

ACCOUNT OPENING REQUIREMENTS FOR CORPORATE ACCOUNT

1. Account opening form duly completed.
2. Specimen signature card duly completed by each signatory to the account
3. Two (2) independent and satisfactory references. Referees must be Corporate account holders and not officers of the company or related companies. Referees who maintain corporate account with Zenith Bank Plc must have done so for a minimum of six (6) months.
4. One (1) recent clear passport size photograph of signatory to the account with name and signature on the reverse side.
5. Certificate of Incorporation (Original to be sighted).
6. Memorandum and Articles of Association (certified as a true copy by the Registrar of Companies and a Director of the company).
7. Certificate of exemption from using "Limited" after name (where applicable).
8. Form CAC7/CAC2.3 - Particulars of Directors of the company certified by the Registrar of Companies.
9. Form CAC2 - Allotment of shares of the company. (Original to be sighted).
10. Form CAC2. 1 - Particulars of Company Secretary.
11. Residence permit (where applicable).
12. Identification of signatories - International passport, driver's licence, National ID Card or National Voter's Card. (Original to be sighted).
13. Board Resolution appointing Zenith Bank Plc. as the company's bankers and including names of all signatories to the account, mandate and directors of the company in attendance This must be executed under the company seal.
14. Initial Deposit.
15. Public utility Receipt i.e Tax Clearance Certificate (TCC), PHCN Bills, Water Bills, or Telephone Bills (Original to be sighted) which must bear the current address of company.
16. A duly completed Signatory Personal information Form for each of the signatories to the account.
17. Duly executed letter of Set-off.

**C O R P O R A T E
A C C O U N T**

ACCOUNT TYPE

(Please tick as appropriate)

Corporate Account

Small Business Account (SME)

Deposit Account

Domiciliary Account



ACCOUNT OPENING FORM – CORPORATE

(Please indicate the business category and type of account to open by ticking the applicable box below)

Category Of Business:

Limited Liability Company Partnership Sole Proprietorship MDA's Schools Others _____
 Please Specify e.g. Clubs, Societies, NGOs, Trustees, etc.

Small Business (SME): Basic Premium Ultra

Account Type:

Current Account Fixed Deposit Account Domiciliary Account \$ € £

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following: (MUMBA)

BRANCH ACCOUNT No. (for official use only)

1. COMPANY DETAILS (Please complete in BLOCK LETTERS and Tick Where Necessary).

Company / Business Name

Certificate of Incorporation / Registration Number

Date of Incorporation / Registration D D M M Y Y Y Y Jurisdiction of Incorporation / Registration

Type / Nature of Business

Sector / Industry

Operating Business Address 1.

Operating Business Address 2.

Registered Business Address (if different from above)

Email Address

Website (if any)

Phone Number (1) Phone Number (2)

Tax Identification Number (TIN) CRM No/Borrower's Code (Where applicable)

Special Control Unit against Money Laundering (SCUML) Registration Number (where applicable)

Purpose of Account

2. ANNUAL TURNOVER

(a) Below N5m N5m - Below N20m N20m - Below N50m
 N50m - Below N500m N500m - Below N5b Above N5b

(b) Is Your Company Quoted on any Stock Exchange? Yes No

(c) If answer to question (b) is Yes, indicate the Stock Exchange and the Stock Symbol

(d) Source of Funds

3. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Debit Card Preference(s): (Fees apply) Master Card Visa Card Others (Please specify)

Electronic Banking Preference(s): EasyMoney Corporate - I-bank
(eMile/Money) (internet banking)

Transaction Alert Preference(s): E-mail Alert (Free) SMS Alert (Free apply) Trade Alert

Statement Delivery Preference(s): E-mail Post Collection at Branch: Statement Frequency: Monthly
Quarterly Bi-Annual Annual

Cheque Book Requisition: (Fees apply) 50 leaves 100 leaves

4. CHEQUE CONFIRMATION / THRESHOLD

Would you like to pre-confirm your cheques? YES NO

If yes, please note the minimum cheque confirmation amount allowed by the bank is N500,000.00 in writing and before cheque presentation.

Please specify minimum amount to be confirmed: N : 00

5. BOARD RESOLUTION**FEDERAL REPUBLIC OF NIGERIA****COMPANIES AND ALLIED MATTERS ACT, 2004****(A) LIST OF DIRECTORS PRESENT**

S/N	NAME	POSITION
1.		
2.		
3.		
4.		
5.		
6.		

IN ATTENDANCE

_____ (COMPANY SECRETARY)

BOARD RESOLUTIONS

At the meeting of the Board of Director of _____ held on the _____ day of _____ 20__ at the Company's Head office, the following resolution were proposed and duly passed:

- That in addition to any general lien or similar right to which you as a bank may be entitled by law, you may at anytime without notice to us combine and or consolidate all or any of the Company's accounts, affiliate, subsidiary or sister company's accounts (whether or not in the same name) with the liabilities to you and set-off or transfer any sum standing to the credit of any one or more of such accounts or any other credits be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to the Company with you towards satisfaction of any of the company's liabilities to you or any other account or in any other respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.
- That the Secretary and a Director of the Company be, and is hereby authorized to certify to the bank names of the present officers of the Company and other persons authorized to sign for it and the offices respectively held by them, together with the specimen of their signatures and in case of any change of any holder of any such office or holders of any such offices, the fact(s) of such change and the names of any new officer(s) and the offices respectively held by them, together with the specimen of their signature(s), and the Bank be and is hereby authorized to honour any instrument signed by any new officer or officers in respect of whom it has received any such certificate or certificates with the same force and effect as if the said officer or officers were named in the foregoing resolution in the place of any person(s) with the same title or titles.

