



***ZENITH BANK (SL) LTD.***

—● **PERSONAL** ●—  
**ACCOUNTS**

## ACCOUNT OPENING REQUIREMENTS FOR **PERSONAL ACCOUNT**

1. Account opening form duly completed.
2. Two specimen signature card duly completed by each signatory to the account
3. Two (2) independent and satisfactory references. Referees must be Corporate account holders and not officers of the company or related companies. Referees who maintain corporate account with Zenith Bank (SL) Ltd. must have done so for a minimum of six (6) months.
4. Two (2) recent clear passport size photograph of signatory to the account with name and signature on the reverse side.
5. Residence permit (where applicable).
6. Identification of signatories - International passport, driver's licence, National ID Card or National Voter's Card. (Original to be sighted).
7. Initial Deposit.
8. Public utility Receipt i.e Tax Clearance Certificate (TCC), Electricity Bills, Water Bills, or Telephone Bills (Original to be sighted) which must bear the current address of customer.

# PERSONAL ACCOUNT

## ACCOUNT TYPE (Please tick as appropriate)

SAVINGS  
ACCOUNT

CURRENT  
ACCOUNT

TENOR  
DEPOSIT  
ACCOUNT

DOMICILIARY  
ACCOUNT

**TO BE COMPLETED BY PROSPECTIVE CURRENT ACCOUNT HOLDERS ONLY**

TO ZENITH BANK (SL) LIMITED

..... BRANCH

Date:.....

Dear Sir,

Please open a current account in my name:.....

I request and authorize you that until I shall give notice in writing to the contrary to honour all cheques or other standing orders /instruction which may be drawn on the said account provided such cheques, or orders comply with mandate, and I request and authorize you to debit such cheques or other standing orders to the said account with you whether such account be for the time being in credit or overdrawn or may become overdrawn in consequences of such debit in consideration of which I agree.

1. To be responsible for the repayment of any such overdraft with interest accruing thereon.
2. To assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all Cheques. Bills, notes, negotiable instruments and receipts or other documents deposited in my account.
3. To hold you free from any responsibility for any loss or damage to funds deposited with you due to any future Government order, law, levy, tax embargo, moratorium, exchange restriction or any other cause beyond your control, and that any or all funds standing local currency as may then be in circulation.
4. That bank may debit my account for any service charges, from time to time set by management, if the account proves to be unremunerative to the bank.
5. To accept as due notification any notice of change in conditions governing the account directed to my last known address and to be bound by such change.
6. That any notice or letter addressed to me and sent through the post to the address supplied by me shall be considered duly delivered and received by me at the time it would be delivered in the ordinary course of post.
7. That if a cheque to my individual current is returned dishonoured, the same may be transmitted to me through or outside the Bank's premises.
8. That I note that the bank will accept no liability whatsoever for funds handed to members of its staff outside banking hours outside the bank's premises.

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

I understand and agree that you are under no obligation to honour any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheque(s) and I understand and agree that any such cheque be returned unpaid.

I agree that any disagreements with entries with entries on my Bank Statements shall be made by me within 15 days of the dispatch of the bank statement. Failing receipt by the bank of a notice of disagreement of the entries within 15 days from the date of dispatch of my bank statement, it will be assumed by the bank that the statement as rendered is correct.

I further understand that any sum standing to the debit of the current account shall be liable to interest charges at the rate fixed by the bank from time to time. You are authorized to debit from the account your usual banking charges, interest commission etc.

I agree that in addition to any general lien or similar right to which you as banker may be entitled by law, you may at any time and without notice to me combine or consolidate all or any of my accounts with you and liabilities to you and set off I or transfer any sum or sums standing to due of anyone or more of such accounts or any other credit be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to me with you in or towards satisfaction or any of my liabilities to you or any other account or in any other respect whether such liabilities be acruel or contingent, primary or collateral and several joint.

Date:..... day of.....20.....

