



ZENITH BANK PLC

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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:			
MARITAL STATUS:		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.			
<u>Customer's Signature & Date</u>			

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

