

INDIVIDUAL CUSTOMER APPLICATION FORM



Please complete in CAPITAL LETTERS only. All sections are mandatory. The applicant must initial each page.

PERSONAL DETAILS

Customer Type	<input type="checkbox"/> Current Customer	CIF	<input type="text"/>	Branch	<input type="text"/>
	<input type="checkbox"/> New Customer	Account Number	<input type="text"/>		

Select your preferred products and channels

Account Type	<input type="checkbox"/> Current Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Call Account	<input type="checkbox"/> Term Deposit Account
	<input type="checkbox"/> Joint Account	<input type="checkbox"/> Minor Account	<input type="checkbox"/> Senior Citizen Account	
Account Currency	<input type="checkbox"/> USD (Bond/RTGS)	<input type="checkbox"/> USD (Nostro)	<input type="checkbox"/> ZAR	<input type="checkbox"/> EUR
			<input type="checkbox"/> GBP	<input type="checkbox"/> PULA
				Other <input type="text"/>
1) Internet Banking Registration	<input type="checkbox"/>	Preferred User ID	<input type="text"/>	
2) Mobile Money/ Bank Account Linking	<input type="checkbox"/>	Wallet Type e.g. Ecocash	<input type="text"/>	Mobile Number +263 <input type="text"/>
3) Prepaid VISA Card Application	<input type="checkbox"/>		<input type="checkbox"/> New Application	<input type="checkbox"/> Supplementary <input type="checkbox"/> Replacement
Reason For Replacement	<input type="text"/>			
4) Local Card (ATM/POS card)	<input type="checkbox"/>			
5) Transaction Alerts (SMS)	<input type="checkbox"/>	Mobile Number +263 <input type="text"/>	E-statements	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) E-mail Address For E-statements	<input type="text"/>		Statement Frequency	<input type="text"/>

PERSONAL DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Other	<input type="text"/>
First Name	<input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name	<input type="text"/>	Date of Birth <input type="text"/>
Surname	<input type="text"/>	ID Number <input type="text"/>
Maiden Name	<input type="text"/>	Marital Status <input type="text"/>
Country of Residence	<input type="text"/>	Country of Nationality <input type="text"/>
What is the number of countries to which you are a Citizen?	<input type="text"/>	If the answer to the question on the left is more than 1, kindly attach all the copies of your National IDs.

Kindly provide us with your Passport Details below, if you are not a Zimbabwean citizen.

Passport Number	<input type="text"/>	Passport Issue Date	<input type="text"/>
Passport Issuer Country	<input type="text"/>	Passport Expiry Date	<input type="text"/>
What is the number of countries to which you hold a passport?	<input type="text"/>	If the answer to the question on the left is not 1, kindly attach copies of all your passports.	

CONTACT DETAILS

Residential Address	<input type="text"/>	Email Address	<input type="text"/>
	<input type="text"/>	Home Telephone/ Mobile Number	+263 <input type="text"/>
Postal Address - If Different From Residential Address	<input type="text"/>	Years at current residence	<input type="text"/>
Residential Status	<input type="checkbox"/> Owned <input type="checkbox"/> Company Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented <input type="checkbox"/> Staying With Parents <input type="checkbox"/> Other		

SOURCE OF INCOME e.g. Employment, Donation from parents or spouse, Business . . .

Source Of Funds/ Employer	<input type="text"/>	Work Telephone Number	<input type="text"/>
Business Address	<input type="text"/>	Designation	<input type="text"/>
	<input type="text"/>	Gross Monthly Income	<input type="text"/>
Other Source of Funds	<input type="text"/>	Other Source of Funds Amount	<input type="text"/>

INDIVIDUAL CUSTOMER APPLICATION FORM



Please complete in CAPITAL LETTERS only. All sections are mandatory. The applicant must initial each page.

NEXT OF KIN DETAILS (The details of the person we can contact if we are unable to reach you)

First Name(s)	<input type="text"/>	Residential Address	<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Relationship	<input type="text"/>	Home Telephone/ Mobile Number	+263 <input type="text"/>

SOLVENCY DETAILS

Have you been declared insolvent? ☐ Yes ☐ No Date rehabilitated

MARKETING CONSENT

Do you wish to receive information about BancABC and BancABC Partner Products and Services? ☐ Yes ☐ No

Preferred Channels ☐ Call ☐ SMS ☐ Email Preferred Contact Times ☐ Working Hours ☐ Non-Working Hours ☐ Anytime

FATCA QUESTIONNAIRE

Please confirm your FATCA status by checking the relevant boxes

	Yes	No
(a) Are you a U.S citizen or lawful permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Were you born in the U.S?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Have you signed a Power of Attorney (PoA) or granted signatory authority to a person holding a US address	<input type="checkbox"/>	<input type="checkbox"/>
(d) Will you be transferring funds to their U.S based accounts or receiving funds regularly from their US based accounts?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Do you or will you use an address "in care of" "hold mail" or postal address or telephone number allocated in the U.S?	<input type="checkbox"/>	<input type="checkbox"/>


DECLARATION

I, the undersigned, hereby declare that;

The information in this application is true and complete and I authorise BancABC to verify (This includes contacting my employer to verify my income). I consent to BancABC checking my credit record with any credit reference agencies with regular updates about the conduct of my accounts including the failure to meet the agreed terms and conditions.) I also agree that the credit reference agencies may in turn, make my record and details available to other credit grantors. I consent to BancABC carrying out identity and fraud prevention checks.

How do you wish to receive the BancABC Terms and Conditions? ☐ Link sent via SMS ☐ Link sent via Email ☐ Print ☐ PDF document sent via Email ☐ PDF document sent via WhatsApp


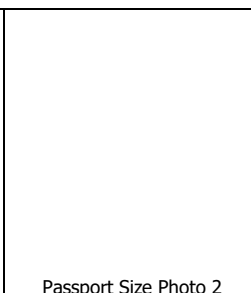
☐ By ticking this box you verify that you have read, understood and agree to be bound by the BancABC Terms and Conditions regarding Cards, Mobile Banking, Internet Banking as well as our General Terms and Conditions.

	Customer Name	<input type="text"/>
	Signing Instruction (e.g. to sign alone)	<input type="text"/>
	Date	<input type="text"/>

FOR OFFICIAL USE ONLY

KYC Checklist	Tick/Comment
1. Client has been positively identified using National Identification Card/Valid Passport/Drivers Licence.	
2. Two Passport Size photographs attached.	
3. Proof of residence (Utility Bill - Electricity/Telephone/Water Bill; only street addresses are acceptable, no box numbers)	
4. Most Recent Payslip.	

Customer Onboarding	Name/Initials	Signature
1. All documents received and checked by:		
2. Signature authenticated by:		
3. Account Approved/Declined:		
4. Account captured in FCUBS by:		
5. Account authorised in FCUBS by:		
6. Signature/Signing Mandate/Photos scanned by		
7. Documents filed by:		

	
--	---