



ZENITH BANK (GHANA) LIMITED

APPLICATION FOR THE OPENING OF AN INDIVIDUAL ACCOUNT (SUPPLEMENTARY)

1. PERSONAL INFORMATION

Surname: _____ First Name: _____ Other Names: _____

Date of Birth (mandatory): _____ Place of Birth: _____ Sex: Male Female

Marital Status: Married Single Other _____ Maiden Name (if applicable): _____

Spouse's Name: _____ Spouse's Occupation: _____

Mother's Maiden Name: _____

Primary ID: ECOWAS Card - - Issue Date: _____ Expiry Date: _____

Supplementary ID Type: Driver's License SSNIT Card Passport Voter's ID Other

ID No.: _____ Issue Date: _____ Expiry Date: _____ Country of Issue: _____

Resident Permit No: _____ Issue Date: _____ Expiry Date: _____ Place of Issue: _____

Citizenship: _____ Alternate Citizenship (if applicable): _____

Country of origin: _____ Hometown: _____

2. CONTACT INFORMATION

IDD Code: _____ Cell Phone 1: _____ Cell Phone 2: _____
(To be used for all E-Products)

Email Address: _____
(To be used for all E-Products & Indemnity)

Residential Address in Ghana: _____
(street, city, town, region and MMDA)

Permanent Residential Address: _____
(if different from above)

GPS Address: _____ Mailing Address: _____

3. EMPLOYMENT INFORMATION

Occupation/Nature of Business: _____

Employment Type: Employed Self-Employed Unemployed Retired Student

Name of Employer / Institution: _____ Length of Time Spent with Current Employer/Institution: _____

Employer's / Institution's Address (street, city, town, region and MMDA): _____

Employer's / Institution's Email: _____

Monthly Income/Allowance: < GHS1,000.00 GHS1,001.00 - 5,000.00 GHS5,001.00 - 10,000.00 >GHS10,000.00

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4. DETAILS OF NEXT OF KIN (FOR EMERGENCY PURPOSES ONLY)

Full Name _____ Tel No: _____

Relationship _____ Sex Male Female

Residential Address (street, city, town, region and MMDA) _____

5. BENEFICIAL OWNERSHIP

- I am the beneficial owner of the funds on the account.
- *I am holding the funds in the account on behalf of a third party (please specify)
*Please fill a **Beneficial Ownership** form for the beneficial owner

6. JURAT - This should be adopted where the applicant is not literate or is blind and the form is read to him/her by a third party.

I agree to abide by the consents of this agreement and acknowledge that it has been truly and audibly read over and explained by my interpreter.

Mark of Customer/
Thumbprint:

Mark of Interpreter/Signature:

Name & Address of Interpreter: _____

Language of Interpretation: _____ Date: _____

7. DECLARATION OF TAX RESIDENCY (Tick as applicable)

- I hereby confirm that I **am not**, for tax purposes, resident in any other country aside from Ghana.
- I hereby confirm that I **am**, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country)

Country/Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

Please indicate 'not applicable' if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number: _____

I declare that the information provided regarding my tax residency is, to the best of my knowledge and belief, accurate and complete. I undertake to advise Zenith Bank (Ghana) Limited promptly and provide an update within 30 days where any change in circumstances occurs which causes any of the information contained in this declaration of tax residency to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities. I acknowledge that it is an offence to make a self-certification that is false in a material particular.

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ZENITH BANK (GHANA) LIMITED

UNDERTAKINGS

A. By signing below, I/We request and accordingly authorize Zenith Bank (Ghana) Limited to do the following on my/our behalf:

i. To open an individual account with Zenith Bank (Ghana) Limited and confirm that the preceding information is true. I/We agree to the terms and conditions and rules governing them as applicable to my/our chosen account type(s). Additionally, I/We confirm that I/we have read the terms and conditions relating to the issuance of the Zenith Bank (Ghana) Limited E-Banking Service, ATM card(s) issuance, Fax, Email and Telephone indemnity, the Parental Consent Clause for ZECA and ZECA Plus account and Platinum Banking and undertake to be bound by them.

ii. To (a) submit information on my/our credit transactions with Zenith Bank (Ghana) Limited to a credit bureau licensed under the Credit Reporting Act, 2007, Act 726, or (b) obtain credit reports on me/us from a credit bureau licensed under the Credit Reporting Act, 2007, Act 726 for the purpose of credit management.

B. I/We understand that Zenith Bank (Ghana) Limited ("the Bank") is required by the Data Protection Act 2012 (Act 843) to do the following:

i. The Bank, its affiliates and its contracted agents in managing and administering my/our account with the Bank, shall (a) share all information relating to me/us and my/our accounts, including, without limitation, any personal information, reference provided and other credit information maintained with or obtained by the Bank and its affiliates (including those obtained from credit reference agencies) and (b) use, store, process, share, disclose and transfer (whether within or outside the jurisdiction concerned) all information (including, without limitation, information relating to the debts), relating to me/us, as they shall consider necessary in connection with administering my/our account.

C. I/We acknowledge that any such sharing or transfer of information will be on a confidential basis and that the Bank, its affiliates, or other third-party service providers, may disclose information if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud.

D. By signing this form, I hereby certify that all information contained herein, are true, accurate, and complete to the best of my knowledge. I am aware that if any of the information is found to be false, inaccurate or incomplete the Bank has the right to take appropriate action against me as provided under the applicable law.

Name: _____ Signature: _____ Date: _____



**GHANA
DEPOSIT
PROTECTION
CORPORATION**
WE PROTECT YOUR DEPOSITS

CONFIRMATION OF RECEIPT OF LEAFLET AND VERBAL EXPLANATION ON THE GHANA DEPOSIT PROTECTION SCHEME

I hereby confirm that I have received from Zenith Bank (Ghana) Limited verbal explanations and a leaflet on the deposit protection scheme in Ghana.

(Name of the client)

(Name of Officer)

(Signature of the client)

(Signature of the officer)

(Date)