



SUPPLEMENTARY INFORMATION FORM

INSTITUTIONS & NON-INDIVIDUAL ACCOUNT

ZENITH BANK (GHANA) LIMITED

ENTITY & ACCOUNT INFORMATION

Full Legal Name of Customer _____ Account Number _____

Tax Identification Number (TIN) _____ Business Registration Number _____ Business Website/Email Address _____

Entity Type

- | | | |
|--|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Accounting/Audit Services | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Agriculture, Forestry & Fishing | <input type="checkbox"/> Investment Advisory |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Commerce & Finance | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Public Company | <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> External Company | <input type="checkbox"/> Education | <input type="checkbox"/> Mining & Quarrying |
| <input type="checkbox"/> Trust, Nominee or Fiduciary | <input type="checkbox"/> Electricity, Gas & Water | <input type="checkbox"/> Other Professional Services |
| <input type="checkbox"/> Embassy/Diplomatic Mission | <input type="checkbox"/> Energy | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Parastatal (including MDAs) | <input type="checkbox"/> Health Care | <input type="checkbox"/> Religious Organisations |
| <input type="checkbox"/> Guarantee Company: NGO, Foundation etc | <input type="checkbox"/> Transportation, Storage & Communications | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Unincorporated Society, Club or Association | <input type="checkbox"/> Other (please specify) _____ | |

Account Specifications

Purpose of Account

- | | | |
|---|---|---|
| <input type="checkbox"/> Salary Processing | <input type="checkbox"/> Commissions | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Business/Transactional | <input type="checkbox"/> Dividends | <input type="checkbox"/> Family & Friends |
| <input type="checkbox"/> Savings & Investment | <input type="checkbox"/> Business Income | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Conduct single transaction | <input type="checkbox"/> Personal Savings | <input type="checkbox"/> Inheritance/Gift |
| <input type="checkbox"/> Access to banking services | <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Trust funds per trust deed |
| <input type="checkbox"/> Security/Safe keeping | _____ | |
| <input type="checkbox"/> Facilitation of third party payments | _____ | |
| <input type="checkbox"/> Receipt of inflows from | <input type="checkbox"/> Other (please specify) _____ | |

Anticipated # of Trans./Month

- | | |
|----------------------------------|----------------------------------|
| <i>Deposits</i> | <i>Withdrawals</i> |
| <input type="checkbox"/> 0 - 10 | <input type="checkbox"/> 0 - 10 |
| <input type="checkbox"/> 11 - 25 | <input type="checkbox"/> 11 - 25 |
| <input type="checkbox"/> 26 - 50 | <input type="checkbox"/> 26 - 50 |
| <input type="checkbox"/> > 50 | <input type="checkbox"/> > 50 |

Anticipated Amount/Month

- | |
|--------------------|
| _____ |
| <i>Deposits</i> |
| _____ |
| <i>Withdrawals</i> |
| _____ |

Beneficial Ownership*

- We are the beneficial owners of the funds in the account
- We are holding the funds in the account on behalf of a third party
- We are holding the funds in the account on behalf of more than one third party

* Beneficial owner means (a) a natural person(s) who ultimately owns or controls a customer and or (b) the person who has the ultimate effective control over a legal person or arrangement (e.g. shareholders, trustees etc) and relevant third parties

Dear Valued Customer, we would be most grateful if you would take a little time to provide us with the requested supplementary information to enable us update our records in accordance with additional requirements specified by the Central Bank. Your cooperation is greatly appreciated!

Key Personnel & Beneficial Ownership

Kindly find *overleaf* forms for (i) Key Personnel and (ii) Beneficial Owners to be completed for each Principal Officer/Signatory/Director and Beneficial Owner, respectively.

Other Information

- Yes No Is the customer licensed as a free zones enterprise under the Ghana Free Zones Act?
- Yes No Is the customer listed on any stock exchange?
Please provide reference No.: _____
- Yes No Is the customer or any of the beneficial owners or directors a politically exposed person (PEP) or closely associated with one? Please provide name(s) and designations of each PEP: _____

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions both in Ghana and foreign countries and those associated with them.

Foreign Countries with which Business is Conducted

List top four (4) countries

Authorized Signatory _____ Signature _____ Date _____

Authorized Signatory _____ Signature _____ Date _____

FOR BANK USE ONLY

Indicate customers FATCA Status and Risk Score

- | | | | | |
|------------------------------------|--|---------------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> US Person | <input type="checkbox"/> Non US Person | <input type="checkbox"/> Recalcitrant | <input type="checkbox"/> PFFI | <input type="checkbox"/> NPFFI |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Note: An Enhanced Due Diligence (EDD) form must be completed and approved by senior management for applicants achieving scores of 4 or 5.

Documents Obtained

- | | |
|--|---|
| <input type="checkbox"/> Completed Key Personnel Information Form | <input type="checkbox"/> Completed Beneficial Ownership Form |
| <input type="checkbox"/> Graphical Sketch of Location | <input type="checkbox"/> Enhanced Due Diligence Form (where applicable) |
| <input type="checkbox"/> Non Citizen Ghana Card (where applicable) | <input type="checkbox"/> Residence Permit (where applicable) |
| <input type="checkbox"/> Work Permit (where applicable) | <input type="checkbox"/> Valid GIPC certificate (where applicable) |

Checked and Processed by: _____

Relationship Manager: _____

ZENITH BANK (GHANA) LIMITED

GRAPHICAL SKETCH OF LOCATION

Provide a directional sketch of directions to the customer's location.

You may also provide other descriptive information that will assist in identifying the customer's location.

ZENITH BANK (GHANA) LIMITED

KEY PERSONNEL INFORMATION: PRINCIPAL OFFICERS/SIGNATORIES/DIRECTORS

	Key Person I	Key Person II	Key Person III																								
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Verified by:
(For Bank Use Only)

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ZENITH BANK (GHANA) LIMITED

KEY PERSONNEL INFORMATION: PRINCIPAL OFFICERS/SIGNATORIES/DIRECTORS

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

Verified by:
(For Bank Use Only)

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ZENITH BANK (GHANA) LIMITED

BENEFICIAL OWNERSHIP

Beneficial Owner I

Beneficial Owner II

Beneficial Owner III

Kindly provide details for each beneficial owner or shareholder with a holding of 10% or greater

Full Legal Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Nationality/Country of Incorporation.:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
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Current Permanent Residential Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Personal Phone Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Email Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Nature of Business:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
% Shareholding:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Name of Spouse:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Spouse's Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
For corporate shareholders:																											
Name of Ultimate Beneficial Owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Names of Affiliated Entities:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								

ZENITH BANK (GHANA) LIMITED

BENEFICIAL OWNERSHIP

Beneficial Owner IV

Beneficial Owner V

Beneficial Owner VI

Kindly provide details for each beneficial owner or shareholder with a holding of 10% or greater

Full Legal Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Nationality/Country of Incorporation.:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Date of Birth:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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Nature of Business:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
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For corporate shareholders:																											
Name of Ultimate Beneficial Owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Names of Affiliated Entities:	<input type="text"/>	<input type="text"/>	<input type="text"/>																								

