

NEXT OF KIN WHERE APPLICABLE

SURNAME.

OTHER NAMES

PROFESSION

RESIDENTIAL ADDRESS

POSTAL ADDRESS

OFFICE ADDRESS

PHONE NUMBER

PAYMENT MODE

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:

NAME _____ SIGNATURE _____

MOBILE PHONE NO _____

NAME _____ SIGNATURE _____

MOBILE PHONE NO _____

NAME _____ SIGNATURE _____

MOBILE PHONE NO _____

“CAUTION”
IT IS DANGEROUS TO INTRODUCE A
PERSON WHO IS NOT WEL- KNOWN
TO YOU

.....20.....

The Manager,
ZENITH BANK (GH) LTD,

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:

NAME OF BANK	BANKER'S ADDRESS	ACCOUNT NUMBER
1.		
2.		

The above information is provided in confidence.

Yours faithfully,

REFEREE'S ACCOUNT NAME

REFEREE'S ADDRESS

Authorised Signatory

Authorised Signatory

Please note that 2 copies of this form are required for processing.

MANDATE FOR DEPOSIT ACCOUNT

PASSPORT

NAME OF ACCOUNT: _____

POSTAL ADDRESS: _____

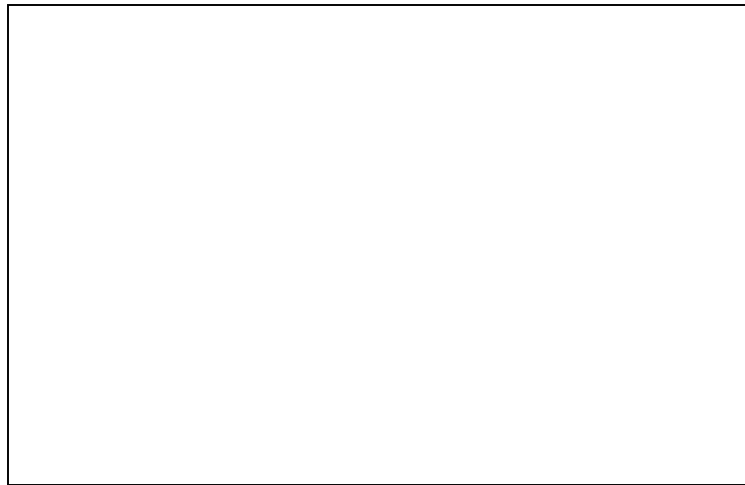
CONTACT ADDRESS: _____

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: _____

SIGNATURE/ DATE

BANK ONLY

VERIFIED BY _____

FOR OFFICE USE ONLY

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		IN PLACE	WAIVER
1.	DOCUMENTATION HAVE BEEN PROCESSED		
2.	PASSPORT PHOTOGRAPH		
3.	REFERENCES		
4.	EVIDENCE OF IDENTITY		
5.	VERIFICATION OF CUSTOMER'S ADDRESS		
6.	DULY COMPLETED SIGNATORY PERS. INFO. FORM		

TYPE OF INVESTMENT: _____

TENOR: _____