



ZENITH BANK (GAMBIA) LTD.

CASH DOMICILIARY

SAVINGS ACCOUNT INDIVIDUAL

ACCOUNT OPENING REQUIREMENT FOR
CASH DOMICILIARY SAVINGS ACCOUNT ..INDIVIDUAL

(FOR BANK USE ONLY)

1. Account opening form duly completed.
2. Two (2) specimen signature completed by signature to the account.
3. Two (2) recent clear passport size photographs of signatory to the account with names and signature written on the reverse side;
4. Residence permit (where applicable)
5. Identification of signatory - International Passport, Drivers Licence or National ID Card (original to be sighted)
6. Public Utility Receipt i.e. Electricity, Water or Telephone (Original to be sighted) which must bear the current address of applicant;
7. Visitor report: this must be conducted on residence of the signatory to the account the report of this exercise must be documented in the customers mandate file;
8. A duly completed signatory personal information form for signatory to the account;

S/N	DOCUMENTS OBTAINED	IN PLACE	WAIVER
1.	Identification: International Passport/Drivers Licence		
2.	Passport Photographs		
3.	Verification of Signature		
4.	Mandate (For joint signatories)		
5.	Residence Permit		
6.	KYC Money Laundering Form		
7.	Public Utility		
8.	Visitation Report		

CUSTOMER INTRODUCED BY _____
NAME & SIGNATURE

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____

NAME: _____
SURNAME FIRST NAME MIDDLE NAME

TITLE: _____

DATE OF BIRTH (OPTIONAL): _____

PLACE OF BIRTH: _____

SEX: MALE FEMALE

MARITAL STATUS: MARRIED SINGLE

SUFFIX: _____

NEXT OF KIN: _____

USUAL NAME: _____

MODE OF IDENTIFICATION: _____

PLACE OF ORIGIN: _____

REGION: _____

RESIDENTIAL/CONTACT ADDRESS(ES): _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS PHONE/GSM: _____

HOME PHONE: _____

MOTHERS MAIDEN NAME (OPTIONAL): _____

ACCOUNT TITLE: _____

CURRENCY OF A/C _____

SOURCES OF FUNDS:

SOURCE	AMOUNT PER ANNUM	SOURCE	AMOUNT PER ANNUM
Salaries		Trading	
Business Income		Retailing	
Rent on Property (Rents)		Others	
Gratuity			

NAME: _____
SURNAME FIRST NAME MIDDLE NAME

TITLE: _____

DATE OF BIRTH (OPTIONAL): _____

PLACE OF BIRTH: _____

SEX: MALE FEMALE

MARITAL STATUS: MARRIED SINGLE

SUFFIX: _____

NEXT OF KIN: _____

USUAL NAME: _____

MODE OF IDENTIFICATION: _____

PLACE OF ORIGIN: _____

REGION: _____

RESIDENTIAL/CONTACT ADDRESS(ES): _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS PHONE/GSM: _____

HOME PHONE: _____

MOTHERS MAIDEN NAME (OPTIONAL): _____

ACCOUNT TITLE: _____

CURRENCY OF A/C _____

SOURCES OF FUNDS:

SOURCE	AMOUNT PER ANNUM	SOURCE	AMOUNT PER ANNUM
Salaries		Trading	
Business Income		Retailing	
Rent on Property (Rents)		Others	
Gratuity			

DISPOSAL OF FUNDS (Please tick where applicable)

(a) Transfers to Mastercard Current Account

(b) Transfer to other Gambian Domiciliary Accounts

(c) Cash withdrawals

(d) Others (Please specify): _____

DISPOSAL OF FUNDS (Please tick where applicable)

(a) Transfers to Mastercard Current Account

(b) Transfer to other Gambian Domiciliary Accounts

(c) Cash withdrawals

(d) Others (Please specify): _____

RULES GOVERNING FOREIGN EXCHANGE TRANSACTIONS:

1. Please note that funds will be used only for eligible transactions.
2. Return will be rendered to Central Bank of The Gambia on all funds received and utilised.
3. Exchange for foreign currency cash, is subject to availability. Please note that withdrawals in foreign currency cash can only be in United States Dollars.
4. There is a surcharge of 1% on all transfer/withdrawals, subject to a minimum of USD30 or its equivalent in other currencies.

I hereby request the opening of a Cash Domiciliary Savings Account - Individual, and confirm that the above information is true.

.....
Customer's Signature & Date

RULES GOVERNING FOREIGN EXCHANGE TRANSACTIONS:

1. Please note that funds will be used only for eligible transactions.
2. Return will be rendered to Central Bank of The Gambia on all funds received and utilised.
3. Exchange for foreign currency cash, is subject to availability. Please note that withdrawals in foreign currency cash can only be in United States Dollars.
4. There is a surcharge of 1% on all transfer/withdrawals, subject to a minimum of USD30 or its equivalent in other currencies.

