

Individual Customer Account Opening Application Form (Please complete in black or blue pen with clear CAPITAL LETTERS print)
Account Number: 4 — — — — — — — —
Service Centre for Card Collection:
A - ACCOUNT SPECIFICATIONS (Please mark (X) the appropriate boxes)
CURRENCY OF ACCOUNT: ZWL\$ USD ZAR BWP EURO OTHER (Indicate)
B - CUSTOMER PERSONAL DETAILS
Title: Mr Mrs Mrs Dr Prof First Name: Surname:
Maiden Name: Other Name(s): Gender: Male Female
Date of Birth: D D M M Y Y Y Place of Birth: Nationality:
Marital Status: (mark applicable) Single
National ID Number: (mandatory)
Passport Number: (if applicable) Expiry Date:
Country of Residence: Highest Educational Qualification: Hobbies:
C- CUSTOMER CONTACT DETAILS
Residential Address:
Telephone: Res: Mobile: +263- Bus:
Email Address:
D- CUSTOMER EMPLOYMENT DETAILS
Employer Name: Occupation:
Employment Status: (mark applicable) Permanent Contract Pensioner Unemployed Self-Employed
Business Description: (state, if self-employed)
Employer Type: (mark applicable) Government Local Company Multinational NGO Other (specify)
Employer Physical Address: Employer Contact Number:
Gross Monthly Salary: Other Source(s) of Income:
E- SPOUSE/ NEXT OF KIN
Title: Mr Mrs Ms Dr Prof Full Name:
Residential Address:
National ID No: Contact Number: Nature of relationship:
Gender: (mark applicable) Male Female Email Address:
F- OTHER SERVICES
SMS Alerts: Y N (If yes, state your mobile number) Mobile Number: 2 6 3
E-Statements: Y N (If yes, state your email address) Email address:
G- DIGITAL BANKING SERVICES
Mobile money e.g. Ecocash Services: Yes Y (If yes, state your mobile number) Mobile Number: 2 6 3
E-Wallet: Y (If yes, state your mobile number) Mobile Number: 2 6 3
Whatsapp Banking: Y (Self registration or seek assistance) Internet Banking: Y Self registration or seek assistance)



H - ZB LIFE FUNERAL CASH COVER

Details of dependents to be covered by this application is up to eight (8) dependents. Please tick (\(\gamma\) the appropriate box to show

Surname	Forename(s)	Relationship	Date of Birth	Birth Entry/ National ID No.	Cover Amount Per Dependant	Premium Per \$	Month c
			Principal I	Member			
		Supplen	nentary Benefits (Γick (√) appropriate box)			
			Memorial Cash Benefit:	Amount of Cover Per Person			
			Tombstone Cash Benefit:	Amount of Cover Per Person			
			Grocery Benefit:	Amount of Cover			
			School Fees Benefit:	Amount of Cover			
			Personal Accident Benefit:	Please supply details below			
				Total Monthly Premium			
I – PERSO	NAL ACCIDEN	IT BENEFIT					
Surname				Forename(s)			
J- SUMMA	RY OF TERMS	S AND COND	ITIONS OF M	IEMBERSHIP			

- Funeral assurance cover under the Plan shall commence on the first day of the month coinciding with or next following the payment of the first premium.
- The Plan does not cover death by suicide or by the hand of Justice within a period of twenty-four (24) months from the date of Joining the Plan.

 Save as herein provided, Membership shall lapse if any premium is not paid when due and no right thereunder nor on account of previous payment shall exist.
- 1.3
- A grace period of one calendar month is allowed for the payment of each and every premium.

 Coverage under the Plan shall terminate on the death of the Principal Member or on the voluntary termination by the Principal Member or on the lapse of Membership of the Plan as a result of non-payment of premiums.
- Except for deaths arising from accidental causes, all other deaths shall only give rise to claims after the expiry of three (3) consecutive months in respect of the Principal Member and any Immediate Family Member; and six (6) consecutive months in respect of an Extended Family Member, from the Date of Joining the Plan or date of registration of a Dependent.
- 1.6 Immediate Family Member means, in respect of the Principal Member, a valid registered spouse, own children and persons under the legal guardianship of the Principal Member, and dependent natural or adoptive parents or parents-in-law.
- Extended Family Member means a Dependent who is not an Immediate Family Member.

 The qualifying period for coverage to be effectively stated in paragraph 3.6 above shall apply to any increase in the funeral benefit cover of each insured person.

Applicant's Signature:

- 19 Claims shall be settled only if they are reported to ZB Bank Limited within three (3) months from the date of death of an insured person.
- 1.10 The maximum cover for each person shall not exceed the limit set from time to time.