3. That the bank be promptly notified in writing by the Secretary or any other appropriate officer of the Company of any change in their resolution(s), such notice to be given to each office of the Bank in which any account of the Company may be maintained, and that until it has actually received such notice and sufficient time shall have elapsed thereafter to permit the Bank in due course and by such means as it may deem appropriate to notify such of its offices, branches and correspondents as the Bank may deem to be concerned thereby, it is authorized to act in pursuance of these resolutions, and the Bank shall be indemnified and held harmless from any loss suffered or liability incurred by it continuing to act pursuant to these resolutions, even though the resolution may have been changed, provided that any such change shall not adversely affect the general intent of this resolution.
4. That any and all withdrawals and borrowing of money and/or other transaction entered into on behalf of the Company with the Bank are hereby approved, and that the Bank may rely upon the authority conferred by this entire resolution until the receipt by it of a copy of a resolution of this Board revoking or modifying the same.
5. That the Company should open and operate a current Account with Zenith Bank Plc.
6. That the signatories to the account shall be:

(B) SIGNATORIES TO THE ACCOUNT

S/N	NAME	CATEGORY	SPECIMEN SIGNATURE
1.			
2.			
3.			
4.			
5.			

The Mandate of the Company shall be:.....

We CERTIFY that the Memorandum and Articles of Association of the Company given by us to the Bank are current and up to date

We FURTHER UNDERTAKE that amendments to the Memorandum and Articles of Association shall be advised to the Bank within fourteen (14) days of such.

We shall indemnify the Bank against any loss, expenses and/or damages it may sustain through our failure to notify or delay in notifying the Bank of any alteration, amendment or addition to the Memorandum and Articles of Association.

We FURTHER CERTIFY that there is no provision in the Memorandum and Articles of Association of the Company limiting the power of the Board of Directors to pass the foregoing resolutions and that the same are in conformity with the provision of the said Memorandum and Articles of Association.

We CERTIFY that the above is a true correct of the extract of the Minutes of the Board Meeting.

Dated at _____ This _____ day of _____ 20_____

Director

Director/Secretary

(COMPANY SEAL)

Date _____

TO: ZENITH BANK PLC _____

LETTER OF SET-OFF

In consideration of your providing us financial and/or banking accommodation and other facilities, we agree that in addition to any general lien or similar lien right which you as a bank be entitled by law, you may at any time and without notice to us combine or consolidate all or any of our accounts, affiliate, subsidiary or sister company's accounts (whether or not in the same name) with the liabilities to you and set-off or transfer any sums standing to the credit of any one or more of such accounts in or towards satisfaction of any of our liabilities to you on any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint

Dated this _____ day of _____ 20 _____

The common seal of the company is hereunto affixed in the presence of:

Director

Director/Secretary

Company Seal

6. ACCOUNT SIGNATORY'S DETAILS

Surname													First Name												
Other Names													Mother's Maiden Name												
Marital Status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Others							Title													
Date of Birth	D D M M Y Y Y Y						Gender:	F	<input type="checkbox"/>	M	<input type="checkbox"/>														
Place of Birth																									
Nationality																									
Residence Permit No.																									
Permit Issue Date	D D M M Y Y Y Y						Permit Expiry Date	D D M M Y Y Y Y						<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 24px; font-weight: bold;">PHOTO</p> </div>											
State of Origin																									
Home Town																									
Local Govt. Area																									
Religion																									
Tax ID. No. (TIN)							-							Bank Verification Number (BVN)											
Occupation													Status / Job Title:												
Residential Address:																									
House Number							Street Name																		
Nearest Bus Stop/Landmark																									
City/Town							Local Government Area																		
State																									
Phone Number (1)							Phone Number (2)																		
E-mail Address																									
Signature:													Date	D D M M Y Y Y Y											

6b. DETAILS OF NEXT OF KIN

Surname													First Name												
Other Names													Title												
Date of Birth	D D M M Y Y Y Y						Gender:	F	<input type="checkbox"/>	M	<input type="checkbox"/>	Relationship													
Contact Details																									
Phone Number 1							Phone Number 2																		
E-mail Address:																									
House Number							Street Name																		
Nearest Bus Stop/Landmark																									
City/Town							L.G.A.																		
State																									

6. ACCOUNT SIGNATORY'S DETAILS

Surname													First Name												
Other Names													Mother's Maiden Name												
Marital Status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Others							Title													
Date of Birth	DDMMYYYY						Gender:	F	<input type="checkbox"/>	M	<input type="checkbox"/>														
Place of Birth													<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>PHOTO</p> </div>												
Nationality																									
Residence Permit No.																									
Permit Issue Date	DDMMYYYY						Permit Expiry Date	DDMMYYYY																	
State of Origin																									
Home Town																									
Local Govt. Area													Religion												
Tax ID. No. (TIN)							-							Bank Verification Number (BVN)											
Occupation													Status / Job Title:												
Residential Address:																									
House Number							Street Name																		
Nearest Bus Stop/Landmark																									
City/Town							Local Government Area																		
State																									
Phone Number (1)							Phone Number (2)																		
E-mail Address																									
Signature:													Date	DDMMYYYY											

6b. DETAILS OF NEXT OF KIN

Surname													First Name												
Other Names													Title												
Date of Birth	DDMMYYYY						Gender:	F	<input type="checkbox"/>	M	<input type="checkbox"/>	Relationship													
Contact Details																									
Phone Number 1							Phone Number 2																		
E-mail Address																									
House Number							Street Name																		
Nearest Bus Stop/Landmark																									
City/Town							L.G.A.																		
State																									

