



ZENITH BANK PLC

**PERSONAL
ACCOUNTS**

ACCOUNT OPENING REQUIREMENTS FOR **PERSONAL ACCOUNT**

1. Account opening form duly completed.
2. Specimen signature card duly completed by each signatory to the account
3. Two (2) independent and satisfactory references. Referees must be current account holders Referees who maintain current account with Zenith Bank Plc must have done so for a minimum of six (6) months.
4. One (1) recent clear passport size photograph of signatory to the account with name and signature on the reverse side.
5. Residence Permit (where applicable).
6. Identification of signatories - International passport, Driver's Licence, National ID Card or National Voter's card (original to be sighted).
7. Initial Deposit.
8. Public Utility Receipt - Tax Clearance Certificate (TCC), PHCN Bills, Water Bills or Telephone Bills (original to be sighted) which must bear the current address of customer.

PERSONAL ACCOUNT

ACCOUNT TYPE (Please tick as appropriate)

SAVINGS
ACCOUNT

CURRENT
ACCOUNT

DEPOSIT
ACCOUNT

DOMICILIARY
ACCOUNT



ACCOUNT OPENING FORM-PERSONAL

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following (A|B|C|✓)

Category of Account: (Tick as appropriate)

Individual Account

Joint Account

Name of Account:
(for Joint Accounts only)

Grid for Name of Account

(e.g Mr Jones & Mrs Joyce Abubakar, Taiwo & Kehinde Okafor)



Account Type : (Tick as appropriate)

Current Account

Savings Account

Fixed Deposit Account

Domiciliary Account

Currency selection: \$ € £

BRANCH

Branch name input field

ACCOUNT NUMBER: (for official use only)

Account number input field

BANK VERIFICATION NUMBER (BVN)

BVN input field

1. PERSONAL INFORMATION

Personal information section including Surname, First Name, Other Names, Mother's maiden name, Date of Birth, Gender, Title, Place of Birth, Marital Status, Nationality, Residence Permit No., Permit Issue Date, Permit Expiry Date, Local Govt. Area, State of Origin, Home Town, Tax ID. No. (TIN), Religion (optional), and Purpose of Account.

2. CONTACT DETAILS

Contact details section including Residential Address (House Number, Street Name), Nearest Bus Stop/Landmark, City/Town, L.G.A, State, Mailing Address, Phone Number 1, Phone Number 2, and E-mail Address.

3. VALID MEANS OF IDENTIFICATION

Valid means of identification section including National ID Card, Driver's License, International Passport, INEC Voter's Card, *Others, ID Number, ID Issue Date, and ID Expiry Date.

4A. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Debit Card Preference(s) (Fees apply): Master Card Visa Card Others
(Please specify)

Electronic Banking Preference(s): EazyMoney (Mobile Money) Internet banking (Enquiries only) Internet banking (Funds Transfer)
*Hardware token required at a fee

Transaction Alert Preference(s): E-mail Alert (Free) SMS Alert (Fee applies)
(Please indicate preferred Phone Number for sms alert)

Statement Delivery Preference(s): E-mail Collection at branch **Statement Frequency :** Monthly Quarterly Bi-Annual Annual

Cheque Book Requisition: (Fees apply) 20 leaves 50 leaves

4B. CHEQUE CONFIRMATION / THRESHOLD

Would you like to pre-confirm your cheques? Yes No

If Yes, please note that the minimum cheque confirmation amount allowed by the bank is N500,000.00 in writing and before cheque presentation.

Please specify minimum amount to be confirmed: ₦ : 00

5. EMPLOYMENT DETAILS

Employment Status: Employed Self Employed Unemployed Retired Student Others
(Please specify)

Date of Employment (if employed)

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual Salary/Expected Annual Income:
 (a) Below N50,000 (b) N50,000 - N250,000 (c) N250,001 - N500,000 (d) N500,001 - Below N1M
 (e) N1M - Below N5M (f) N5M - Below N10M (g) N10M - Below N20M (h) N20M and Above

Employer's Name

Employer's / Employment Address:
 House Number Street Name

Nearest Bus Stop/Landmark
 City/ Town L.G.A
 State
 Nature of Business/ Occupation
 Office Phone No Office Phone No 2

6. DETAILS OF NEXT OF KIN

Surname : **First Name**

Other Names **Title**
(Mr, Mrs, Dr, Chief, etc)

Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender: F M **Relationship**

Contact Details
 Phone Number1 Phone Number 2
 E-mail Address
 House Number Street Name

 Nearest Bus Stop/Landmark
 City/Town L.G.A
 State

"CAUTION"

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

õ õ õ õ õ ..õ ..20.õ

The Manager,

ZENITH BANK PLC

Dear Sir,

PROSPECTIVE ACCOUNT NAME

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

I/We have known the above named person for õ õ õ õ õ õ (period) and I/We comment on his/her means and reputation as follows:

I/We also confirm that the applicant is a person to whom the usual banking facilities may be extended.