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confirm that to the best of my knowledge, the above information is true and correct and that all the persons registered above are not on medication for any disease or illness. Should anything change, I undertake to advise
B Bank immediately.



	L – DECLARATION BY APPLICANT			
	I authorise ZB Bank to deduct the premiums stated above each month from my account when funded	J		
	Accountholder's name: Accoun	ntholder's ID:		
		ntholder's Sigi	nature.	
	7,000	inioidor o orgi	inataro.	
	M – FOR COMPLETION AT BRANCH UPON CARD C	OLLE	CTL	ON
	W - FOR COMPLETION AT BRANCH UPON CARD C	ULLE	CII	JN
1	confirm safe receipt of my PIN (Personal Identification Number) and acknowledge receipt of my card.			
	Name of Cardholder: Signature of Ca	ardhaldar: [Date: D D M M Y Y Y Y
11	allie of Caldifolder.	ilulioldel.		Date.
	N- TERMS AND CONDITIONS			
	IT TERMO AND CONDITIONS			
hes	se terms and conditions, together with any further instructions that may be prescribed by ZB BANK ('the Ba	ank'), 7.	. cı	JSTOMER INFORMATION
	time to time shall constitute the Agreement between the customer and ZB Bank. The customer is deemed to			u agree that any information provided about you as a consequence of this and any other application and
icce	epted the terms and conditions upon signing the form and the terms will be binding on the customer and ZB B	Jank.		reement which you have made to or with this Bank may be shared within the Bank's Customer Information rstem. This information may be used to identify other products and services, which may be relevant to you.
	DEFINITIONS: The following terms as stated in these terms and conditions shall have the following meaning	ngs:	No	information will be disclosed outside the Bank unless you are in default under the agreement in which cas
.1 .2	Customer: The applicant of this account and services is hereunder referred as 'Customer'. Bank: The 'Bank' means ZB BANK LIMITED.	7.3		e Bank may disclose this fact to licensed credit reference agencies. u agree always to keep your contact details up to date and provide us:
.3	Service: Any service expressly or impliedly offered by the Bank is hereinafter referred as 'Service'.			(a) Your current residential address.
.4 .5	Card: The card means the ZB Bank Debit Card. Cardholder: The account holder issued the card by the Bank.			(b) A functioning telephone number or mobile number at which we can reach you.(c) A functioning email address.
.6	Account: The account opened and maintained by the account holder with the Bank.	7.3		u agree that we may use any of the contact details that you have last provided to us for all legal purposes.
.7	Accountholder: The person in whose name the account is opened and maintained and for whose use a ca is issued by the Bank.	ard 7.4		u agree that if you do not keep your contact details accurate and up to date and ensure any cell phone mber or email address that you have provided to us is functional, you risk not receiving important
.8	Card Number: The number embossed or printed on the card issued by the Bank.			mmunication from us that may affect your legal position.
.9	Use of Card: The use of any card either by use of card number alone, or in conjunction with the PIN for any		DI	SCLOSURE
.10	benefit, be it personal or financial. PIN: The Personal Identification Number issued to the Cardholder or reset by the Cardholder which,	8. 8.		e applicant agrees and authorises ZB Bank to
	in conjunction with the card, allows a transaction to be done successfully at any electronic device designed to accept cards.	t		Disclose to any approved credit reference bureau financial information relating to his / her account.
.11	Cash withdrawal Cash obtained by use of the card, the card number or in any manner authorised by the		(D	Make enquiries from any bank, financial institution or approved credit reference bureau in Zimbabwe to confirm information supplied.
10	Cardholder whether by signing a voucher or not.	. 11	(C)	Seek information from any, bank, and financial institution or approved credit reference bureau when
.12	Agreement The agreement between the Bank and the Cardholder/ Account Holder, the terms of which are "Terms and Conditions" as varied from time to time by the Bank.	a tne		assessing the application to open an account.
		9.		COUNT STATUS
	paragraph titles or headings shall not be used for the purpose of interpretation and any words implying one der or singular also include the other or plural respectively or vice versa.	9.		iless the Bank has granted you a credit facility on your account, you agree to maintain a credit balance all times, and a debit balance either due to the Bank's charges or debits passed on your account which is
			ins	sufficiently funded, may affect your credit profile.
	APPLICATION OF THE CARD All applications for cards are subject to the Bank's processes and approval procedures.	9.		nless an agreement relating to a particular product or service stipulates and specifies otherwise, you can use your account at any time provided you first settle any debit balance owing with the Bank. The Bank may
.2	The Bank reserves the right to refuse the cardholder access to the card in its sole and absolute discretion.		se	t-off a credit balance in any of your Accounts against amounts that are due and payable from you to
.3	Additional cards linked to the cardholder's account may be issued to other persons authorised by the Accountholder.	9.		e Bank. you do not use your Account for six consecutive months, it will become 'dormant'. You are unable to use the
