



# ZENITH BANK PLC

## ONLINE DOMICILIARY ACCOUNT FORM

### ACCOUNT OPENING REQUIREMENTS

- 1. Account Opening form duly completed & signed*
- 2. Two (2) specimen signature cards duly completed by each signatory to the account.*
- 3. Two (2) recent clear passport size photograph of each signatory to the account with their names and signature written on the reverse side.*
- 4. Certificate of exemptions from using "Limited" after name (Where applicable).*
- 5. Certificate of Incorporation (Original to be sighted)*
- 6. Form Co7 –particulars of Directors of the Company certified by the Registrar of Companies (Originals to be Sighted)*
- 7. Form Co2 –Allotment shares of the Company*
- 8. Residence permit (where applicable).*
- 9. Identification of Signatories – International Passport, drivers' license or National ID (Originals to be Sighted).*
- 10. 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 the 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 condition 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 / INDIVIDUAL): \_\_\_\_\_

2. REGISTRATION CERTIFICATE NO: \_\_\_\_\_

3. COUNTRY OF INCORPORATION: \_\_\_\_\_

DATE OF INCORPORATION: \_\_\_\_\_

4. PARENT COMPANY'S COUNTRY OF INCORPORATION \_\_\_\_\_

5.

<b>REGISTERED OFFICE ADDRESS:</b>	<b>BUSINESS ADDRESS:</b>	<b>MAILING CORRESPONDENCE ADDRESS:</b> (if different from the Office Address)

6. TELEPHONE NO(s): \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

7. RELATED COMPANIES: \_\_\_\_\_

8. CURRENCY OF ACCOUNT: \_\_\_\_\_

9. SENIOR MANAGEMENT STAFF: \_\_\_\_\_

<b>S/N</b>	<b>NAME</b>	<b>TITLE / POSITION</b>	<b>NATIONALITY</b>
1.			
2.			
3.			
4.			

10. DO YOU HAVE EXISTING CURRENT ACCOUNT WITH ZENITH BANK PLC? \_\_\_\_\_

\_\_\_\_\_

11. ACCOUNT WITH OTHER BANKS (INCLUDING ZENITH BANK PLC.)

S/N	NAME	ADDRESS	TYPE OF ACCOUNT
1.			
2.			
3.			
4.			

12. SPECIMEN SIGNATORIES OF AUTHORISED SIGNATORIES:

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

13. COMPANIES MANDATE: \_\_\_\_\_

14. TYPE OF FOREIGN EXCHANGE TRANSACTION. (PLEASE TICK WHERE APPLICABLE)

- (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): \_\_\_\_\_  
\_\_\_\_\_

15. SOURCE OF FUNDS: (Name & Details of the Sender/Investor): \_\_\_\_\_  
\_\_\_\_\_

16. FREQUENCY AND AMOUNT OF INFLOWS (Please tick where applicable) \_\_\_\_\_

- (a) Weekly       \_\_\_\_\_
- (b) Fortnightly       \_\_\_\_\_
- (c) Monthly       \_\_\_\_\_

(d) Quarterly  \_\_\_\_\_

(e) Yearly  \_\_\_\_\_

(f) Others (Please specify)  \_\_\_\_\_

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17. DISPOSAL OF FUNDS (Please tick where applicable)

- (a) Exchange for Naira at Official Rate
  - (b) Transfer to other Nigerian Domiciliary Account
  - (c) To Open Letters of Credit/Bills for collection
  - (d) Cash withdrawals
  - (e) Transfer to other offshore account
  - (f) Others (Please specify):
- 
- 

18. RULES GOVERNING FOREIGN EXCHANGE TRANSACTION:

1. 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 utilized.
3. Exchange for foreign currency cash, is subjected to availability. Please note that withdrawals in foreign currency cash can only be in United States Dollars.
4. Conversion of foreign currency to Naira will be 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.

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ACCOUNT OFFICER  
(Name, Signature & Date)

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BRANCH HEAD  
(Name, Signature & Date)

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ZONAL HEAD  
(Name, Signature & Date)



# SIGNATORY PERSONAL INFORMATION FORM

NAMES: \_\_\_\_\_

SURNAME

FIRST NAME

MIDDLE NAME

TITLE: \_\_\_\_\_

DATE OF BIRTH: (OPTIONAL) \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SEX:

MALE

FEMALE

MARITAL STATUS:

SINGLE

MARRIED

WIDOWED

SUFFIX: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_

USUAL NAME: \_\_\_\_\_

MODE OF IDENTIFICATION: \_\_\_\_\_

COUNTRY OF ORIGIN: \_\_\_\_\_ STATE: \_\_\_\_\_

LOCAL GOVERNMENT AREA: \_\_\_\_\_

RESIDENTIAL/ CONTACT ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MOTHER'S MAIDEN NAME: (OPTIONAL) \_\_\_\_\_

ACCOUNT TITLE: \_\_\_\_\_

*I hereby attest that the above information is true and complete.*

\_\_\_\_\_  
SIGNATURE/ DATE

BANK ONLY

VERIFIED BY \_\_\_\_\_

# MANDATE FOR DOMICILIARY ACCOUNT

NAMES OF ACCOUNT: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

1. NAME OF SIGNATORY: \_\_\_\_\_

CATEGORY

Mobile Phone No.:	

2. NAME OF SIGNATORY: \_\_\_\_\_

CATEGORY

Mobile Phone No.:	

3. NAME OF SIGNATORY \_\_\_\_\_

CATEGORY

Mobile Phone No.:	

4. NAME OF SIGNATORY: \_\_\_\_\_

CATEGORY

Mobile Phone No.:	

5. NAME OF SIGNATORY: \_\_\_\_\_

CATEGORY

Mobile Phone No.:	

6. NAME: OF SIGNATORY \_\_\_\_\_

CATEGORY

Mobile Phone No.:	

MANDATE

COMPANY STAMP/SEAL SPECIMEN  
(if required for mandate)

### FOR BANK USE

REMARK: \_\_\_\_\_

CSU OFFICER: \_\_\_\_\_

RSM OFFICER: \_\_\_\_\_

APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_