ACCOUNT OPENING REQUIREMENTS

INDIVIDUAL DEPOSITS

1. Account Opening form duly completed & signed

2. Two Independent and satisfactory references. Referees must be current account holders. Referees who maintain current account with Zenith must have done so for a minimum of (6) six months.

3. One recent clear passport size photograph of each signatory to the account with their names and signature written on the reverse.

4. Identification of signatories – International Passport, Driver’s License or National ID Card. (Originals to be sighted)

5. Visitation to be conducted to the place residence of the signatory(ies) to the account.

6. Where the deposit is a joint personal account, a duly completed Personal Information Form for each of the signatories to the account should be obtained.

7. When the individual is an account holder of the bank, completion of the account opening form and passport photograph will suffice.
LIMITED LIABILITY COMPANY

In addition to the above requirements, the following shall also apply:

1. Certificate of Incorporation (Original to be sighted)

2. Memorandum and Articles of Association (certified as a true copy by the Registrar of Companies and a Director of the Company)

3. Form C07 – CAC certified true copy (Original to be sighted).

4. Board Resolution appointing Zenith Bank Plc as the company’s bankers and nominating signatories to the account.

5. Visitation to be conducted to the place residence of the signatory(ies) to the account.

6. A duly completed Personal Information Form for each of the signatories to the account should be obtained.

7. Where a current account already exists in the same name, completion of the current account opening form and a passport of signatories will suffice.

CLUBS, SOCIETIES AND ASSOCIATIONS

1. A copy of the Certificate of Incorporation (Original to be sighted)

2. Copy of the Constitution (certified by the President of the Association)

Please know that normal business transactions would only commence if we are in possession of all these stipulated requirements.
NAME OF ACCOUNT______________________________________________________________
REGISTRATION NUMBER________________________________________________________
DATE OF INCORPORATION________________________________________________________
REGISTERED ADDRESS___________________________________________________________
MAILING ADDRESS_____________________________________________________________
EMAIL ADDRESS ____________________________________ TELEX _______________ FAX __________
TELEPHONE NUMBER (S) _________________________________________________________
NATURE OF BUSINESS/OCCUPATION______________________________________________
AMOUNT (N) ____________________________ IN WORDS_______________________________

MODE OF PAYMENT   CHEQUE  ❑ CASH  ❑ TRANSFER FROM ACCOUNT  ❑

CHEQUE NUMBER: ___________________________ DRAWN ON ___________________________

CHEQUE TYPE  OPEN  ❑ CROSSED  ❑

DO YOU HAVE ANY OTHER ACCOUNT WITH ZENITH BANK? YES ❑ NO ❑

IF YES, SPECIFY ACCOUNT TYPE: DEPOSIT  ❑ CURRENT  ❑

IF CURRENT ACCOUNT, SPECIFY ACCOUNT NUMBER____________________________________

PREFERRED MEANS OF CONTACT: MAILS  ❑ TELEPHONE  ❑

LEAVE ALL MESSAGES/CORRESPONDENCE HERE UNTIL WE/I VISIT? YES ❑ NO ❑
The bank would raise cheques strictly in the name (company or individual) in which funds are received. An open cheque would not be raised for funds from a company or individual. This condition may only be waived for instructions given by the authorised signatory(ies) of a company which has a regular account with the bank.

### NAME & SIGNATURE OF SIGNATORIES TO THE ACCOUNT:

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The Manager,
ZENITH BANK PLC,

___________________________________________

Dear Sir,

RE: .................................................................

PROSPECTIVE ACCOUNT NAME

We understand that the above-named Company/Individual applied to open a Deposit Account with you. We have known the above-named Company/Individual 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:

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<tr>
<th>NAME OF BANK</th>
<th>BANKER’S ADDRESS</th>
<th>ACCOUNT NUMBER</th>
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The above information is provided in confidence.

Yours faithfully,

REFEREE’S ACCOUNT NAME .................................................................

REFEREES’S ADDRESS .................................................................

___________________________________      _____________________________________

Authorised Signatory       Authorised Signatory

Please note that 2 copies of this form are required for processing.
MANDATE FOR DEPOSIT ACCOUNT

NAME OF ACCOUNT: ____________________________________________________________

POSTAL ADDRESS: _____________________________________________________________

CONTACT ADDRESS: _____________________________________________________________

TELEPHONE NUMBER: ___________________________________________________________

MANDATE SPECIFICATION (IF ANY)________________________________SIGNATURE (S)

COMPANY STAMP REQUIRED? YES □ NO □

IF YES, AFFIX STAMP SPECIMEN HERE:
SIGNATORY PERSONAL INFORMATION

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: ___________________________________________

COUNTRY OF ORIGIN: _______________________________________________

STATE: __________________________________________________________

LOCAL GOVERNMENT AREA: __________________________________________

CONTACT ADDRESS: ________________________________________________

______________________________________________________________

MAILING ADDRESS: ______________________________________________

______________________________________________________________

BUSINESS PHONE: ____________  HOME PHONE: ____________  FAX: _________

MOTHER’S MAIDEN NAME: (OPTIONAL) ________________________________

ACCOUNT TITLE: __________________________________________________

________________________________________  BANK ONLY

SIGNATURE/ DATE

VERIFIED BY ____________________________
ATTESTATION:
I HEREBY ATTEST THAT THE PERSON WHOSE PHOTOGRAPH APPEARS ON THE MANDATE CARD IS ________________________________ AND SIGNS THUS;
(SEE MANDATE CARD)

PASSWORD AND SIGNATURE(S) CONFIRMED:

APPROVED BY: ______________________________________________________________

CHECKLIST

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<td>3. REFERENCES</td>
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<td>4. EVIDENCE OF IDENTITY</td>
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<td>5. VERIFICATION OF CUSTOMER'S ADDRESS</td>
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<td>6. DULY COMPLETED SIGNATORY PERS. INFO. FORM</td>
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TYPE OF INVESTMENT: ________________________________

TENOR: ____________________________________________