.4	You will be charged service fees and other account charges at the rate fixed by ZB Bank from time to time.		Ad	count or access your credit in your account when it is in dormant status until you have contacted the Bank
	USE OF THE CARD			d claimed the dormant balance. The Bank may ask you for information and documents to support ur claim.
.1	The card may only be used:		,,	a delin.
	By that Cardholder, it being understood that the physical PIN shall not be kept together with the card. 2 Subject to the terms and provisions of this Agreement and as amended from time to time. 3.1.3 Within the	10		IARGES
1.1.2	credit balance or agreed overdraft limit and any available credit facility on the Account;	10		arges to the Account holder will be levied by the Bank irrespective of the balance on the Account or any insactions on the Account from the use of the Card. Charges levied by the bank are subject to change from
2	During the validity period embossed on the card; ZB Bank shall not be liable for any loss of funds arising from any unauthorised transaction on Account hold	dor'o	tin	ne to time and will be advised to the customer.
	account if made using Account holder's pin, and if:	11	1. DI	SCLAIMER CLAUSE
	I Account holder fails to memorize and delete the PIN upon receiving the SMS advising him/her of the PIN. 2 Account holder does not notify ZB Bank of the misuse, loss or theft of his/her cellphone or PIN at the	11		y relaxation, delay or indulgence on the part of the Bank in exercising any of its rights in this Agreement sh
	earliest moment.	11		t be taken as a waiver of such rights. B Bank disclaims liability for any funds deposited by the account holder which are subsequently found to be
	3 Account holder voluntarily discloses his/her PIN to anyone.			rived from illegal sources or activities.
	As soon as the Cardholder suspects that his/her card has been lost or stolen or his/her PIN is compromised he/she must notify the Bank immediately by telephone, or visit your nearest ZB Bank Branch.		2. VA	ARIATION OF THIS AGREEMENT
.4	The Bank will block the card as soon as reasonably possible after such notification. The Bank is authorised		2.1 Th	e Bank may vary this Agreement at any time or times whether or not a similar variation is made to the
	accept written instructions from Account holder or Cardholder to stop card transactions in the event of card loss.	12		reement(s) with any other Account Holder(s). other and such variation shall be given to the Account Holder by the Bank either in writing or by
				blication thereof by such means as the Bank may select and a variation so notified shall be binding on the
.1	LIABILITY When transactions are made by a person other than the holder of the Account and/or the Cardholder, both		Ac	ecount Holder.
	shall be jointly and severally liable for the payment of all indebtedness arising from the use of the Card; but	t no	3. CI	JSTOMER ACCOUNT OPENING DECLARATION
	partial or full release by the Bank of either of them shall reduce the liability of the other.		3.1 la	gree that I have read, understood and accepted the Bank's prevailing Terms and Conditions, Electronic
i.	FUNDS IN THE ACCOUNT	15		nannels Terms and Conditions; Cards Terms and Conditions and I agree to be bound by them. Just ther agree to be bound by any additional Terms and Conditions governing any facilities, products and/or
i.1	The Bank shall not be obliged to act on or give effect to any payment or disbursement initiated through the use of the card unless there are sufficient funds in the Account at any time when the payment or disbursem			rvices offered by the Bank as I may apply and/or utilise from time to time.
	is to be made or unless suitable arrangements have been agreed to by the Bank.		4 E	WALLET CONDITIONS OF SERVICE
	ACCOUNTABILITY			e minimum and maximum amounts will be reviewed from time to time.
i.1	ACCOUNTABILITY The Bank, its officers and servants, shall not be responsible or accountable to the Cardholder for any loss	14		B will not be liable for any loss of funds arising from any unauthorised transaction on your account using ur pin and if you:
	or damage, actual or contingent, arising from or of the use of the card facilities (it being recorded that any	14		ur pin and it you. u fail to memorize and delete the pin upon receiving the SMS advising you of the pin.
	electronically initiated third party payments are not necessarily effected on the same day as the transaction date), malfunction, failure or unavailability of the card facilities, the loss or destruction of any data,	14		ou do not notify ZB of the misuse loss or theft of your cellphone or at the earliest moment.
	the failure, interruption or distortion of communication links, any delay in acting on any request made or	14	T.L.J 10	ou voluntarily disclose your PIN to anyone.
	instruction given or in effecting any transaction initiated through the use of the card or any failure to do so (whether or not such delay or failure is notified to the Cardholder), the reliance by any person on any incorre	ect,	11040-	or Signature
	incomplete or inaccurate information or data obtained through the use of the card, any Industrial action, act		uətUIII	er Signature:
	God or other cause or circumstances not reasonably within the Bank's control provided that the provisions of this paragraph shall apply in respect of any loss or damage proved to have been caused by the	ne .		
	fraudulent act of any office or servants of the Bank.		ate:	D D M M Y Y Y Y

