



ZENITH BANK PLC

For enquiries call ZenithDirect on 01-2787000, 2927000, 4647000,
0700ZENITHBANK E-mail: ZenithDirect@zenithbank.com

ZENITH CHILDREN'S ACCOUNT (ZECA)

ZENITH BANK PLC**APPLICATION FOR THE OPENING OF SAVINGS ACCOUNT****PARENT/GUARDIAN DETAILS**

SURNAME: _____ OTHER NAMES: _____

DATE OF BIRTH:(Optional) _____ 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: _____

STATE OF ORIGIN: _____ LOCAL GOVERNMENT AREA: _____

MOTHER'S MAIDEN NAME: _____

MARITAL STATUS: _____ NAME OF SPOUSE & OCCUPATION: _____

SOURCES OF FUNDS:

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

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

Customer's Signature & Date**CONSENT NOTICE**

Zenith Bank PLC is always committed to the highest data privacy standards and will only use the personal information you have provided to administer your account. In doing so, there may be need to share your personal data with service providers for services in line with your service subscription from time to time and accredited third parties or agencies in accordance with the Nigeria Data Protection Act 2023. We would also like to update you periodically about our products, services, promo offers and other information that may be of interest to you with the option to opt-out. Please confirm your consent by signing below.

Signatory A: _____
Signature DateSignatory B: _____
Signature Date

You can withdraw your consent at any time by filling the withdrawal of consent form or writing to Zenith Bank via dataprotectionoffice@zenithbank.com.
To know more about our Privacy policy, please visit www.zenithbank.com/customer-service/privacy-policy

FOR BANK USE ONLY

S/N	GRATUITY 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		

CUSTOMER INTRODUCED BY _____ NAME & SIGNATURE _____

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____

**ZENITH BANK PLC
SIGNATURE CARD**

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY

.....

2. NAME OF SIGNATORY

.....

MANDATE (For Joint Signatories only)

FOR BANK USE

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____

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

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: _____
LOCAL GOVERNMENT AREA: _____	LOCAL GOVERNMENT AREA: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18
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: _____
LOCAL GOVERNMENT AREA: _____	LOCAL GOVERNMENT AREA: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18

OPERATOR OF ACCOUNT

RELATIONSHIP TO CHILD

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

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: _____
LOCAL GOVERNMENT AREA: _____	LOCAL GOVERNMENT AREA: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18
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: _____
LOCAL GOVERNMENT AREA: _____	LOCAL GOVERNMENT AREA: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	MATURITY AGE <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18

OPERATOR OF ACCOUNT

RELATIONSHIP TO CHILD



ZENITH BANK PLC
SIGNATURE CARD

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY

.....

2. NAME OF SIGNATORY

.....

MANDATE (For Joint Signatories only)

FOR BANK USE

CSU OFFICER _____ DATE _____

APPROVAL _____ DATE _____



ZENITH BANK PLC
SIGNATURE CARD

NAME _____ ACCOUNT NO _____

1. NAME OF SIGNATORY

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2. NAME OF SIGNATORY

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