7A. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTERS/EXECUTORS/ADMINISTRATORS/PRINCIPAL OFFICERS

Surname: <input type="text"/>	First Name: <input type="text"/>
Other Names: <input type="text"/>	Mother's Maiden Name: <input type="text"/>
Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Title: (Mr., Mrs., Dr., Otd et al): <input type="text"/>	
Nationality (For Non-Nigerians): <input type="text"/>	
Means of Identification <small>(Please tick correct information from Passport, Business ID or Voter's Card)</small>	
ID Number: <input type="text"/>	
ID Issue Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	ID Expiry Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Bank Verification Number (BVN): <input type="text"/>	
Occupation: <input type="text"/>	
Status/Job Title: <input type="text"/>	
Residential Address: <input type="text"/>	Street Name: <input type="text"/>
House Number: <input type="text"/>	
Nearest Bus Stop/ Landmark: <input type="text"/>	
City/ Town: <input type="text"/>	Local Govt. Area: <input type="text"/>
State: <input type="text"/>	<input type="text"/>
Phone Number (1): <input type="text"/>	Phone Number (2): <input type="text"/>
E-mail Address: <input type="text"/>	
Signature: _____	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Surname: <input type="text"/>	First Name: <input type="text"/>
Other Names: <input type="text"/>	Mother's Maiden Name: <input type="text"/>
Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Title: (Mr., Mrs., Dr., Otd et al): <input type="text"/>	
Nationality (For Non-Nigerians): <input type="text"/>	
Means of Identification <small>(Please tick correct information from Passport, Business ID or Voter's Card)</small>	
ID Number: <input type="text"/>	
ID Issue Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	ID Expiry Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Bank Verification Number (BVN): <input type="text"/>	
Occupation: <input type="text"/>	
Status/Job Title: <input type="text"/>	
Residential Address: <input type="text"/>	Street Name: <input type="text"/>
House Number: <input type="text"/>	
Nearest Bus Stop/ Landmark: <input type="text"/>	
City/ Town: <input type="text"/>	Local Govt. Area: <input type="text"/>
State: <input type="text"/>	<input type="text"/>
Phone Number (1): <input type="text"/>	Phone Number (2): <input type="text"/>
E-mail Address: <input type="text"/>	
Signature: _____	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

7B. DETAILS OF A SOLE PROPRIETOR**I. PERSONAL INFORMATION**

Surname	<input type="text"/>	First Name	<input type="text"/>
Other Names	<input type="text"/>	Mother's Maiden Name	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	F <input type="checkbox"/> M <input type="checkbox"/> <small>(or, MR, M, DR, MISS, etc.)</small>
Place of Birth	<input type="text"/>	Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="text"/>
Nationality <small>(or race/region)</small>	<input type="text"/>	Residence Permit Number	<input type="text"/>
Permit Issue Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Permit Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Local Govt. Area	<input type="text"/>	State of Origin	<input type="text"/>
Tax ID. No. (TIN)	<input type="text"/> - <input type="text"/>	Religion <small>(optional)</small>	<input type="text"/>
Purpose of Account	<input type="text"/>		

II. CONTACT DETAILS

Residential Address:	<input type="text"/>	Street Name	<input type="text"/>
House Number	<input type="text"/>		
Nearest Bus Stop/Landmark	<input type="text"/>		
City/Town	<input type="text"/>	Local Govt. Area	<input type="text"/>
State	<input type="text"/>		
Phone Number 1	<input type="text"/>	Phone Number 2	<input type="text"/>
E-mail Address	<input type="text"/>		

III. MEANS OF IDENTIFICATION

National ID Card	<input type="checkbox"/>	National Driver's License	<input type="checkbox"/>	International Passport	<input type="checkbox"/>	INEC Voter's Card	<input type="checkbox"/>	Others <small>(please specify)</small>	<input type="text"/>
ID Number	<input type="text"/>								
ID Issue Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Bank Verification Number (BVN)	<input type="text"/>								

IV. DETAILS OF NEXT OF KIN

Surname	<input type="text"/>	First Name	<input type="text"/>
Other Names	<input type="text"/>	Title	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender:	F <input type="checkbox"/> M <input type="checkbox"/>
Contact Details	Relationship <input type="text"/>		
Phone Number 1	<input type="text"/>	Phone Number 2	<input type="text"/>
E-mail Address	<input type="text"/>		
House Number	<input type="text"/>	Street Name	<input type="text"/>
Nearest Bus Stop/Landmark	<input type="text"/>		
City/Town	<input type="text"/>	Local Govt. Area	<input type="text"/>
State	<input type="text"/>		

11. DECLARATION

We hereby apply for the opening of a current with ZENITH BANK PLC. We understand that the information provided here in is the basis for opening the account and hereby certify that the information is correct.

We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank. In Witness whereof,

the common seal of _____
(Name of Company)

is hereby affixed this _____ day of 20_____

Director (Name and Signature)

Director/Secretary (Name and Signature)

Company Seal

FOR BANK USE ONLY**12A. AUTHENTICATION FOR FINANCIAL INCLUSION**

i. Is any director/signatory to the account socially or financially disadvantaged? YES NO

ii. If the answer to (i) above is YES, state other documents obtained in line with the Bank's policy on socially/financially disadvantaged customer in compliance with Regulation 77 (4) of AML/CFT Regulation 2013

iii. Does the customer enjoy tiered KYC requirements? YES NO

iv. If answer to question (ii) above is YES, identify the customer risk category:

LOW RISK MEDIUM RISK HIGH RISK

B. AUTHENTICATION FOR POLITICALLY/FINANCIALLY EXPOSED PERSONS:

i. Is the Applicant a Politically Exposed Person? YES NO

ii. Is the Applicant a Financially Exposed Person? YES NO

C. CUSTOMER INTRODUCED BY:

I hereby introduce the customer to the bank. I also confirm the financial inclusion and political/financial exposure status as indicated above

Name _____

Signature: _____

Date:

D	M	M	Y	Y	Y	Y

D. DEFERRAL/WAIVER OF DOCUMENT (IF ANY)

Requested by: _____

Signature: _____

Date:

D	M	M	Y	Y	Y	Y

Approved by: _____

Signature: _____

Date:

D	M	M	Y	Y	Y	Y

E. PHYSICAL VISITATION REPORT

From: _____

To: **Branch Manager**

Date: _____

In Line With The Bank's Account Opening Requirements, I Hereby Submit The Report On Physical Visitation To The Customer's Corporate Office Address As Follows:

1. Name Of Customer: _____
2. Corporate Office Address Visited: _____

3. Address Given By Customer (In the Account Opening Form): _____

4. Home Address Of Signatories To Corporate Account Visited:

S/N	NAMES(S)	ADDRESS(ES)	TELEPHONE NUMBER(S)

5. Explanation For Difference Between (2) & (3), If Any: _____
6. Date Of Physical Visitation: _____
7. Observations On The Corporate Address Visited:
- a. Does The Address Exist? YES NO N/A
- a. Does The Company Operate From This Address? YES NO N/A
- c. Do People/Neighbours Know The Company In This Area/address YES NO N/A
- d. Does The Company Have Any Other Place Of Business, Warehouse, or Factory YES NO N/A
IF YES, WHERE (STATE ADDRESS)? _____
- e. In Your Opinion And Considering The Observations, Are There Any Visible Signs Of Operational Existence? YES NO N/A
8. Other Observation From Corporate Address Visited (such As Office Description, Colour, Landmark etc): _____

Based On The Above Information, I Hereby Confirm The Existence Of The Office Address At _____

Name Of Relationship Officer Visiting Address: _____

Signature Of Relationship Officer Visiting Address: _____ Date: _____

Reconfirmation By Unit/Branch HeadBased On The Above Information, I Hereby **RECONFIRM** The Existence Of The Office Address At _____

Name Of Reconfirming Unit/Branch Head _____

Signature Of Reconfirming Unit/Branch Head _____ Date: _____

13. TERMS AND CONDITIONS

You should read these terms and condition carefully. You will be bound by them once you sign an application form and so you should make sure that you read them before that. You should retain a copy of it for future reference.

I/We (Customer) hereby confirm and agree to the following terms and conditions in relation to all banking and other financial transactions between me/us and zenith Bank Plc (the Bank). I/We further agree that where the service to be provided by the bank are not regulated by the terms and conditions contained herein, they shall be regulated by customary banking practices in Nigeria.

1. ACCOUNT OPENING

1.1 Open of an account with us is subject to certain restrictions. For example, you must be at least 18 years of age to open a current with us and we will require you to place a minimum deposit with us. Exceptions may however be created for special accounts for certain categories below 18 years.

1.2 We reserve the right to decline your account application or accept your money if you are unable to provide us with any of the information we require or for any other reason. We are not obliged to inform you of the reason why your application was declined and we will not enter into any correspondence in these circumstances.

2. E-BANKING SERVICES

2.1 Before you can be availed the banks E-banking Services, you must have any one or a combination of the following:

- (a) An account with the bank
- (b) A pass code, access code, username or Token authenticators.
- (c) A Personal Identification Number PIN
- (d) An E-mail address
- (e) GSM Number

2.2 We may issue you with Personal Identification Number (PINs) or other security information (for example details that allow you to access your accounts through our internet Banking Service). You must not disclose your security information to anyone else and you must take reasonable steps to keep it secure. For example you should not choose obvious codes or passwords, writes down the information in a way that is recognisable or let another person overhear or observe its use.

2.3 You understand that your Pass code, Access code/Password/E-mail is used

to give instruction to the bank and accordingly undertake.

(a) That under no circumstance shall the pass code, Access code / Password be disclosed to anybody.

(b) Not to write the pass code, Access Code/ Password in an open place in order to avoid a third party coming across same.

(c) To instruct and authorize the bank to comply any instruction given to the bank through the use of the service.

(d) Once the bank is instructed by means of the customers Pass code.

(e) To immediately change your Pass code, Access code if becomes known or you suspect that it has become known to someone else.

(f) To exempt the bank from any form of liability whatsoever for complying with any or all instruction(s) given by means of your Pass code, Access code if by any means the Pass code, Access code becomes known to a third party.

(g) Where you notify the bank of your intention to change your Pass code, Access code arising from loss of memory of same or that it has come to the notice of a third party, the bank shall, with your consent, delete same and thereafter allow you to enter a new Pass code or Access code PROVIDED that the bank shall not be responsible for any loss that occurs between the period of such loss of memory of the Pass code, Access code or Knowledge of a third party and the time the report is lodge with the bank.

(h) Once your Pass code/Access code is given, it shall be sufficient confirmation of the authenticity of the instruction given.

(i) You shall be responsible for any instruction given by means of your Pass code/Access code. Accordingly, the bank shall not be responsible for any fraudulent, duplicates or erroneous instruction given by means of your Pass code/Access code.

(j) Once your Pass code/Access code is given, it shall be sufficient confirmation of the authenticity of the instruction given.

(k) You shall be responsible for any instruction given by means of your Pass code/Access code. Accordingly, the bank shall not be responsible for any fraudulent, duplicates or erroneous instruction given by means of your Pass code/Access code.

2.4 Customer responsibilities

(a) You undertake to be absolutely responsible for safe-guarding your username, access code, Pass code, PIN and password and under no circumstance shall you disclose any or all of these to any person.

(b) The bank is expressly exempted from any liability arising from unauthorized access to your account and/or date as contained in the banks records via the service, which arises as a result of your inability and/or otherwise to safeguard your PIN Pass code/Access code and/or password and/or failure to log out of the system completely by allowing on screen

display to this account information.

