



INDIVIDUAL DEPOSIT ACCOUNT

ACCOUNT OPENING REQUIREMENTS FOR DEPOSIT ACCOUNTS

INDIVIDUAL DEPOSIT

1. Account opening form duly completed and 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 six (6) months.
3. Two recent clear passport size photographs of signatories with their signature on the reverse.
4. Means of identification i.e. driver's licence, International passport or National Identity Card of signatories.
5. Visitation should be conducted on the place of residence of the signatory(ies) to the account.
6. Residence Permit (where applicable)
7. Where the individual is an existing account holder of Zenith bank Plc, completion of this deposit account opening form and two passport photographs will suffice.

(FOR BANK USE ONLY)

CHECKLIST		IN PLACE	WAIVER
1.	Account opening Forms duly completed		
2.	Passport Photographs		
3.	References		
4.	Means of identification		
5.	Physical Verification of customer's address		
6.	Duly completed Signatory personal information Form		
7.	Residence Permit (Where applicable)		

CUSTOMER INTRODUCED BY _____

NAME & SIGNATURE

RELATIONSHIP OFFICER _____

NAME & SIGNATURE

WAIVER APPROVED BY _____

NAME & SIGNATURE



APPLICATION FOR THE OPENING OF AN INDIVIDUAL DEPOSIT ACCOUNTS

SURNAME:		OTHER NAMES:	
DATE OF BIRTH:		NATIONALITY:	
SEX:		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
OFFICE ADDRESS (Not P.O. Box)	MAILING ADDRESS	RESIDENTIAL ADDRESS & TELEPHONE (Not P.O. Box)	
E-MAIL ADDRESS:			
TELEPHONE NO:		FAX NO:	
OCCUPATION:			
EMPLOYER:			
STATE OF ORIGIN:		LOCAL GOVERNMENT AREA:	
MOTHER'S MAIDEN NAME:			
MARITAL STATUS:		NAME OF SPOUSE:	
MODE OF INITIAL LODGEMENT:		<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> TRF FROM A/C _____	
ACCOUNTS WITH OTHER BANKS (INCLUDING ZENITH BANK PLC.)			
NAME & ADDRESS OF BANK/BRANCH		ACCOUNT NAME AND NUMBER	
1.			
2.			
3.			

NEXT OF KIN

NAME:

PROFESSION:

RESIDENTIAL/OFFICE ADDRESS:

MAILING ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

I request the opening of a deposit account and confirm that the above information is true.

.....
Customer's Signature & Date



To: ZENITH BANK PLC.

.....
.....

Dear Sir,

Please open a Deposit Account in my name.....

..... In consideration of which I agree

1. That the terms and conditions of the tenored deposit shall remain fixed until maturity.
2. That upon maturity, if no prompt disposal instruction is received from me, the bank may automatically place my deposit on call at the prevailing market rate without further confirmation from me.
3. That liquidation before maturity (premature liquidation) will attract a charge of D2,000.00 flat or 20% of interest earned, whichever is higher.
4. That upon maturity or premature liquidation, the bank will raise cheques strictly in the name in which funds are received, and that open cheques would not be raised.
5. That I assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all orders/instructions on my account.
6. To hold you free from any responsibility for any loss or damage to funds deposited with you due to any future government order, law, levy tax, embargo, moratorium, exchange restriction or any other cause beyond your control

"CAUTION"
IT IS DANGEROUS TO INTRODUCE A PERSON
WHO IS NOT WELL- KNOWN TO YOU

The Manager,20.....
ZENITH BANK PLC.

.....

Dear Sir,

RE:
PROSPECTIVE ACCOUNT NAME

We understand that the above- named Company has applied to open a Current Account with you.

We have known the above- named Company 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



ZENITH BANK PLC
PHYSICAL VISITATION REPORT

FROM: _____

TO: BRANCH MANAGER

DATE: _____

In line with the Bank's account opening requirements, I hereby submit the report on physical visitation to the customer's corporate office and signatories' place(s) of residence as follows:

1. NAME: _____

2. PHYSICAL ADDRESS VISITED: _____

3. TEL. NO. OF PHYSICAL CORPORATE ADDRESS: _____

4. ADDRESS GIVEN BY CUSTOMER (In the Account Opening Form): _____

5. EXPLANATION FOR DIFFERENCE BETWEEN (2) & (4): _____

6. DATE OF PHYSICAL INVITATION: _____

7. OBSERVATIONS ON THE HOME ADDRESS(ES) VISITED: _____

I HEREBY CONFIRM THE EXISTENCE OF THE RESIDENCE AT: _____

NAME OF VISITING STAFF: _____

SIGNATURE OF VISITING STAFF: _____

"CAUTION"
 IT IS DANGEROUS TO INTRODUCE A PERSON
 WHO IS NOT WELL- KNOWN TO YOU

The Manager,20.....
ZENITH BANK PLC.

.....

Dear Sir,

RE:
 PROSPECTIVE ACCOUNT NAME

We understand that the above- named Company has applied to open a Current Account with you.

We have known the above- named Company 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



ZENITH BANK PLC
PHYSICAL VISITATION REPORT

NAME OF ACCOUNT:

CONTACT ADDRESS:

TELEPHONE(S):