.....  
SIGNATURE





# ACCOUNT OPENING FORM - PERSONAL

This form should be completed in CAPITAL LETTERS, Characters and marks should be similar in style to the following (A|B|C|Z)

Category of Account: (Tick as appropriate)

Individual Account  Joint Account

Name of Account: (for joint Account only) [Grid for name]

(e.g Mr. Jones & Mrs Joyce Abubakar)

Account Type: (Tick as appropriate)

Current Account  Savings Account  Fixed Deposit Account

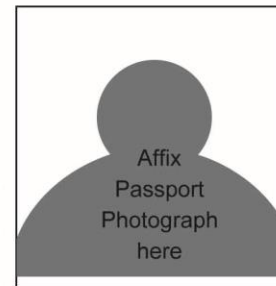
Domiciliary Account  \$ (USD)  € (EURO)  £ (GBP)

ACCOUNT NUMBER: (for official use only)

[Grid for account number]

BRANCH

[Grid for branch name]



## 1. PERSONAL INFORMATION

Personal information fields: Surname, First Name, Other Names, Mother's maiden Name, Date of Birth, Gender, Title, Place of Birth, Marital Status, Nationality, Permit Issue Date, Permit Expiry Date, Town/City, District, Tax ID No. (TIN), Religion, Purpose of Account.

## 2. CONTACT DETAILS

Contact details fields: Residential Address (House Number, Street Name, House Number Stop/Landmark, City/Town, District), Mailing Address, Phone Number 1, Phone Number 2, E-mail Address.

## 3. VALID MEANS OF IDENTIFICATION

Valid means of identification fields: National ID, Driver's License, International Passport, NEC Voter's Card, \*Others, ID Number, ID Issue Date, ID Expiry Date.

\* People in peculiar circumstances - Artisans, Petty Traders, Students who may not have the prescribed IDs



**4A. ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)**

Debit Card Preference(s) (Fees apply)

Master Card POS Others (Please specify) 

Electronic Banking Preference(s):

Zenith SL  
Mobile App Internet banking  
(Enquiries only) Internet banking (Funds Transfer)  
\* Hardware token required at a fee 

Transaction Alert Preference(s):

E-mail Alert (Free) SMS Alert (Free applies)   
(Please indicate preferred Phone Number for sms alert)

Statement Delivery Preference(s):

E-mail Collection at branch Statement Frequency : Monthly Quarterly Bi-Annual Annual 

Cheque Book Requisition: (Fees apply).

20 leaves 50 leaves **4B. CHEQUE CONFIRMATION / THRESHOLD**

Would you like to pre-confirm your cheques?

Yes No 

If Yes, please note that the minimum cheque confirmation amount allowed by the bank is Le. 500.000.00 in writing and submitted before cheque is presented for payment.

Please specify minimum amount to be confirmed:

Le **5. EMPLOYMENT DETAILS**Employment Status: Employed  Self Employed  Unemployed  Retired  Student  Student 

Date of Employment (if employed)

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual Salary/Expected Annual Income:

(a) Below Le10M (b) Le10M - Le25M (c) Le25M - Le50M (d) Le50M - Below Le75M (e) Le75M - Below Le100M (f) Le100M - Below Le250M (g) Le250M and Above 

Employer's Name

Employer's / Employerment Address:

House Number

Street Name

Nearest Bus Stop/Landmark

City/Town

District

Nature of Business/ Occupation

Office Phone No 1

Office Phone No 2

**6. DETAILS OF NEXT OF KIN**

Surname :

First Name

Other Names

Title

Mr, Mrs, Dr., Chief, etc)

Date of Birth

Gender: F  M 

Relationship

Contact Details

Phone Number 1

Phone Number 2

E-mail Address

House Number

Street Name

Nearest Bus Stop/Landmark

City/Town

District



ZENITH BANK (SL) LTD.

