



ZENITH BANK PLC

ONLINE SAVINGS ACCOUNT FORM

NAMES:

SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH: (OPTIONAL)

PLACE OF BIRTH:

SEX:

FEMALE

MALE

MARITAL STATUS:

SINGLE

MARRIED

WIDOWED

SUFFIX:

TITLE:

USUAL NAME:

MODE OF IDENTIFICATION:

NUMBER:

COUNTRY OF ORIGIN:

STATE:

LOCAL GOVERNMENT AREA:

CONTACT ADDRESS:

MAILING ADDRESS:

BUSINESS PHONE: **HOME PHONE:** **FAX:**

MOTHER'S MAIDEN NAME: (OPTIONAL)

ACCOUNT TITLE:

DATE:

SIGNATURE:

BANK USE ONLY

VERIFIED BY:

SAVINGS ACCOUNT FORM

ACCOUNT NUMBER:

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ACCOUNT NAME:

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ADDRESS:

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POST OFFICE BOX:

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TELEPHONE NO:

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NAME AND ADDRESS OF EMPLOYER:

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PROFESSION:

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SPECIMEN SIGNATURE OF CLIENT:

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FOR BANK USE ONLY

READ AND APPROVED BY:

PASSPORT PHOTOGRAPH:

PHOTOCOPY OF PASSPORT OR ID:

PASSPORT NO OR ID:

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APPROVED BY:

NAME

SIGNATURE:

SAVINGS ACCOUNT SPECIMEN SIGNATURE CARD

NAME OF ACCOUNT:

ACCOUNT NUMBER:

AUTHORISED PERSON TO SIGN:

SIGNATURE SPECIMEN(S):

SIGNATURE VERIFIED BY:

DATE:

Please note that 2 of this form are required for processing. So you are required to print out 2 copies of this form.