



ZENITH BANK PLC

ZENITH CHILDREN'S ACCOUNT (ZECA)

PARENT/GUARDIAN DETAILS:

SURNAME: _____

DATE OF BIRTHDAY: _____

SEX: _____ MALE FEMALE

OFFICE ADDRESS	FOREIGN OFFICE ADDRESS (IF ANY)	MAILING ADDRESS	RESIDENTIAL ADDRESS & TELEPHONE (Not P.O. Box)

EMAIL ADDRESS: _____

OFFICE TELEPHONE NO: _____

OCCUPATION/PROFESSION: _____

EMPLOYER: _____

STATE OF ORIGIN: _____ LOCAL GOVERNMENT AREA: _____

MOTHER'S MAIDEN NAME: _____

MARITAL STATUS: _____ NAME OF SPOUSE & OCCUPATION: _____

SOURCE OF FUNDS:

SOURCE	AMOUNT PER ANNUM (N)	AMOUNT PER ANNUM (N)
Salaries		
Business Income		
Rent on Property (Rents)		
Gratuity		

I request the opening of a ZECA account and confirm that the above information is true.

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Parent/Guardian signature & Date

S/N	DOCUMENT OBTAINED	IN PLACE	WAIVER
1	Identification: International Passport/Drivers Licence.		
2	Passport Photographs (Plus Children's).		
3	Verification of Signature.		
4	Mandate (for joint Signature).		
5	Recent Permit.		
6	KYC/Money Laundering Form.		

CUSTOMER INTRODUCED BY: _____

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 OF GOVERNMENT AREA: _____	LOCAL OF GOVERNMENT AREA: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE: <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21	MATURITY AGE: <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21

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 OF GOVERNMENT AREA: _____	LOCAL OF GOVERNMENT AREA: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE: <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21	MATURITY AGE: <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 21

OPERATOR OF ACCOUNT

RELATIONSHIP TO CHILD

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: _____

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: _____