



ZENITH BANK (SL) LIMITED

.....
APPLICATION FOR FOREIGN EXCHANGE
.....
R E L A T E D A C C O U N T S



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: <i>(If different from Office Address)</i>

6. TELEPHONE NO. (S): _____ FAX NO: _____ E-MAIL: _____

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

9. SENIOR MANAGEMENT STAFF:

S/N	NAME	TITLE / POSITION	NATIONALITY
1.			
2.			
3.			
4.			

10. DO YOU HAVE EXISTING CURRENT ACCOUNT WITH ZENITH BANK (SL) LTD

11. ACCOUNT WITH OTHER BANKS (INCLUDING ZENITH BANK (SL) LTD)

1.			
2.			
3.			
4.			

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S/N	NAME OF SIGNATORY	ADDRESS OF SIGNATORY	CATEGORY
1.			
2.			
3.			
4.			

13. COMPANIES MANDATE: _____

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 exemption from using "Limited" after name (where applicable).
5. Certificate of incorporation (Original to be sighted).
- 5b. Certificate of Registration of Business.
6. Particulars of Director of the company certified by the Registrar of Companies (Original to be sighted).
7. Memorandum and Article of Association (Certified true copy)
8. Residence Permit (where applicable).
9. Identification of signatories - International passport, driver's licence or National ID Card. (Original to be sighted).
10. Current License
11. Board Resolution appointing Zenith Bank (SL) Ltd. 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.
12. Mandatory Initial Deposit.
13. A duly completed Signatory Personal Information Form for each of the Signatories to the account.
14. Document/Evidence of foreign exchange earned.

CONDITIONS FOR CAPITAL IMPORTATION

15. A letter of intention to import capital addressed to the Bank stating the investor, amount to be imported and the purpose.
16. A board resolution from the company authorising the importation of capital.
17. A copy of company's certificate of incorporation.
18. Foreign currency must be converted to Leones.
19. A certificate of Capital Imported would be issued when the above conditions are met.
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.







14. TYPE OF FOREIGN EXCHANGE TRANSACTION. (PLEASE TICK WHERE APPLICABLE)

- (a) Ordinary Domiciliary USD GBP EUR
- (b) Export Domiciliary USD GBP EUR
- (c) Capital Importation USD GBP EUR
- (d) Cheque Clearing Only USD GBP EUR
- (e) Others (Please specify): _____

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

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

- | | Amount |
|--|--------|
| (a) Weekly <input type="checkbox"/> | _____ |
| (b) Fortnightly <input type="checkbox"/> | _____ |
| (c) Monthly <input type="checkbox"/> | _____ |
| (d) Quarterly <input type="checkbox"/> | _____ |
| (e) Yearly <input type="checkbox"/> | _____ |
| (f) Others (Please specify): _____ | _____ |

17. DISPOSAL OF FUNDS (Please tick where applicable)

- (a) Exchange for Leones at Official Rate
- (b) Transfer to other Sierra Leonean Domiciliary Accounts
- (c) To Open Letters of Credit/Bills for Collection
- (d) Cash withdrawals
- (e) Transfer to other offshore account
- (f) Others (Please specify): _____

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: _____

DISTRICT: _____

HOME TOWN: _____

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: _____





18. RULES GOVERNING FOREIGN EXCHANGE TRANSACTIONS:

1. Please note that funds will be used only for eligible transactions.
2. Returns will be rendered to Bank of Sierra Leone on all funds received and utilised
3. Conversion of foreign currency to Leones will be at the ruling official rate.
4. There is a surcharge of 1% on all transfer/withdrawals, subject to a minimum of USD 25

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

1/WE RECOMMEND THE ABOVE CUSTOMER FOR THE SPECIFIED TRANSACTIONS.

 ACCOUNT OFFICER
 (Name, Signature & Date)

 BRANCH HEAD
 (Name, Signature & Date)

 ZONAL HEAD
 (Name, Signature & 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: _____

DISTRICT: _____

HOME TOWN: _____

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: _____

"CAUTION"
IT IS DANGEROUS TO INTRODUCE A PERSON
WHO IS NOT WELL-KNOWN TO YOU

.....20.....

The Manager
ZENITH BANK (SL) LTD

Dear Sir,

PROSPECTIVE ACCOUNT NAME

We understand that the above -named Company/Individual has applied to open a Current Account with you.

We have known the above -named Company/Individual for(Period) and we comment 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: _____

REFEREE'S GSM NUMBER: _____

Authorised Signatory

Authorised Signatory





ZENITH BANK (SL) LTD
MANDATE FOR DOMICILIARY ACCOUNT

NAME OF ACCOUNT _____ ACCOUNT NO _____

POSTAL ADDRESS _____

CONTACT ADDRESS _____

TELEPHONE _____

<p>1. NAME OF SIGNATORY..... CATEGORY</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Mobile Phone No.:</p>	<p>4. NAME OF SIGNATORY..... CATEGORY</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Mobile Phone No.:</p>
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<p>MANDATE</p>	<p>COMPANY STAMP/SEAL SPECIMEN (If required for mandate)</p>

FOR BANK USE

REMARK _____

CSU OFFICER _____

RSM OFFICER _____

APPROVAL _____ DATE _____



ZENITH BANK (SL) LTD
MANDATE FOR DOMICILIARY ACCOUNT

NAME OF ACCOUNT _____ ACCOUNT NO _____

POSTAL ADDRESS _____

CONTACT ADDRESS _____

TELEPHONE _____

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FOR BANK USE

REMARK _____

CSU OFFICER _____

RSM OFFICER _____

APPROVAL _____ DATE _____

"CAUTION"
IT IS DANGEROUS TO INTRODUCE A PERSON
WHO IS NOT WELL-KNOWN TO YOU

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The Manager
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Dear Sir,

PROSPECTIVE ACCOUNT NAME

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We have known the above -named Company/Individual for(Period) and we comment 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: _____

REFEREE'S GSM NUMBER: _____

Authorised Signatory

Authorised Signatory



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REFEREE'S ADDRESS: _____

REFEREE'S GSM NUMBER: _____

Authorised Signatory

Authorised Signatory

