

APPLICATION

SURNAM	OTHER N	DATE OF	NATION	SEX: N	STATE C	LOCAL C	MOTHE	MATUR	SURN	OTH	DATE	NAT	SEX	STA	LO	MC	M	OP	RE
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ZENITH BANK PLC

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

ZENITH CHILDREN'S ACCOUNT (ZECA)

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APPLICATION FOR THE OPENING OF SAVINGS ACCOUNT

PARENT/GUARDIAN DETAILS

SURNAME:			
OTHER NAMES:			
DATE OF BIRTH: (Optional)		NATIONALITY:	
SEX:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
OFFICE ADDRESS	FOREIGN OFFICE ADDRESS (if any)	MAILING ADDRESS	RESIDENTIAL ADDRESS & TELEPHONE NUMBER (Not P. O. Box)
E-MAIL ADDRESS:			
OFFICE TELEPHONE NO:		FAX NO:	
OCCUPATION/PROFESSION:		IDENTIFICATION MODE/NO:	
EMPLOYER:			
STATE OF ORIGIN:		LOCAL GOVERNMENT AREA:	
MOTHER'S MAIDEN NAME:		NAME OF SPOUSE AND OCCUPATION:	
SOURCES OF FUNDS:			
SOURCE	AMOUNT PER ANNUM (N)	SOURCE	AMOUNT PER ANNUM (N)
Salaries		Trading	
Business Income		Retailing	
Rent on Property (Rents)		Others	
Gratuity			

I request the opening of a Savings Account and confirm that the above information is true.

Customer's Signature & Date

CONSENT NOTICE

Zenith Bank Plc is committed to the highest data privacy standards at all times and will only use the personal information you have provided to administer your account. We would also like to update you periodically about our products, services, promo offerings and other information that may be of interest to you.

Please confirm your consent to receive such messages by selecting the 'Yes' option below.

Please confirm your consent by Signing below:

Signatory A: _____ Signature _____ Date _____

Signatory B: _____ Signature _____ Date _____

You can withdraw your consent at any time by sending an email to dataprotectionoffice@zenithbank.com

To find out more about Privacy policy, please visit www.zenithbank.com/customer-service/privacy-policy

FOR BANK USE ONLY

S/N	DOCUMENTS OBTAINED	IN PLACE	WAIVER
1.	Identification: International Passport/Drivers Licence.		
2.	Passport Photographs		
3.	Verification of Signature		
4.	Mandate (For Joint Signatories)		
5.	Residence Permit		
6.	KYC/Money Laundering Form		

CUSTOMER INTRODUCED BY _____ NAME & SIGNATURE _____

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____

APPLICATION FOR THE OPENING OF ZENITH CHILDREN'S ACCOUNT (ZECA)

CHILDREN DETAILS

FIRST CHILD	SECOND CHILD
SURNAME: _____	SURNAME: _____
OTHER NAMES: _____	OTHER NAMES: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
NATIONALITY: _____	NATIONALITY: _____
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
STATE OF ORIGIN: _____	STATE OF ORIGIN: _____
LOCAL GOVERNMENT AREA: _____	LOCAL GOVERNMENT AREA: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18
THIRD CHILD	FOURTH CHILD
SURNAME: _____	SURNAME: _____
OTHER NAMES: _____	OTHER NAMES: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
NATIONALITY: _____	NATIONALITY: _____
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
STATE OF ORIGIN: _____	STATE OF ORIGIN: _____
LOCAL GOVERNMENT AREA: _____	LOCAL GOVERNMENT AREA: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18

OPERATOR OF ACCOUNT _____

RELATIONSHIP TO CHILD _____



SIGNATURE CARD

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY _____

2. NAME OF SIGNATORY _____

MANDATE (For Joint Signatories only)

1. NAME OF SIGNATORY _____

2. NAME OF SIGNATORY _____

MANDATE (For Joint Signatories only)

FOR BANK USE

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____