1. TYPE OF FOREIGN EXCHANGE TRANSACTION, (PLEASE TICK WHERE APPLICATBLE)

- (a) Ordinary Domiciliary  USD  GBP  EUR
- (b) Export Domicliary  USD  GBP  EUR
- (c) Capital Importation  USD  GBP  EUR
- (d) Cheque Clearing Only  USD  GBP  EUR

(e) Others (Please specify): \_\_\_\_\_

\_\_\_\_\_

2. SOURCE OF FUNDS: (Name & Details of the Sender/Investor) \_\_\_\_\_

\_\_\_\_\_

3. FREQUENCY AND AMOUNT OF INFLOWS: (Please tick where applicable) \_\_\_\_\_

Amount

- (a) Weekly  \_\_\_\_\_
- (b) Fortnightly  \_\_\_\_\_
- (c) Monthly  \_\_\_\_\_
- (d) Quarterly  \_\_\_\_\_
- (d) Yearly  \_\_\_\_\_

(f) Others (Please Specify): \_\_\_\_\_

\_\_\_\_\_

4. DISPOSAL OF FUNDS (Please tick where applicable)

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

(f) Others (Please specify): \_\_\_\_\_

\_\_\_\_\_



**ZENITH BANK (SL) LTD.**

**5. RULES GOVERNING FOREIGN EXCHANGE TRANSACTIONS:**

- 1. Please note that funds will be used only for eligible transactions.
- 2. Return 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 TRANSACTIONS AS STATED IN 18 ABOVE.

\_\_\_\_\_  
AUTHORISED SIGNATORY

\_\_\_\_\_  
AUTHORISED SIGNATORY

\_\_\_\_\_  
AUTHORISED SIGNATORY

**FOR OFFICIAL USE ONLY**

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

\_\_\_\_\_  
ACCOUNT OFFICER  
(Name, Signaturee & Date)

\_\_\_\_\_  
BRANCH HEAD  
(Name, Signaturee & Date)

\_\_\_\_\_  
MD/CEO  
(Name, Signaturee & Date)



**"CAUTION"**

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

.....20.....

The Manager,

**ZENITH BANK (SL) LIMITED**

Dear Sir,

PROSPECTIVE ACCOUNT NAME

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

We have known the above named Company for .....(period) and we comment on 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/BRANCH	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 PHONE NUMBER**

Authorised Signatory

Authorised Signatory



**"CAUTION"**

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

.....20.....

The Manager,

**ZENITH BANK (SL) LIMITED**

Dear Sir,

PROSPECTIVE ACCOUNT NAME

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

We have known the above named Company for .....(period) and we comment on 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/BRANCH	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 PHONE NUMBER**

Authorised Signatory

Authorised Signatory



**7. ADDITIONAL DETAILS**

I. Name(s) of Beneficial owner(s) (if any):

II. Spouse Name (if applicable):

III. Spouse Date of Birth: 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Spouse Occupation:

IV. Sources of Fund to the Account: 1.  2.

V. Expected Annual Income:

VI. Other Sources of Income (if any): 1.  2.

**8. ACCOUNTS HELD WITH OTHER BANKS:**

S/N	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**9. DECLARATION:**

I/We hereby apply for the opening of account (s) with Zenith Bank (SL) Limited. I/We understand that the information given herein and the documents supplied are the basis for opening such account (s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank

1. Name.....Signature.....Date.....

2. Name.....Signature.....Date.....

**10. JURAT (THIS SHOULD BE ADOPTED WHERE APPLICANT IS BLIND OR NOT LITERATE, AND FORM IS READ TO HIM BY A 3RD PARY)**

I agree to abide by the content of this agreement and acknowledge that is has been truly and audibly read over and explained to me by an interpreter

MARK OF CUSTOMER/  
THUMBPRINT

MAGISTRATE/ COMMISSION-  
ER FOR OATHS

DATE 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF INTERPRETER

ADDRESS OF INTERPRETER

LANGUAGE OF INTERPRETATION:  TELEPHONE NUMBER













# ZENITH BANK (SIERRA LEONE) LIMITED

## 14. FATCA - Self-Certification Form -INDIVIDUALS

FATCA stands for the Foreign Account Tax Compliance Act and it provide rules designed for the reporting of Information on US person's investments in accounts outside of the US (overseas). It generally requires that financial institutions like Zenith Bank (Sierra Leone) Limited provide such information to the US Internal Revenue Service (IRS) hence this form will be used to comply with applicable tax regulatory requirements.