Date:



O-INDEMNITY BY APPLICANT

- I agree that the Bank reserves the right to close my account compulsorily without warning if it is conducted unsatisfactorily or if any of the following occurs:
 (a) When credit worthiness checks reveal that I am of questionable credit worthiness

 - (b) Stolen cheque(s) being deposited into the account or fraudulent deposits being made into the account and I fail to make a police report and provide proof of such report to the Bank within 14 days after being notified of such deposits by the bank;
 - (c) Any action by me which is regarded by the Bank as evidence of dishonesty; or
- (d) Any other circumstances in terms of which a banker is ordinarily entitled at law to close a client's account. I also certify that the above statements, in support of my application for an account are true and complete, and
- understand that in the event of any information proving to be inaccurate, this application may be declined. I also authorise the Bank to reserve any entries erroneously made into my account or any fraudulent deposits made into my account and debit my account where necessary without prior notice.
- Where my account has been so debited, I acknowledge that I am liable to pay the Bank the said amount even if my account is not sufficiently funded to cover the debits.
- I undertake full responsibility to advise and provide the Bank with current details whenever there are changes in respect of my personal details; contact details; employment details etc

P-ZB ECOCASH BANKING SERVICES TERMS AND CONDITIONS

- I hereby certify that all the information provided is correct and authorise ZB Bank to use the information contained herein to process and register the mobile line and the bank account on the Ecocash Banking Platform.
- I hereby indemnify ZB Bank Limited against any losses, claims damages, whether direct, special or consequential, howsoever and when so ever arising as a failure of mobile equipment, Ecocash Banking Services being offline or unavailable for any reason, the mobile phone number provided being incorrect, unlawful or unauthorised access to my mobile by another person(s), delays in Ecocash Banking Services or direct or indirect losses which the Bank could not reasonably have foreseen
- I undertake to notify the Bank within 24 hours of any change to my mobile phone number(s) or in the event that my mobile phone handset is lost or stolen.
- In the event that I wish to terminate the Ecocash Banking Services registration or withdraw Ecocash Banking Services, I shall give the Bank at least 30 days written notice to the domicilium citandi et executandi of record.
- The Ecocash PIN number used to access any other Ecocash Services shall be the same used to access Ecocash Banking Services and I agree not to disclose the Personal Identification Number (PIN) to any third party under any circumstances whatsoever should I disclose the PIN to a third party.
- The above terms and conditions shall be read together with the other terms and conditions as they appear on Ecocash User Registration Form and Bank Account Opening form and any other Ecocash Services guidelines as advised by the Bank from time to time.
- The bank reserves the right, time to time, to review and or amend the terms and conditions applicable to the use of Ecocash Services and shall advise Ecocash registered users of those changes accordingly

Print Name: Photo of Applicant:
Authorised Signatory Specimen Signature:
FOR OFFICIAL USE ONLY
TYPE OF ACCOUNT: Individual Transactional Account Senior Citizen Transactional Account Informal Trader Transactional Account
Individual Current Account Sta\$h Transactional Account Other (Specify)
SUPPORTING KYC CHECKLIST
Please attach certified copies of the following and indicate by marking:
(i) Two (2) recent passport-sized photos (ii) Proof of residence (within 3-months) (iii) Payslip (where applicable)
(iv) Current Identification Documents: (mark applicable): National ID Card Passport Drivers' License
ACCOUNT OPENING & KYC CHECKER SECTION
Service Center Name: Domicile Service Center Code: ZB ID:
Financial Clearing Bureau Vetting: Favourable Unfavourable Politically Exposed Persons Screening: Favourable Unfavourable
Sanctions Screening (UN&OFAC Watch lists): Favourable Unfavourable RBZ Credit Registry Clearance: Favourable Unfavourable
A/C Opened By: ZB Life Certificate No.:
ZB Life Agent No (if applicable): Date: D D M M Y Y Y Y
ACCOUNT OPENING APPROVER & REVIEWER SECTION (Note: Service Centre Manager or Service Centre Consultant in Charge)
Account Opened: Y N All Mandatory Fields Captured: Y N
KYC Complete: Y N Customer Risk Review Profile: High Medium Low
KEY: High Risk Customer - Annual Review Medium Risk Cutomer - 2-3 Years Review Low Risk Customer - 5 Years Review
Next KYC Review Date: D D M M Y Y Y Y
Approved by: Signature: Date: D D M M Y Y Y Y
SERVICE CENTER STAMP

Page 4 of 4