



ZENITH BANK (SL) LIMITED

ZENITH CHILDREN'S ACCOUNT (ZECA)

MANDATORY INITIAL DEPOSIT.....

ZENITH BANK (SIERRA LEONE) LIMITED

APPLICATION FOR THE OPENING OF ZENITH CHILDREN'S ACCOUNT (ZECA)



**ZENITH BANK (SIERRA LEONE) LIMITED
SIGNATURE CARD**

PARENT/GUARDIAN DETAILS:

SURNAME: _____ OTHER NAMES: _____

DATE OF BIRTH: _____ NATIONALITY: _____

SEX: MALE FEMALE

OFFICE ADDRESS	FOREIGN OFFICE ADDRESS (If any)	MAILING ADDRESS	RESIDENTIAL ADDRESS & TELEPHONE (Not P.O. Box)

E-MAIL ADDRESS: _____

OFFICE TELEPHONE NO: _____ FAX NO: _____

OCCUPATION/PROFESSION: _____ IDENTIFICATION MODE/NO: _____

EMPLOYER: _____

MARITAL STATUS: _____ NAME OF SPOUSE & OCCUPATION: _____

I request the opening of a ZECA account and confirm that the above information is true.

Parent/Guardian Signature & Date

(FOR BANK USE ONLY)

S/N	DOCUMENTS OBTAINED	IN PLACE	WAIVER
1.	Identification: International Passport/Drivers Licence.		
2.	Passport Photographs. (Plus Children's)		
3.	Verification of Signature.		
4.	Mandate (For Joint Signatories)		
5.	Residence Permit		
6.	KYC/Money Laundering Form		

CUSTOMER INTRODUCED BY _____
NAME & SIGNATURE

RSM _____ DATE _____

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY.....
.....

2. NAME OF SIGNATORY.....
.....

MANDATE (For Joint Signatories only)

FOR BANK USE

CSU OFFICER _____ **DATE** _____

APPROVAL _____ **DATE** _____



CHILDREN DETAILS

FIRST CHILD	SECOND CHILD
SURNAME: _____	SURNAME: _____
OTHER NAMES: _____	OTHER NAMES: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
NATIONALITY: _____	NATIONALITY: _____
SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
STATE OF ORIGIN: _____	STATE OF ORIGIN: _____
AGE OF CHILD: _____ SCHOOL: _____	AGE OF CHILD: _____ SCHOOL: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE: 16 18 21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MATURITY AGE: 16 18 21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
THIRD CHILD	FOURTH CHILD
SURNAME: _____	SURNAME: _____
OTHER NAMES: _____	OTHER NAMES: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
NATIONALITY: _____	NATIONALITY: _____
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
STATE OF ORIGIN: _____	STATE OF ORIGIN: _____
AGE OF CHILD: _____ SCHOOL: _____	AGE OF CHILD: _____ SCHOOL: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE: 16 18 21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MATURITY AGE: 16 18 21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY.....
.....

2. NAME OF SIGNATORY.....
.....

MANDATE (For Joint Signatories only)

OPERATOR OF ACCOUNT

RELATIONSHIP TO CHILD

FOR BANK USE

CSU OFFICER

DATE

APPROVAL

DATE