### A. Identification of Account Holder

Name of Individual: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Permanent Residence Address (Street, Apartment, Suite No.). Do not use P.O. box or in-care address

City or town

Province/State

Postal Code/Zip Code

Country (do not abbreviate)

### B. Account Holder Tax Residency

Are you a U.S. person for tax purposes?  Yes  No

If you answered YES, please provide your U.S. TIN (Taxpayer Identification Number) \_\_\_\_\_

**NOTE: If you answer YES, kindly submit along with this form a complete and valid IRS Form W-9 or request for one from the CustomerService Desk**

### C. Certification and Undertaking

I declare that I have examined the information in this form and within all documents that form part of the application for the opening of an account with Zenith Bank (Sierra Leone) Ltd. and affirm that it is true, correct and complete. I further certify that:

- ✓ I am the individual that is the beneficial owner\* of all the income to which this form relates.
- ✓ I am not a US citizen or US Resident for tax purposes
- ✓ I authorize Zenith Bank (SL) Limited to provide, directly or indirectly, to any relevant tax authorities or any party authorized to audit or conduct a similar control of Zenith Bank (SL) Ltd. for tax purposes, the information contained in this form and/or a copy of this form and to disclose to such tax authorities or such party any additional information (including information on account balances and payments received) that Zenith Bank (SL) Ltd. may have in its possession that is relevant to my qualification for any benefits claimed on the basis of this certification.
- ✓ I undertake to advise Zenith Bank (SL) Limited immediately of any change in circumstances that causes the information contained herein to become incorrect and to provide Zenith Bank (SL) Ltd. with a suitable updated Tax Residency Self-Certification form within 30 days of such change in circumstances.

\*For FATCA purposes, a beneficial owner is the person who beneficially owns the items of income flowing through the account held with Zenith Bank (Sierra Leone) Limited for which this application is being completed

Signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

#### FOR BANK USE ONLY:

Carefully review all of the information provided by the customer as part of this application and select either YES (Y) or NO (N) for each of the questions below:

- |   |   |   |  |   |   |
|---|---|---|--|---|---|
| 1. Did customer indicate US citizenship or residence?   | Y | N | 5. Has customer granted a power of attorney over the account to a person with a US address?                | Y | N |
| 2. Does the customer have a US telephone contact number or Mobile number?                           | Y | N | 6. Does the customer have a "care of" or "hold mail" address that is the sole address and is a US address? | Y | N |
| 3. Does the customer have a US residence or mailing address?  | Y | N | 7. Has the customer indicated a US place Of Birth?   | Y | N |
| 4. Has customer provided standing instruction to transfer funds to an account maintained in the US? | Y | N |  |   |   |

Ensure that the above FATCA self –certification form is completed by each customer and reviewed for questions 1-7 Identified US citizens and residents are required to complete an Internal Revenue Service (IRS) Form W-9. FATCA Self-certification form /IRS W-9 are valid from the date signed by the customer to the last day of the third succeeding calendar year.

Kindly indicate the date of next certification: \_\_\_\_\_

Name of Reviewing CSO: \_\_\_\_\_ Signature & Date \_\_\_\_\_





**F. REQUIREMENT CHECKLIST**

S/N	DOCUMENTS REQUIRED/OBTAINED	CHECKED	DEFERRED	WAIVED
1.	Duly completed Account opening form			
2.	Specimen signature card duly completed			
3.	Two (2) recent passport photographs			
4.	Two (2) independent and satisfactory references (for current account s only)			
5.	Proof of identity international passport, Driver license, National ID card or NEC voter's card (original must be sighted)			
6.	Proof of Address: Utility bills etc (Certified true copy acceptable if original is not held)			
7.	Visitor Report			
7.	Letter from School (for Student only)			
8.	Letter from Employer (for salary account only)			
9.	Resident permit (for non-Sierra Leonean)			
10.	Other documents provided			

