

### ZENITH BANK PLC

APPLICATION FOR FOREIGN EXCHANGE

R E L A T E D A C C O U N T S

# ACCOUNT OPENING REQUIREMENT FOR DOMICILIARY ACCOUNTS

- 1. Account opening form duly completed.
- 2. Two (2) specimen signature cards duly completed by each signatory to the account.
- 3. Two (2) recent clear passport-size photographs of each signatory to the account with their names and signature written on the reverse side.
- 5. Certificate of incorporation (Original to be sighted).
- 4. Certificate of exemption from using "Limited" after name (where applicable).
- 6. Form Co7 Particulars of Director of the company certified by the Registrar of Companies (Original to be sighted.
- 7. Form C02 Allotment shares of the company.
- 8. Residence Permit (where applicable).
- 9. Identification of signatories International passport, driver's licence or National ID Card. (Original to be sighted).
- Board Resolution appointing Zenith Bank Plc. As the Company's bankers and including names of all signatories to the account and directors of the company in attendance. This must be executed under company seal.
- 11. Mandatory Initial Deposit.
- 12. A duly completed Signatory Personal Information Form for each of the Signatories to the account.
- 13. Document/Evidence of foreign exchange earned.

#### CONDITIONS FOR CAPITAL IMPORTATION

- 14. A letter of intention to import capital addressed to the Bank stating the investor, amount to be imported and the purpose
- 15. A board resolution from the company authorising the importation of capital.
- 16. A copy of company's certificate of incorporation.
- 17. Foreign currency must be converted to Naira.
- 18. A certificate of Capital Imported would be issued when the above conditions are met.
  - For importation of Loan Capital we will require in addition to 14-16 above
- 19. A copy of the executed loan agreement between the lender and the borrower.
- 20. A copy of the executed offer letter issued by the lender and accepted by the borrower.

#### ZENITH BANK PLC.



### APPLICATION FOR OPENING FOREIGN EXCHANGE RELATED ACCOUNTS

1.	NAME OF (COMPANY / INDI	/IDUAL):				
2.	2. REGISTRATION CERTIFICATE NO: DATE OF INCORPORATION:					
3.	3. COUNTRY OF INCORPORATION:					
4.	PARENT COMPANY'S COUNT	RY OF INCORPORATION:				
5.	REGISTERED OFFICATION ADDRESS:	BUS	INESS ADDRESS:		CORRESPONDENCE ADDRESS: ferent from Office Address)	
6.	TELEPHONE NO. (s): FAX NO		•	E-MAII	•	
	RELATED COMPANIES: SENIOR MANAGEMENT STAFI		CURRENCY OF AC	COUNT:		
	S/N N/	ME	TITLE / POSITIO	N	NATIONALITY	
	1.					
	2.		*			
	3.					
	4.					
0.	DO YOU HAVE EXISTING CUR	RENT ACCOUNT WITH ZEI	NITH BANK PLC ?			
1.	ACCOUNT WITH OTHER BAN	KS (INCLUDING ZENITH BA	ANK PLC)			
	S/N NA	ME	ADDRESS		TYPE OF ACCOUNT	
	1.				•	
	2.					
	3.					
				10 to		

-	S
	-

S/N	NAME OF SIGNATORY	ADDRESS OF SIGNATORY	CATEGORY
1.			
2.			*
3.			
4.			



### 

TYPE	OF FOREIGN EXCHANGE TRANSACTION. (PLE	ASE TICK WHERE AF	PPLICABLE)	
(a)	Ordinary Domiciliary USD	GBP	EUR	
(b)	Export Domiciliary USD	GBP	EUR	
(c)	Capital Importation USD	GBP	EUR	
(d)	Cheque Clearing Only USD	GBP	EUR	
(e)	Others (Please specify):			
SOU	RCE OF FUNDS: (Name & Details of the Sender/I	nvestor):		
<del>,</del>		•		
FREG	QUENCY AND AMOUNT OF INFLOWS (Please ti	ck where applicable)		
			Amount	· ·
(a)	Weekly			
(b)	Fortnightly			
(c)	Monthly			-
(d)	Quarterly			,
(e)	Yearly			
(f)	O1 (D)			
(1)	Others (Please specify):			
DISP	OSAL OF FUNDS (Please tick where applicable)			
(a)	Exchange for Naira at Official Rate			
(b)	Transfer to other Nigerian Domiciliary Accounts			•
(c)	To Open Letters of Credit/Bills for Collection			
(d)	Cash withdrawals			
(e)	Transfer to other offshore account			
(e)	Transfer to other offshore account			