(c) the bank is further relieved of any liability as regards breach of duty secrecy arising out of your inability to scrupulously observe and implement the provisions of clause 2.3 above, and /or instance of breach of such duty by hackers and other unauthorized access to your account via the service.

(d) If a breach is associated with the operation of your account/wallet, you agree that we have the right to apply restrictions to your account/wallet and report to appropriate law enforcement agencies in line with extant laws.

2.5 Under no circumstance will the bank be liable for any damages, including without limitation direct or indirect, special incidental or consequential damages, losses or expenses arising in connection with this service or use thereof inability to use by any party, or in connection with any failure of performance, error, line or system failure even if the bank or its representatives therefore are advised to the possibility of such damages, losses or hyperlink to other internet resources are at your risk.

2.6 Copyright in the cards other proprietary information relating to the service including the screens displaying the pages and in the information and material therein and agreement is owned by the bank.

2.7 The bank shall not be responsible for any electronic virus or viruses that you may encounter in the course of making use of this service.

2.8 The bank makes no warranty that:

- (a) The e-banking service will meet your requirements;
- (b) The e-banking service will be uninterrupted, timely, secure, or error free;
- (c) The results that may be obtained from the use of the service will be accurate or obtained from the service will be accurate or reliable;
- (d) The quality of any products, service information or other material purchased or obtained from the use of the service will be accurate or reliable;
- (e) The quality of any products, service, information or other material purchased or obtained from the service will meet your expectations; and
- (f) Any error in the technology will be corrected

3. LIABILITY FOR REFUNDS

3.1 Generally, if you tell us without

undue delay and let least no later than 5 months after a payment is taken from your account, that a payment from your account was not authorised by you, we will carry out an investigation and as soon as we are reasonably satisfied that you did not authorise the, we will refund the amount deducted and will return your account to the position it would have been in if the unauthorised payment had not taken place.

3.2 However, you will liable for:

(a) All payments made from your account where you have acted fraudulently; and

(b) All payments on your account(s) that take place before you inform us that a payment instrument has been lost or any of your security information has been known to someone else, if the payment was made because you deliberately, negligently or very carelessly failed to keep your instrument safe or your secret information secret. After you have informed us you will not have any further liability for unauthorized payment, unless Condition (a) applies.

3.3 We will not be liable to you for any losses you suffer or costs you incur because:

(a) We do not act on an instruction for any reason specified in this agreement;

(b) The details contained in the instruction were not correct; or

c) We cannot carry out our responsibilities under this agreement as a result of anything that we cannot reasonably control. This may include, among other things, any machine, electronic device, hardware or software failing to work or being down for a period, industrial disputes and complete or partial closure of any payment system.

3.4 Unless Condition 3.2 or 3.3 apply, or a different level of liability is imposed by law, we will be liable to you for any loss, injury or damage caused to you as a result of any failure or delay in carrying out your payment instruction, but we will not be liable to you in any circumstances for: loss of business, loss of goodwill, loss of opportunity, loss of profit; or any loss to you that we could not reasonably have anticipated when you gave us an instruction under this agreement.

3.5 If we received notice of a court or a court judgment against you (or, if you have a joint account, any other account holder), we may refuse to allow withdrawals or transfers from your account until the legal process comes to an end. Any court order or court

judgment will not prevent us from using any right of set-off we may have (using money which we hold for you, or which is due to you, to pay debts you owe us) or enforcing any other security interest (a right over something which we can take if debts are not paid). You are responsible for an amount which represents a reasonable assessment of apply losses, costs or expenses we have as a direct result of any dispute or involved in a dispute by reason of our relationship with you).

3.6 You undertake to ensure that your account is sufficiently funded before issue your cheque in favour of a third party and that you shall take all necessary steps to confirm these cheques through your relationship manager to ensure the instruments are duly processed.

3.7 You are informed that issuance of Dud cheques constitutes a criminal offence under the Nigeria Law and we are obligated by virtue of Central Bank of Nigeria directive contained in circular no. FPR/DIR/CIR/GEN/03/005 to submit details of customers who issue cheques on insufficiently funded accounts to the CBN for investigation and prosecution in line with the provision of the Dishonored Cheques (offences) Act LFN 2007.

4. CLAIMS

4.1 If another person makes a claim for any of the funds in your account (for example, if someone takes legal action to recover funds they believe belong to them), or if we know or believe that there is a dispute involving someone else who or controls funds in the account we may;

(a) Put a hold on your account and refuse to pay funds until we are satisfied that the dispute has ended

(b) Send the funds to the person who we have good reason to believe is legally entitled to them;

c) Continue to rely on the current records we hold about you; apply for a court order; or take any other action we feel is necessary to protect us.

4.2 If we have acted reasonably, we will not be liable to you for taking any of the above steps.

5. JOINT ACCOUNTS

5.1 If you are opening an account with person, we will ask for a specimen signature from all parties to the account.

5.2 Joint accounts are operated on the basis of the authority set out in a mandate which we will ask you to complete. Each of you can take or use everything in the joint account. All of you are together and individually responsible for any money owed to us on the joint account. We may demand repayment from all of you, any of you, and any combination of joint account holders for any money owing on the account. In legal terms this means that each joint account holder will have joint and several liability. This is generally true even if only one of you puts all the money into joint account or if only on of you takes all the money out and spends it.

6. OVERDRAFT AND OTHER LOANS

6.1 This agreement deals with borrowing through an overdraft. Additional terms and conditions apply to borrowing by other means such as a loan. The form of borrowing and any security required will be agreed between you and us.

6.2 We cancel any standing order and direct debits from your account if your account becomes overdrawn.

6.3 When borrowing is agreed, the interest rate and all other fees and charges payable will be shown in a letter to you that sets out the terms and conditions of the facility.

