



ZENITH CHILDREN'S ACCOUNT (ZECA)

ZENITH BANK PLC.

APPLICATION FOR THE OPENING OF SAVINGS ACCOUNT

PARENT/GUARDIAN DETAILS

SURNAME: _____

OTHER NAMES: _____

DATE OF BIRTH: (Optional) _____

NATIONALITY: _____

SEX:

MALE

FEMALE

OFFICE ADDRESS	FOREIGN OFFICE ADDRESS (If any)	MAILING ADDRESS	RESIDENTIAL ADDRESS & TELEPHONE (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 & OCCUPATION: _____

SOURCES OF FUNDS:

SOURCE	AMOUNT PER ANNUM (₦)	SOURCE	AMOUNT PER ANNUM (₦)
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

(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 _____

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 16 17 18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MATURITY AGE 16 17 18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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 16 17 18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MATURITY AGE 16 17 18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

OPERATOR OF ACCOUNT _____

RELATIONSHIP TO CHILD _____



ZENITH BANK PLC.
SIGNATURE CARD

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY.....

.....

2. NAME OF SIGNATORY.....

.....

MANDATE (For Joint Signatories only)

FOR BANK USE

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____



ZENITH BANK PLC.
SIGNATURE CARD

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY.....
.....

2. NAME OF SIGNATORY.....
.....

MANDATE (For Joint Signatories only)

FOR BANK USE

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____