I/We maintain current account(s) with:

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

The above information is provided in confidence.

Yours faithfully,

REFEREE'S ACCOUNT NAME

REFEREE'S ADDRESS

REFEREE'S PHONE NUMBER

Authorised Signatory

Authorised Signatory

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I/We maintain current account(s) with:

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

The above information is provided in confidence.

Yours faithfully,

REFEREE'S ACCOUNT NAME

REFEREE'S ADDRESS

REFEREE'S PHONE NUMBER

Authorised Signatory

Authorised Signatory

7. ADDITIONAL DETAILS

I Name(s) of Beneficial owner(s) (if any):

II. Spouse Name (if applicable):

III. Spouse Date of Birth:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Spouse Occupation:

IV. Sources of Fund to the Account: 1.
2.

V. Expected Annual Income other Sources: 1.
V. Other Sources of Income (if any): 2.

8. ACCOUNTS HELD WITH OTHER BANKS:

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
1.				
2.				
3.				
4.				

9. DECLARATION:

I/We hereby apply for the opening of account (s) with Zenith Bank PLC. I/We understand that the information given herein and the documents supplied are the basis for opening such account (s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

1. Name.....Signature.....Date.....

2. Name.....Signature.....Date.....

10. JURAT (THIS SHOULD BE ADOPTED WHERE APPLICANT IS BLIND OR NOT LITERATE , AND FORM IS READ TO HIM BY A 3RD PARTY

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter.

MARK OF CUSTOMER/
THUMBPRINT

MAGISTRATE/ COMMIS-
SIONER FOR OATHS

DATE

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF INTER-
PRETER

ADDRESS OF INTER-
PRETER

LANGUAGE OF INTER-
PRETATION:

TELEPHONE NUMBER

A. ADDRESS VERIFICATION/VISITATION DETAILS:

Name of RSM

I hereby confirm the existence of the prospective customer's residence at

 .

 ...

 .

COMMENT (S) (Address description and Findings)

 ..

 ...

Signature:

 .. Date

D	D	M	M	Y	Y	Y	Y

Name of Unit/
Branch Head

I hereby confirm the existence of the prospective customer's residence at

 .

 ...

 ...

COMMENT (S) (Address description and Findings)

 ..

 ...

Signature:

 .. Date

D	D	M	M	Y	Y	Y	Y

B. AUTHENTICATION FOR FINANCIAL INCLUSION:

- i. Is the applicant socially or financially disadvantaged? YES NO
- ii. If the answer to (i) above is **YES**, state other documents obtained in line with the Bank's policy on socially/financially disadvantaged customer in compliance with Regulation 77 (4) of AML/CFT Regulation 2013

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- iii. Does the customer enjoy tiered KYC requirements? YES NO
- iv. If answer to question (iii) above is **YES**, identify the customer risk category:
LOW RISK MEDIUM RISK HIGH RISK

C. AUTHENTICATION FOR POLITICALLY / FINANCIALLY EXPOSED PERSONS:

- i. Is the Applicant a Politically Exposed Person? YES NO
- ii. Is the Applicant a Financially Exposed Person? YES NO

D. CUSTOMER INTRODUCED BY:

I hereby introduce the customer to the bank. I also confirm the financial inclusion and political/financial exposure status as indicated above

Name

Signature

 .. Date

D	D	M	M	Y	Y	Y	Y

E. DEFERRAL/WAIVER OF DOCUMENT (IF ANY)

Requested by:

Signature

 .. Date

D	D	M	M	Y	Y	Y	Y

Approved by:

Signature

 .. Date

D	D	M	M	Y	Y	Y	Y

F. REQUIREMENT CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form			
2.	Specimen signature card duly completed			
3.	Two (2) recent passport photographs			
4.	Two (2) independent and satisfactory references (for current account s only)			
5.	Proof of identity international passport, Driver license, National ID card or INEC voter card (original must be sighted)			
6.	Proof of Address: Utility bills etc (Certified true copy acceptable if original is not held)			
7.	Letter from School/NYSC (for Students only)			
8.	Letter from Employer (for salary account only)			
9.	Resident permit (for Non-Nigerian)			
10.	Other documents provided			

G. AUTHENTICATION FOR KYC WATCH-LIST COMPLIANCE

i. Is the applicant on the KYC Watch-list ? YES NO

Signature: _____

Date

D	D	M	M	Y	Y	Y	Y

H. BANK APPROVALS:

APPROVALS	NAME	SIGNATURE	DATE
Customer Service Officer			
Head of Operations			
Branch Head			
Group/Zonal Head (Where applicable)			

For enquiries call ZenithDirect on: 01-2787000, 2927000, 4647000, 0700ZENITHBANK. E-mail: zenithdirect@zenithbank.com