIAL ADDRESS & TELEPHONE (Not P.O. Box)

EMAIL ADDRESS: _____

OFFICE TELEPHONE NO: _____ FAX NO: _____

OCCUPATION/PROFESSION: _____ IDENTIFICATION MODE/NO: _____

EMPLOYER: _____

PLACE OF BIRTH: _____ REGION: _____

MOTHER'S MAIDEN NAME: _____

MARITAL STATUS: _____ NAME OF SPOUSE & OCCUPATION: _____

SOURCES OF FUNDS:

SOURCE:	AMOUNT PER ANNUM (D)	SOURCE:	AMOUNT PER ANNUM (D)
Salaries			
Business Income			
Rent on Property (Rents)			
Gratuity			

I requested the opening of a ZECA account and confirm that the above information is true.

Parents/Guardians Signature & Date

(FOR BANK USE ONLY)

S/N	DOCUMENTS OBTAINED	IN PLACE	WAIVER
1.	Identification: International Passport/Drivers Licence		
2.	Passport Photographs (Plus Children's)		
3.	Verification of Signature		
4.	Mandate (For Joint Signatories)		
5.	Residence Permit		
6.	KYC/Money Laundering Form		

CUSTOMER INTRODUCED BY _____ NAME & SIGNATURE _____

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____

ZENITH BANK (GAMBIA) LTD SIGNATURE CARD

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY.....

2. NAME OF SIGNATORY.....

MANDATE (For Joint Signatories only)

FOR BANK USE

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____

ZENITH BANK (GAMBIA) LTD

APPLICATION FOR THE OPENING OF ZENITH CHILDREN'S ACCOUNT (ZECA)

CHILDREN DETAILS

FIRST CHILD	SECOND CHILD
SURNAME: _____	SURNAME: _____
OTHER NAMES: _____	OTHER NAMES: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
NATIONALITY: _____	NATIONALITY: _____
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
PLACE OF ORIGIN: _____	PLACE OF ORIGIN: _____
REGION: _____	REGION: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21	MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21
THIRD CHILD	FOURTH CHILD
SURNAME: _____	SURNAME: _____
OTHER NAMES: _____	OTHER NAMES: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
NATIONALITY: _____	NATIONALITY: _____
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
PLACE OF ORIGIN: _____	PLACE OF ORIGIN: _____
REGION: _____	REGION: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21	MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21

OPERATOR OF ACCOUNT _____

RELATIONSHIP TO CHILD _____

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CHILDREN DETAILS

FIRST CHILD	SECOND CHILD
SURNAME: _____	SURNAME: _____
OTHER NAMES: _____	OTHER NAMES: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
NATIONALITY: _____	NATIONALITY: _____
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
PLACE OF ORIGIN: _____	PLACE OF ORIGIN: _____
REGION: _____	REGION: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21	MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21
THIRD CHILD	FOURTH CHILD
SURNAME: _____	SURNAME: _____
OTHER NAMES: _____	OTHER NAMES: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
NATIONALITY: _____	NATIONALITY: _____
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
PLACE OF ORIGIN: _____	PLACE OF ORIGIN: _____
REGION: _____	REGION: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21	MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21

OPERATOR OF ACCOUNT _____

RELATIONSHIP TO CHILD _____



ZENITH BANK (GAMBIA) LTD
SIGNATURE CARD

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY.....

 [Signature Box]

2. NAME OF SIGNATORY.....

 [Signature Box]

MANDATE (For Joint Signatories only)

FOR BANK USE

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____



ZENITH BANK (GAMBIA) LTD
SIGNATURE CARD

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY.....

 [Signature Box]

2. NAME OF SIGNATORY.....

 [Signature Box]

MANDATE (For Joint Signatories only)

FOR BANK USE

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____