I hereby request the opening of a Cash Domiciliary Savings Account - Individual, and confirm that the above information is true.

.....
Customer's Signature & Date



ZENITH BANK (GAMBIA) LTD.
SIGNATURE CARD

NAME: _____ ACCOUNT NO _____

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

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

MANDATE (For Joint Signature only)

FOR BANK USE

CSU OFFICE _____ DATE _____

APPROVAL _____ DATE _____



ZENITH BANK (GAMBIA) LTD.
SIGNATURE CARD

NAME: _____ ACCOUNT NO _____

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

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

MANDATE (For Joint Signature only)

FOR BANK USE

CSU OFFICE _____ DATE _____

APPROVAL _____ DATE _____



DEBIT CARD APPLICATION FORM



PASSPORT PHOTOGRAPH

PERSONAL INFORMATION

Surname*: _____
 Other Names*: _____
 Title*: _____
 Date of Birth*: _____ Sex*: M F
 dd mm yyyy
 Marital Status: S M D W
 Security Word*: _____
 E-mail Address*: _____
 ID Type*: _____ ID No*: _____
 Issue Date*: _____ Expiry Date*: _____
 Residential Address*: _____
 City: _____
 State: _____
 Country: _____
 Place of Origin*: _____
 Nationality: _____
 Region: _____
 Tel (office): _____
 Tel (home): _____
 Mobile No*: _____

OTHER INFORMATION (MasterCard/VISA ONLY)

Employment Status: Self Employed: Employed: Others:
 Occupation: _____
 Employer: _____
 Office Address: _____
 State: _____ City: _____
 Country: _____
 Income Sources: Salary: Trading Business: Real Estate:
 Others: _____
 Approx Annual Income: _____

CORPORATE AND INDIVIDUAL ACCOUNTS ONLY

Individual Account: Corporate Account
 Default Naira Account No: _____ Default USD Account No: _____
 Other Account Number (if any) : _____

CORPORATE ACCOUNTS ONLY

Company Name: _____
 Company Address: _____
 City: _____ State: _____
 Name of Requesting Officer: _____

CARD DETAILS

Type of Card: Mastercard: Visa: Verve: V-pay: eTranzact:
 Preferred Name on card (1): _____
 (Two names, maximum 26 characters)
 Preferred Name on card (2): _____
 (Optional - Company name)

Terms and conditions apply (see overleaf)

Signature _____

Date _____

BANK USE ONLY

Current A/C Number _____ Cash Domiciliary A/C Number _____
 Savings A/C Number _____ Ordinary Domiciliary A/C Number _____
 Processing Officer & Branch _____ Signature & Date _____
 Branch Head's Name _____ Branch Head's Sign & Date _____



DEBIT CARD APPLICATION FORM



PASSPORT PHOTOGRAPH

PERSONAL INFORMATION

Surname*: _____
 Other Names*: _____
 Title*: _____
 Date of Birth*: _____ Sex*: M F
 dd mm yyyy
 Marital Status: S M D W
 Security Word*: _____
 E-mail Address*: _____
 ID Type*: _____ ID No*: _____
 Issue Date*: _____ Expiry Date*: _____
 Residential Address*: _____
 City: _____
 State: _____
 Country: _____
 Place of Origin*: _____
 Nationality: _____
 Region: _____
 Tel (office): _____
 Tel (home): _____
 Mobile No*: _____

OTHER INFORMATION (MasterCard/VISA ONLY)

Employment Status: Self Employed: Employed: Others:
 Occupation: _____
 Employer: _____
 Office Address: _____
 State: _____ City: _____
 Country: _____
 Income Sources: Salary: Trading Business: Real Estate:
 Others: _____
 Approx Annual Income: _____

CORPORATE AND INDIVIDUAL ACCOUNTS ONLY

Individual Account: Corporate Account
 Default Naira Account No: _____ Default USD Account No: _____
 Other Account Number (if any) : _____

CORPORATE ACCOUNTS ONLY

Company Name: _____
 Company Address: _____
 City: _____ State: _____
 Name of Requesting Officer: _____

CARD DETAILS

Type of Card: Mastercard: Visa: Verve: V-pay: eTranzact:
 Preferred Name on card (1): _____
 (Two names, maximum 26 characters)
 Preferred Name on card (2): _____
 (Optional - Company name)

Terms and conditions apply (see overleaf)

Signature _____

Date _____

BANK USE ONLY

Current A/C Number _____ Cash Domiciliary A/C Number _____
 Savings A/C Number _____ Ordinary Domiciliary A/C Number _____
 Processing Officer & Branch _____ Signature & Date _____
 Branch Head's Name _____ Branch Head's Sign & Date _____