6.4 Unless we have agreed other terms with you in writing, overdraft will always be repayable on demand.

6.5 You will have to pay all costs and fees incurred or charge by us in connection with the negotiation, Preparation, investigation, administration, supervision or enforcement of your borrowing. These will include expenses, fees (e.g legal, security and valuation fees), stamp duty, taxes and other charge. These costs and fees will be debited to your account.

6.6 We reserve the right to decline a request from you to borrow.

7. SET-OFF

7.1 If any accounts you hold with us are in credit, we may use them to repay any amounts you owe us including but not limited to sums due on any other accounts you hold with us either in the same name(s), or in the case of corporate accounts, its affiliate subsidiary or sister company's accounts (whether or not in the same name), even

if the accounts are in different currencies.

7.2 Where any of you also has an account with us in your sole name, and that account has a credit balance, we can set-off these monies against any money owing to us on the joint account even if the accounts are in different currencies.

8.0 BANK CHARGES

8.1 We will levy charge for the operation of the account in accordance with our standard tariff. We reserve the right to levy any reasonable charges for additional service in relation to managing your account in addition to those stated in the standard tariff or for providing you with more frequent information regarding the operation of your account.

8.2 We may vary charges or interest you owe us from any account you hold with us.

8.3 We may vary these charge from time to time in accordance with condition 14

9. STATEMENTS

9.1 We will make a statement available each month there are payments on the account and we will provide a statement on paper or any other durable medium at a frequency agreed with you. This will be sent to the last known recorded address that we hold and will contain details of all transaction through the account since the previous statement issued to you.

9.2 There may be a charge if more frequent statements are requested.

9.3 Even if the account has not been used for some time, we will continue to send out statements unless previous statements have been returned. Please check carefully all transactions on the statement(s) and advise us as soon as possible of any discrepancies without undue delay but in any event no later than 12 months after the date of any discrepant transaction. If we need to investigate a transaction on your account, you should co-operate with us and the police, if we need to involve them. We may disclose information about you or your account to the police or other third parties if we think it will help us prevent or recover losses.

9.4 Your statement balance will show credits when receive them even if they include cheque and other items which

are not "cleared" and we may refuse to allow you to draw against these items.

9.5 If you do not receive a statement on your account that you would normally expect to received please let us know as soon as you can.

9.6 If you have a joint account, we will send a statement to each of you (to different addresses if you wish) unless you ask us not to.

10. ACCOUNT CLOSURE

10.1 This agreement will continue until or we cancel or end it.

10.2 We serve the right to close the account and to end this agreement if we, at our absolute discretion, consider that it has not been operated in a manner satisfactory to us, or if we believe that you have contravened any of these terms and conditions.

10.3 We may take action to close your account without notice and to end this agreement immediately in exceptional circumstances such as if we reasonably believe that:

- (a) you are eligible for an account;
- (b) you have given us any false information at any time;
- (c) You, or someone else, are using the account illegally or for criminal activity;
- (d) it is inappropriate for a person authorised to give instructions on your account to operate it;
- (e) Your behaviour means that is inappropriate for us to maintain your account;
- (f) You have not met our reasonable conditions and requests relating to identification and the provision of information about yourself and the activity (past, present or future) on any account or proposed account;
- (g) By maintaining your account we might break a law, regulation, code or other duty which applied to us;
- (h) By maintaining your account we may damage our reputation; or
- (i) You are or have been in serious or persistent breach of these terms and conditions or any additional which apply to an account.

10.4 We would normally give you one weeks notice to close the account and to end this agreement unless there are circumstances (such as the above) that justify closure on a shorter notice.

10.5 We may choose not close your account and to end this agreement until you have returned any unused cheque. You must repay any money you owe us.

10.6 When your account is closed it is your responsibility to cancel any direct payments to or from your account. Where someone attempts to make a payment into an account which been closed, we will take reasonable steps to return the payment to the sender.

10.7 All parties to a joint account must request the closure of the account before we act on any instructions for the disposal of the funds in the account.

10.8 If you longer require the account and wish to end this agreement, please tell us by writing to your domicile branch office or any branch offices and return any unused cheques to us.

10.9 Before any funds are returned to you, identification requirements may still need to be satisfied. And funds returned will be remitted either to the account from which they were sent or to an account held in your name or by a managers cheque in your name. No other third party remittances will be permitted.

11. DORMANT ACCOUNTS

11.1 We consider that an account is dormant if no activity (other than interest and charges) has taken place on it for a continuous period of 6 months. To reopen same you must submit fresh identification and know your customer (KYC) documents.

11.2 When an account becomes we may write to you to ascertain if the account is still required and to obtain written confirmation from you of your mailing address. If we receive no response from you, for security reasons, we may close the account and hold the funds in a suspense account pending instruction from you.

12. HANDLING OF PERSONAL INFORMATION

12.1 We will retain information about you after the closure of your account, if the banking relationship has terminated, or if your application is decline or abandoned, for as long as permitted for legal, regulatory, fraud prevention and legitimate business purposes.

12.2 Where you provide personal and financial information relating to others (e.g. dependants or joint account holders) for the purpose of opening or administering your account; you confirm that you have their consent or are

otherwise entitled to provide this information to us and for us use it in accordance with these terms and conditions.

12.3 If we asked to respond to a bankers reference, we will make sure that we have your written permission before we give it.

12.4 We may share information with persons acting as our agents who have agreed to keep your personal information strictly confidential.

13. ADDITIONAL TERMS AND CONDITIONS FOR FIXED TERMS DEPOSITS

13.1 In order to open any of the fixed term products that we offer, you will need to make a minimum deposit, which will be advised to you at the time that you wish to make the deposit.

13.2 You will not be able to add further funds to your initial deposit once the term and interest rate have been fixed.

13.3 However further deposits can be used to open additional fixed term deposits. The rate applicable to the new deposit will be that available on the day that the new deposit is made.