#### ZENITH BANK PLC.

18. RULES GOVERNING FOREIGN EXCHANGE TRANSACTION	18.	RULES GOVERNING	FOREIGN	<b>EXCHANGE</b>	TRANSACTION
--	-----	-----------------	---------	-----------------	-------------

- Please note that funds will be used only for eligible transactions.
- 2. Returns will be rendered to Central Bank of Nigeria on all funds received and utilised.
- 3. Exchange for foreign currency cash, is subject to availability. Please note that withdrawals in foreign currency cash can only be in United State Dollars.
- 4. Conversion of foreign currency to Naira will be at the ruling official rate.
- 5. There is a surcharge of 1% on all transfer/withdrawals, subject to a minimum of USD30/GBP30

WE HEREBY CONFIRM THAT THE ABOVE INFORMATION ARE TRUE AND AGREE TO ABIDE BY THE RULES GOVERNING FOREIGN EXCHANGE TRANSACTIONS AS STATED IN 18 ABOVE.

**AUTHORISED SIGNATORY** 

**AUTHORISED SIGNATORY** 

**AUTHORISED SIGNATORY** 

#### FOR OFFICIAL USE ONLY

I/WE RECOMMEND THE ABOVE CUSTOMER FOR THE SPECIFIED TRANSACTIONS.

ACCOUNT OFFICER (Name, Signature & Date)

BRANCH HEAD (Name, Signature & Date)

ZONAL HEAD
(Name, Signature & Date)



APPROVAL

## ZENITH BANKPLC MANDATE FOR DOMICILIARY ACCOUNT

AME OF ACCOUNT	ACCOUNT NO
OSTAL ADDRESS	
ONTACT ADDRESS	
ELEPHONE	
1. NAME OF SIGNATORY	4. NAME OF SIGNATORY
CATEGORY	CATEGORY
Mobile Phone No.:	Mobile Phone No.:
2. NAME OF SIGNATORY	5. NAME OF SIGNATORY
CATEGORY	CATEGORY
Mobile Phone No.:	Mobile Phone No.:
NAME OF SIGNATORY	6. NAME OF SIGNATORY
CATEGORY	CATEGORY
Mobile Phone No.:	Mobile Phone No.:
Mobile Phone No.:	Woone Mo.:
MANDATE	COMPANY STAMP/SEAL SPECIMEN (If required for mandate)
OR BANK USE	
MARK —	
U OFFICER	
M OFFICER	

DATE\_



APPROVAL

## ZENITH BANKPLC MANDATE FOR DOMICILIARY ACCOUNT

AME OF ACCOUNT	ACCOUNT NO
OSTAL ADDRESS	
ONTACT ADDRESS	
ELEPHONE	
1. NAME OF SIGNATORY	4. NAME OF SIGNATORY
CATEGORY	CATEGORY
Mobile Phone No.:	Mobile Phone No.:
2. NAME OF SIGNATORY	5. NAME OF SIGNATORY
CATEGORY	CATEGORY
Mobile Phone No.:	Mobile Phone No.:
NAME OF SIGNATORY	6. NAME OF SIGNATORY
CATEGORY	CATEGORY
Mobile Phone No.:	Mobile Phone No.:
Mobile Phone No.:	Woone Mo.:
MANDATE	COMPANY STAMP/SEAL SPECIMEN (If required for mandate)
OR BANK USE	
MARK —	
U OFFICER	
M OFFICER	

DATE\_



### SIGNATORY PERSONAL INFORMATION FORM

NAME:SURNAME	FIRST NAME	MIDDLE NAME
SUKINAIVIE	T TIXO T TAVAVIL	
TITLE:		
DATE OF BIRTH (OPTIONAL):		
PLACE OF BIRTH:		
SEX: MALE	FEMALE	
MARITAL STATUS: MARRIED	SINGLE	WIDOWED
SUFFIX:		
NEXT OF KIN:		
USUAL NAME:		
MODE OF IDENTIFICATION:	NUMBER:	
COUNTRY OF ORIGIN:		
STATE:		
LOCAL GOVT. AREA:		
RESIDENTIAL/CONTACT ADDRESS (ES):		
MAILING ADDRESS:		
E-MAIL ADDRESS:		
BUSINESS PHONE:		
HOME PHONE:	FAX NO:	
MOTHERS MAIDEN NAME (OPTIONAL):		
ACCOUNT TITLE:		
I hereby attest that the above informati	on is true and complete	
i iloloby allosi filal filo above filloffilali		NIV ONIV
	<u>BA</u>	NK ONLY

VERIFIED BY:

SIGNATURE / DATE