CUSTOMER INTRODUCED BY \_\_\_\_\_  
NAME & SIGNATURE

RELATIONSHIP OFFICER \_\_\_\_\_  
NAME & SIGNATURE

WAIVER APPROVED BY \_\_\_\_\_  
NAME & SIGNATURE

**H. BANK APPROVALS:**

APPROVALS	NAME	SIGNATURE	DATE
Customer Service Officer			
Head of Operations			
Branch Head			
Senior Management			



the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2002).

There is a growing awareness of the need to address the needs of older people, and the UK Government has set out a strategy for the 21st century (Department of Health 2001). The strategy is based on the principle of 'active ageing', which is defined as 'the process of optimising opportunities for health, participation in society, and security in old age' (Department of Health 2001, p. 10).

The strategy is based on three pillars: health, participation and security. The Department of Health has set out a number of objectives for each pillar, and has identified a number of key areas for action.

The Department of Health has also set out a number of key areas for action in the area of older people's health. These include: improving the quality of care for older people; addressing the needs of older people with long-term conditions; and addressing the needs of older people with mental health problems.

The Department of Health has also set out a number of key areas for action in the area of older people's participation. These include: promoting social inclusion; addressing the needs of older people with disabilities; and addressing the needs of older people with mental health problems.

The Department of Health has also set out a number of key areas for action in the area of older people's security. These include: addressing the needs of older people with financial problems; addressing the needs of older people with housing problems; and addressing the needs of older people with care needs.

The Department of Health has also set out a number of key areas for action in the area of older people's care. These include: addressing the needs of older people with long-term conditions; addressing the needs of older people with mental health problems; and addressing the needs of older people with care needs.

The Department of Health has also set out a number of key areas for action in the area of older people's housing. These include: addressing the needs of older people with housing problems; addressing the needs of older people with care needs; and addressing the needs of older people with financial problems.

The Department of Health has also set out a number of key areas for action in the area of older people's financial problems. These include: addressing the needs of older people with financial problems; addressing the needs of older people with care needs; and addressing the needs of older people with housing problems.

The Department of Health has also set out a number of key areas for action in the area of older people's care needs. These include: addressing the needs of older people with long-term conditions; addressing the needs of older people with mental health problems; and addressing the needs of older people with care needs.

The Department of Health has also set out a number of key areas for action in the area of older people's long-term conditions. These include: addressing the needs of older people with long-term conditions; addressing the needs of older people with mental health problems; and addressing the needs of older people with care needs.

The Department of Health has also set out a number of key areas for action in the area of older people's mental health problems. These include: addressing the needs of older people with mental health problems; addressing the needs of older people with care needs; and addressing the needs of older people with housing problems.

The Department of Health has also set out a number of key areas for action in the area of older people's care needs. These include: addressing the needs of older people with long-term conditions; addressing the needs of older people with mental health problems; and addressing the needs of older people with care needs.

The Department of Health has also set out a number of key areas for action in the area of older people's long-term conditions. These include: addressing the needs of older people with long-term conditions; addressing the needs of older people with mental health problems; and addressing the needs of older people with care needs.

The Department of Health has also set out a number of key areas for action in the area of older people's mental health problems. These include: addressing the needs of older people with mental health problems; addressing the needs of older people with care needs; and addressing the needs of older people with housing problems.

The Department of Health has also set out a number of key areas for action in the area of older people's care needs. These include: addressing the needs of older people with long-term conditions; addressing the needs of older people with mental health problems; and addressing the needs of older people with care needs.

The Department of Health has also set out a number of key areas for action in the area of older people's long-term conditions. These include: addressing the needs of older people with long-term conditions; addressing the needs of older people with mental health problems; and addressing the needs of older people with care needs.