13.4 We will pay net interest (interest with tax deducted) on the maturity date of your deposit is for a period of one year or less. If your deposit is for a period greater than one year, interest will be paid annually on the anniversary of your deposit.

13.5 Before your deposit comes to an end (matures), we need to know what you want to do when it does mature. You can:

- (a) Give us renewal instructions when you make your initial deposit;
- (b) Contact us in writing with your instructions before close of business on the business day before your deposit is due to mature; or
- (c) Set up an automatic rollover so that, until you tell us otherwise, we will renew your deposit for the same term at the interest rate that applies each time it matures.

13.6 It is your responsibility to advise us in good time of your instruction upon maturity of the deposit.

13.7 No cheque book or statement will be issued on your fixed term account but you can contact us at any time you if you would like details of your deposit. We will provide you with a confirmation of the

deposit amount, interest rate and maturity date when you place the deposit.

13.8 There is no cancellation period for fixed term deposit.

13.9 We will only make changes to the terms and conditions applying to a fixed term deposit if it is necessary or appropriate to do so to meet legal, financial or regulatory requirements or to set out duties and responsibilities under them. We will give you at least 30 days advance personal notice of a change of his kind, unless we are required to make the change sooner due to those legal or regulatory requirements.

14. OTHER GENERAL TERMS

14.1 The agreement between you and us is in English and is governed by the laws of the Federal Republic of Nigeria. The courts of Nigeria may deal with any claim, dispute or difference arising from this agreement.

14.2 No-one else apart from you will have any right or be able to enforce these terms and conditions.

15. CHANGES TO TERMS AND CONDITIONS

15.1 We may, at our discretion, change these terms and conditions (including our charges and interest rates) and introduce changes to and charges for our services at any time. How much notice we will give depend on kind of change we are making.

15.2 Some of these conditions are based on expected regulatory requirements that have not been published or finalized yet. If any these conditions turn out to be inconsistent with a regulatory requirement we will treat that condition as if it were consistent. We will make any changes to the conditions to reflect the requirement when they are next reprinted.

16. CONTACTS

16.1 We may contact you by post, telephone or e-mail (which in these terms and conditions includes the internet and any form of electronic message made by any type of electronic device) using the latest address, telephone number or electronic mail address you have given us.

16.2 You may telephone us during business hours to request information

about your account. We reserve the right not to disclose any information until we are satisfied that you have been satisfactorily identified.

16.3 We may record or monitor telephone calls and monitor electronic communications (including emails) between us so that we can check instructions and make sure that we are meeting out service standards.

16.4 The address that you provide to us or, in the case of a joint account, either of you gives us, when you open an account will be the one to which all communications will be sent.

16.5 You are responsible advising us as soon possible of any changes to your name, telephone number, usual residential address (and appropriate updated address verification) and email address and ensuring that all information held about you is up to date. You must do this by writing to your account domicile office.

16.6 If you do not inform us promptly of a change to your details, the security of your information could be put at risk as well continue to send information to you at the last known address we have for you.

16.7 If you do not tell us about a change of address and, as a result, post is returned to us, we may restrict access to your account until we receive satisfactory proof of your new address.

17. BANK VERIFICATION NUMBER (BVN) DISCLAIMER

17.1 If a fraudulent activity is associated with the operate of your account, you agree that we have the right to apply restriction to your and report to appropriate law enforcement agencies.

18. DECLARATION

I/We have read and understood the terms and condition stated above and agree to be bound by them.

Authorised Signatory

Authorised Signatory

Date: / /

Date: / /

FOR BANK USE ONLY**F. REQUIREMENT CHECKLIST**

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
1.	Account opening form duly completed			
2.	Specimen signature card duly completed			
3.	Copy of CAC Certificate of Registration			
4.	Board Resolution			
5.	Copy of Memorandum and Article of Association (Certified as true copy by the Registrar of Companies)			
6.	Form CO7 - Particulars of Directors (Certified as true copy by the Registrar of Companies and Certification by a Notary Public for Foreign Companies)			
7.	Form CO2 - Allotment of Shares (Certified as true copy by the Registrar of Companies and Certification by a Notary Public for Foreign Companies)			
8.	Partnership Deed (Where applicable)			
9.	Approval Letter (for Government Agency)			
10.	Act/Gazette (for Government Agency where applicable)			
11.	Two (2) Passport Sized Photographs of each signatory to the account with name written on the reverse side			
12.	Residence permit (for Non-Nigerians)			
13.	Evidence of Registration with Nigeria Investment Promotion Council (NIPC) Where applicable)			
14.	Evidence of Registration with Special Control Unit against Money Laundering (SCUML) (Where applicable)			
15.	Search Report			
16.	Power of Attorney (where applicable)			
17.	Proof of Company address			
18.	Business Premises Visitation Certificate			
19.	Proof of Identity of all signatories and Directors/Officers whose name appear on the account opening form/document (Preferred Identity card are International Passport, National Identity Card, National Drivers License and Valid Nigeria INEC Voters card)			
20.	Proof of Address of all signatories and Directors/Officers whose names appear on the account opening form/document Utility bill (Certified True Copy is acceptable if original is held)			
21.	Two Completed satisfactory Reference forms			
22.	Others (Please Specify)			

G. AUTHENTICATION FOR KYC WATCH-LIST COMPLIANCE

Is the applicant on the KYC Watch-list?

