

## ACCOUNT OPENING REQUIREMENTS FOR **SOLE PROPRIETORSHIP ACCOUNT**

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 signatory with name and signature written on the reverse side.
4. Means of identification of the proprietor/ signatories i.e driver's licence, International passport or Voter's identity card (original to be sighted).
5. Photocopy of public utility receipt i.e Tax Clearance Certificate (TCC), electricity and Telephone bills (original to sighted). These must bear the current address of customer.
6. **Mandatory Initial Deposit.....**
7. Residence Permit (where applicable).
8. Visitation Report: This must be conducted on the place of residence of the signatory to the account. The report of the exercises must be documented in the customer's Mandate file.
9. Membership Identification Number from professional bodies (where applicable).
11. Copy of Business registration Certificate (original sighted).
10. Certificate of registration of Business Name (original sighted).



**APPLICATION FOR THE OPENING OF A SOLE PROPRIETORSHIP ACCOUNTS**

|   |  |  |                        |
|---|--|--|------------------------|
| BUSINESS NAME/TITLE:  |  |  |                        |
| REGISTRATION NO. AND DATE:  |  |  |                        |
| NO. OF BUSINESS LOCATIONS:  |  |  |                        |
| <b>OFFICE ADDRESS/REGISTERED OFFICE</b>   | <b>FOREIGN OFFICE ADDRESS (IF ANY)</b> | <b>MAILING ADDRESS</b>                 |                        |
|   |  |  |                        |
| OFFICE TELEPHONE NO:  | RESIDENTIAL TEL. NO:                   | FAX NO:                                | E-MAIL:                |
| NATURE OF BUSINESS:   |  |  |                        |
| MARITAL STATUS:   |  |  |                        |
| NAME OF SPOUSE/ OCCUPATION:   |  |  |                        |
| PROPOSED INITIAL DEPOSIT:   |  |  |                        |
| <b>ACCOUNTS WITH OTHER BANKS (INCLUDING ZENITH BANK GHANA LIMITED BRANCHES)</b> |  |  |                        |
| <b>NAME OF BANK AND ADDRESS</b>   |  | <b>ACCOUNT NAME AND NO:</b>            |                        |
|   |  |  |                        |
|   |  |  |                        |
|   |  |  |                        |
| <b>REFERENCES:</b>  |  |  |                        |
| <b>NAME AND ADDRESS</b>   | <b>BUSINESS/OCCUPATION</b>             | <b>BANKERS/ACCOUNT NO. OF REFEREES</b> | <b>TYPE OF ACCOUNT</b> |
|   |  |  |                        |
|   |  |  |                        |

I request the opening of an account with you and confirm that the above are true.

I agree to the terms and conditions on the reverse of this application.

\_\_\_\_\_ Date

\_\_\_\_\_ Authorised Signature, Stamp & Date



To: ZENITH BANK GHANA LTD.

I,.....  
 being the sole proprietor of the firm of.....  
 ..... Which has been duly registered under the  
 Registration of Business Names Act hereby request and authorise you to open an account in the name of the above firm  
 and honour the following signatures .....

For all purposes on behalf of the said firm whether in credit or debit as on behalf of the said firm and in consideration of you  
 doing so I agree, covenant and declare as follows:

I hereby affirm that I am the sole proprietor of the business now conducted and/ or to be conducted under the said style and I  
 do hereby acknowledge that I am and shall continue to be personally and fully responsible for all business conducted by me  
 and anyone else duly authorised by me. To the same extent as if the said business had been operated and conducted under  
 my own name you are hereby authorised to debit such account whether it be in credit or overdrawn with all cheque or other  
 orders purporting to be drawn thereon. Provided they are signed by me or my authorised attorney as indicated on your  
 specimen signature card.

I declare myself liable on all such cheques or the orders which may be on the said account and agree to comply with and to be  
 bound by the Bank's rules of the conducts of current accounts.

My attention has been drawn to the necessity of safeguarding my cheque book so that unauthorised persons are unable to  
 gain access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to  
 my account.

I agree that in addition to any other general lien or similar right to which you as bankers may be entitled by law you may at  
 anytime and without notice to me combine or consolidate all or any of my accounts with and liabilities to you and set-off or  
 transfer any sum or sums standing to the credit or any other credit, be it cash, cheque, valuables, deposits securities,  
 negotiable instruments or in other respect whether such liabilities be actual or contingent, primary or collateral and several or  
 joint.

I note that the Bank will accept no liability whatsoever for funds handed to members of the staff outside banking hours or  
 outside the Bank's premises.

Dated this..... Day of.....

Full Name..... Signature.....

Address.....

Witnessed by.....(Signature) Full Name.....

Occupation.....

Address.....

| S/N | DOCUMENTS OBTAINED  | REQUEST DATE | DATE RECEIVED / COMPLETED |
|-----|---|--------------|---------------------------|
| 1.  | Collection of A/C Opening Forms                             |              |                           |
| 2.  | Submission of A/C Opening Forms                             |              |                           |
| 3.  | Identification:   |              |                           |
|     | (a) International Passport                                  |              |                           |
|     | (b) Driver's Licence  |              |                           |
|     | (c) Voter's ID Card   |              |                           |
| 4.  | Verification of Signature                                   |              |                           |
| 5.  | Signature Cards   |              |                           |
| 6.  | Mandate   |              |                           |
| 7.  | Reference Forms<br>(State How Many)                         | Internal     |                           |
|     |   | External     |                           |
|     |   | Direct       |                           |
| 8.  | Application for Registration<br>(Copy of Sighted Original)  |              |                           |
| 9.  | Certificate for Registration<br>(Copy for Sighted Original) |              |                           |
| 10. | Passport Photographs of Signatories                         |              |                           |
| 11. | Search Report   |              |                           |
| 12. | Waived Documentation  |              |                           |
| 13. | What Document is Deferred?                                  |              |                           |
|     | Deferral Period   |              |                           |

Signature of BMO/CSA and Date: \_\_\_\_\_

| APPROVED BY      | INITIAL | DATE |
|------------------|---------|------|
| Legal Officer    |         |      |
| Business Manager |         |      |
| Approval         |         |      |



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: \_\_\_\_\_

REGION \_\_\_\_\_

DISTRICT AREA \_\_\_\_\_

RESIDENTIAL/CONTACT ADDRESS(ES): \_\_\_\_\_

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

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

BUSINESS PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ FAX NO. \_\_\_\_\_

MOTHERS MAIDEN NAME (OPTIONAL): \_\_\_\_\_

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

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

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

**BANK ONLY**  
VERIFIED BY: \_\_\_\_\_



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: \_\_\_\_\_

REGION \_\_\_\_\_

DISTRICT AREA \_\_\_\_\_

RESIDENTIAL/CONTACT ADDRESS(ES): \_\_\_\_\_

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

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

BUSINESS PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ FAX NO. \_\_\_\_\_

MOTHERS MAIDEN NAME (OPTIONAL): \_\_\_\_\_

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

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

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

**BANK ONLY**  
VERIFIED BY: \_\_\_\_\_