APPLICATION FOR FOREIGN EXCHANGE
RELATED ACCOUNTS
ACCOUNT OPENING REQUIREMENT FOR
DOMICILIARY ACCOUNTS

1. Account opening form duly completed.
2. Two (2) specimen signature cards duly completed by each signatory to the account.
3. Two (2) recent clear passport-size photographs of each signatory to the account with their names and signature written on the reverse side.
4. Certificate of incorporation (Original to be sighted).
5. Certificate of exemption from using “Limited” after name (where applicable).
6. Form Co7 - Particulars of Director of the company certified by the Registrar of Companies (Original to be sighted).
7. Form C02 - Allotment shares of the company.
8. Residence Permit (where applicable).
9. Identification of signatories - International passport, driver’s licence or National ID Card. (Original 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 company seal.
11. Mandatory Initial Deposit.
12. A duly completed Signatory Personal Information Form for each of the Signatories to the account.

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 conditions are met.
19. For importation of Loan Capital we will require in addition to 14-16 above
20. A copy of the executed loan agreement between the lender and the borrower.
21. 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: ___________________________ DATE OF INCORPORATION: ________________

3. COUNTRY OF INCORPORATION: ____________________________

4. PARENT COMPANY'S COUNTRY OF INCORPORATION: ________________

5. REGISTERED OFFICE ADDRESS: ____________________________ BUSINESS ADDRESS: ____________________________ MAILING CORRESPONDENCE ADDRESS: ____________________________ (If different from Office Address)

6. TELEPHONE NO. (s): ____________________________ FAX NO: ____________________________ E-MAIL: ____________________________

7. RELATED COMPANIES: ____________________________ 8. CURRENCY OF ACCOUNT: ____________________________

9. SENIOR MANAGEMENT STAFF:

<table>
<thead>
<tr>
<th>S/N</th>
<th>NAME</th>
<th>TITLE / POSITION</th>
<th>NATIONALITY</th>
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10. DO YOU HAVE EXISTING CURRENT ACCOUNT WITH ZENITH BANK PLC ?

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

<table>
<thead>
<tr>
<th>S/N</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>TYPE OF ACCOUNT</th>
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<th>S/N</th>
<th>NAME OF SIGNATORY</th>
<th>ADDRESS OF SIGNATORY</th>
<th>CATEGORY</th>
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13. COMPANIES MANDATE:
14. TYPE OF FOREIGN EXCHANGE TRANSACTION. (PLEASE TICK WHERE APPLICABLE)

(a) Ordinary Domiciliary
(b) Export Domiciliary
(c) Capital Importation
(d) Cheque Clearing Only
(e) Others (Please specify):

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

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

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<th>Amount</th>
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<tr>
<td>(a) Weekly</td>
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<td>(b) Fortnightly</td>
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<td>(c) Monthly</td>
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<td>(d) Quarterly</td>
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<td>(e) Yearly</td>
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<td>(f) Others (Please specify):</td>
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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 Accounts
(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 TRANSACTIONS:

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 utilised.
3. Exchange for foreign currency cash, is subject to availability. Please note that withdrawals in foreign currency cash can only be in United State Dollars.
4. Conversion of foreign currency to Naira will be at 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.

____________________________________  ______________________________________
ACCOUNT OFFICER               BRANCH HEAD
(Name, Signature & Date)      (Name, Signature & Date)

____________________________________
ZONAL HEAD
(Name, Signature & Date)
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<tr>
<th>NAME OF SIGNATORY</th>
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MANDATE

COMPANY STAMP/SEAL SPECIMEN (If required for mandate)

FOR BANK USE

REMARK

CSU OFFICER

RSM OFFICER

APPROVAL

DATE
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MANDATE

COMPANY STAMP/SEAL SPECIMEN
(If required for mandate)

FOR BANK USE

REMARK

CSU OFFICER

RSM OFFICER

APPROVAL    DATE
SIGNATORY PERSONAL INFORMATION FORM

NAME: ____________________________  SURNAME ______________________  FIRST NAME ______________________  MIDDLE NAME ______________________

TITLE: ____________________________

DATE OF BIRTH (OPTIONAL): ____________

PLACE OF BIRTH: ______________________

SEX: ______________________

MALE □  FEMALE □

MARITAL STATUS: ______________________

MARRIED □  SINGLE □  WIDOWED □

SUFFIX: ____________________________

NEXT OF KIN: ____________________________

USUAL NAME: ____________________________

MODE OF IDENTIFICATION: ____________________________  NUMBER: ____________________________

COUNTRY OF ORIGIN: ____________________________

STATE: ____________________________

LOCAL GOVT. AREA: ____________________________

RESIDENTIAL/CONTACT ADDRESS (ES): ____________________________

MAILING ADDRESS: ____________________________

E-MAIL ADDRESS: ____________________________

BUSINESS PHONE: ____________________________  FAX NO: ____________________________

HOME PHONE: ____________________________  FAX NO: ____________________________

MOTHERS MAIDEN NAME (OPTIONAL): ____________________________

ACCOUNT TITLE: ____________________________

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

_________________________  ____________________________  ____________________________
SIGNATURE / DATE  VERIFIED BY:  BANK ONLY