YES NO

Name and Signature CSO _____

Date

D	M	M	Y	Y	Y

APPROVALS	NAME	SIGNATURE	DATE
Customer Service Officer			
Head of Operations			
Branch Head			
Group/Zonal Head (Where applicable)			



**DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEES/PROMOTERS/
EXECUTORS/ADMINISTRATORS/PRINCIPAL OFFICERS**

Surname: First Name:

Other Names: Mother's Maiden Name:

Date of Birth: Gender: Female Male Title: (Mr./Ms./Dr./Officer)

Nationality (for non-Nigerians)

Means of Identification
(National Identity Number, National ID Card, Voter's Card)

ID Number

ID Issue Date: ID Expiry Date:

Bank Verification Number (BVN)

Occupation

Status/Job Title:

Residential Address: Street Name:

Nearest Bus Stop/Landmark:

City/Town: L.G.A:

State:

Phone Number 1: Phone Number 2:

E-mail Address:

Signature:

Date:



ACCOUNT SIGNATORY'S DETAILS

Surname:

First Name:

Other Names:

 Mother's
Maiden Name

PHOTO

Date of Birth

Gender: Female

Male

Title:

Mr., Mrs., Dr., Chief, etc)

Nationality
(For use if applicable)

Means of Identification
(International, National Passport,
State ID Card, etc)

ID Number

ID Issue Date

ID Expiry Date

Bank Verification
Number (BVN)

Occupation

Status/Job Title:

Residential Address:
House Number

Street Name

Nearest Bus Stop/
Landmark

City/Town

L.G.A.

State

Phone Number 1

Phone Number 2

E-mail Address

Signature

Date

SELF-CERTIFICATION FORM**APPENDIX****Jurisdiction of Residence and Taxpayer Identification Number or Its Functional Equivalent ("TIN") for those who are not Tax resident in Nigeria***

Complete the following table indicating (a) the jurisdiction of residence where the account holder is a resident for tax purposes and (b) the account holder's TIN for each jurisdiction. Indicate all jurisdictions of residence, note that, this is not restricted to three (3), additional information should be completed on a separate sheet. (See "TIN" appendix of Key Terms below)

	Country/Jurisdiction of Tax Residence	If no TIN available enter Reason A,B or C	Explain why the account holder is unable to obtain a TIN if you have selected Reason B
1			
2			
3			

Documentary Evidence of the TIN should be provided.

If a TIN is unavailable provide the appropriate reason A, B, or C:

Reason A - The jurisdiction where the account holder is a resident for tax purpose does not issue TIN to its residents.

Reason B - The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

" CAUTION "IT IS DANGEROUS TO INTRODUCE A PERSON
WHO IS NOT WELL-KNOWN TO YOU

20

The Manager,
ZENITH BANK PLC

Dear Sir,

PROSPECTIVE ACCOUNT NAME

We understand that the above-named Company has applied to open a Current Account with you.

We have known the above named company for _____ (period) and we comment on their means and reputation as follows:

We also confirm that the applicant is an entity to whom the usual banking facilities may be extended.

We maintain current account(s) with:

NAME OF BANK/BRANCH	BANKER'S ADDRESS	ACCOUNT NUMBER
1		
2		

The above information is provided in confidence.

Yours faithfully,

REFEREE'S ACCOUNT NAME

REFEREE'S ADDRESS

REFEREE'S PHONE NUMBER

Authorised Signatory

Authorised Signatory



**CORPORATE
ACCOUNTS**

" CAUTION "IT IS DANGEROUS TO INTRODUCE A PERSON
WHO IS NOT WELL-KNOWN TO YOU

20

The Manager,
ZENITH BANK PLC

Dear Sir,

PROSPECTIVE ACCOUNT NAME

We understand that the above-named Company has applied to open a Current Account with you.

We have known the above named company for _____ (period) and we comment on their means and reputation as follows:

We also confirm that the applicant is an entity to whom the usual banking facilities may be extended.

We maintain current account(s) with:

NAME OF BANK/BRANCH	BANKER'S ADDRESS	ACCOUNT NUMBER
1.		
2.		

The above information is provided in confidence.

Yours faithfully,

REFEREE'S ACCOUNT NAME

REFEREE'S ADDRESS

REFEREE'S PHONE NUMBER

Authorised Signatory

Authorised Signatory



**CORPORATE
ACCOUNTS**

INDUSTRY CLASSIFICATION**AGRICULTURE**

Food Crops - grains	Production	Distribution	Other Foods Crops	Cash Crops	Poultry
Other Livestock	Forestry	Fishing	Others		

MINING AND QUARRYING

Coal	Mining	Petroleum & Gas	Other Non Metallic Mining
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MANUFACTURING

Flour Milling & Bakeries	Beverages, Tobacco	Other Foods Processing Canning	Textile & Apparel
Footwear	Wood Products	Paper & Paper Product	Printing, Publishing, etc
Soap and Oils and Detergents	Petroleum & Coal Product	Building Materials, Pottery Ceramic etc	
Basic Metal Products (Smelting etc)	Pharmaceuticals	Other Manufacturing and Processing	
Other Non Metallic Products			

REAL ESTATE/CONSTRUCTION

Owner Occupied Property	Commercial Property	Residential	Non Residential	Public Construction
Others				

PUBLIC UTILITIES

Electricity, Water Harbour etc

GENERAL COMMERCE

Export	Cocoa	Groundnuts & Groundnut Oil	Palm Produce	Cotton	Hides & Skin
Rubber & Products	Timber & Products	Other Agricultural Exports	Agricultural	Imports & Domestic Trade	
Imports	Wholesale Merchant	Retail Merchant	Domestic Trade		

TRANSPORTATION AND COMMUNICATION

Rail Transport	Road Transport	Water Transport	Air Transport	Other Communication
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FINANCE AND INSURANCE

Commercial Banks	Merchant Banks	Finance Companies	Mortgage Institutions	Other Banking Institutions
Insurance Companies				

GENERAL

Personal & Professional	Hotel & Tourism	Miscellaneous
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GOVERNMENT

Federal	State	Local	Other (not provided)
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