

INDIVIDUAL ACCOUNT OPENING FORM



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

Category of Account: (Tick as appropriate)

Individual Joint Name of Account _____

Savings Current Fixed Deposit Domiciliary Account \$ € £

Branch _____

Account No (for official use only)

Bank Verification Number (BVN) _____

1. PERSONAL INFORMATION

Title _____ Surname _____

First Name _____

Other Names _____

Mother's maiden name _____

Date of Birth D D M M Y Y Y Y Gender F M Place of Birth _____

Nationality _____

State of Origin _____ Marital Status Single Married Others _____

Local Govt. Area _____ Home Town _____

Tax ID. No. (TIN) _____ - _____ Religion (optional) _____

Phone Number1 _____ Phone Number2 _____

Email Address _____

Residential Address _____

State _____ L.G.A _____ City/Town _____

Residence Permit no _____ Permit Issue Date D D M M Y Y Y Y Permit Expiry Date D D M M Y Y Y Y

Means of Identity National ID Card Driver's License International Passport INEC Voter's Card *Others (Please specify) _____

ID Number _____ ID Issue Date D D M M Y Y Y Y

ID Expiry Date D D M M Y Y Y Y Purpose of account _____

2. 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 Gender F M Relationship _____

Phone Number1 _____ Phone Number 2 _____

E-mail address _____

House Number _____ Street Name _____ City/Town _____

State _____ L.G.A _____

3. EMPLOYMENT DETAILS

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

Date of Employment (Optional)

D	D	M	M	Y	Y	Y	Y

Annual Salary/Expected Annual Income:

(a) Below N50,000 (b) N50,000 - N250,000 (c) N250,001 - N500,000 (d) N500,001 - Below 1M
 (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 City/Town

State L.G.A

Nature of Business or Occupation

Office Phone No Office Phone No 2

4. ADDITIONAL DETAILS

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

II. Sources of Fund to the Account

1.
2.

III. Other Sources of Income (if any)

1.
2.

5. 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/Commissioner for Oaths

Date

D	D	M	M	Y	Y	Y	Y

Name of interpreter

Address of interpreter

Language of interpretation Telephone number

6. ACCOUNT SERVICE(S) REQUIRED (PLEASE TICK APPLICABLE OPTION BELOW)

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

Internet Banking Preference(s) : Internet banking (Enquiries only) Internet Banking Hardware token Software token
 (Funds Transfer with hardware token required at a fee)

Mobile Banking : Mobile Banking App Cheque Book No of Leaves: 20 Cost of Cheque book is N525

Transaction Alert Preference(s) : E mail Alert (Free) SMS Alert (Fee applies)
 Mobile Number for SMS Alert

Statement Delivery Preferences : Online

*where a customer opts not to receive SMS Alert, the customer should issue an indemnity (for losses that may arise as a result) to the bank.

7. MANDATE

NAME OF ACCOUNT

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--



NAME OF SIGNATORY

SPECIMEN SIGNATURE

Mobile Phone No:

--	--	--	--	--	--	--	--	--	--	--

NAME OF SIGNATORY

SPECIMEN SIGNATURE

Mobile Phone No:

--	--	--	--	--	--	--	--	--	--	--

PLEASE TICK AS APPROPRIATESOLE SIGNATORY BOTH TO SIGN EITHER TO SIGN OTHERS

MANDATE

CHEQUE CONFIRMATION REQUIRED ? YES NO If YES, please specify **minimum** amount to be confirmed₦

							:	0	0
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Please note that the minimum cheque confirmation amount allowed by the bank is N500,000.00 in writing and before cheque presentation.

Mandate specified by Account holder(s)

Signature_____
Signature

8. 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.....

