

ZENITH BANK (GHANA) LIMITED

SUPPLEMENTARY INFORMATION FORM: INDIVIDUAL ACCOUNT

Account Number	Surname	First Name	Other Names	
Tax Identification Number (TIN)	Date of Birth	Place of Birth	Gender	Maiden Name (If applicable)

Dear Valued Customer, we would be most grateful if you would take a little time to provide us with the requested supplementary information to enable us update our records in accordance with additional requirements specified by the Central Bank. Your cooperation is greatly appreciated!

Personal & Employment Details

Residential Address		
Citizenship	Alternative Citizenship (if applicable)	
Hometown	Telephone(s)	Email Address
SSNIT Number	Nature of Business	

Identification Type

<input type="checkbox"/> Driver's license	Country of issue:	_____
<input type="checkbox"/> Voter's ID card	Issue Date/Expiry Date:	_____ / _____
<input type="checkbox"/> Passport	Residence Permit # (if applicable):	_____
<input type="checkbox"/> NIA card	Issue Date/Expiry Date:	_____ / _____

Employment Type

<input type="checkbox"/> Employed	<input type="checkbox"/> < GHS1,000.00	Employer's Address
<input type="checkbox"/> Self-employed	<input type="checkbox"/> GHS1,001.00 - GHS5,000.00	_____
<input type="checkbox"/> Unemployed	<input type="checkbox"/> GHS5,001.00 - 10,000.00	_____
<input type="checkbox"/> Retired	<input type="checkbox"/> >GHS10,000.00	_____
<input type="checkbox"/> Student	Length of time with current employer	_____

Account Specifications

Purpose of Account

<input type="checkbox"/> Salary Processing	<input type="checkbox"/> Access to banking services
<input type="checkbox"/> Business/Transactional	<input type="checkbox"/> Security/Safe keeping
<input type="checkbox"/> Savings & Investment	<input type="checkbox"/> Receipt of inflows for personal upkeep
<input type="checkbox"/> Conduct single transaction	
<input type="checkbox"/> Other (please specify)	_____

Source of Funds

<input type="checkbox"/> Salary	<input type="checkbox"/> Dividends
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Commissions
<input type="checkbox"/> Personal Savings	<input type="checkbox"/> Business Proceeds
<input type="checkbox"/> Family & Friends	<input type="checkbox"/> Inheritance/Gift
<input type="checkbox"/> Other (please specify)	_____

Anticipated # of Trans./Month

Deposits	Withdrawals
<input type="checkbox"/> 0 - 10	<input type="checkbox"/> 0 - 10
<input type="checkbox"/> 11 - 25	<input type="checkbox"/> 11 - 25
<input type="checkbox"/> 26 - 50	<input type="checkbox"/> 26 - 50
<input type="checkbox"/> > 50	<input type="checkbox"/> > 50

Anticipated Amount/Month

Deposits

Withdrawals

Beneficial Ownership

- complete a Beneficial Ownership form for each relevant third party

I am the beneficial owner of the funds in the account

I am holding the funds in the account on behalf of a third party

I am holding the funds in the account on behalf of more than one third party

Beneficial owner means a natural person(s) who ultimately owns or controls a customer and relevant third parties.

Other Information

Accounts held with Other Banks

Bank/Branch	Account Name/Account Number
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Bank/Branch	Account Name/Account Number
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Related Zenith Bank Accounts

Account Name	Account Number	Nature of relationship
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Account Name	Account Number	Nature of relationship
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Next of Kin

Full Name	Nature of relationship	Gender
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Residential Address

Politically Exposed Persons (PEPs)

Are you or any of the beneficial owners of this account a PEP or closely associated with a PEP?

Please provide name(s) and designation(s) of each PEP: _____

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions both in Ghana and foreign countries and those associated with them.

Authorised Signatory	Signature	Date
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FOR BANK USE ONLY

Indicate customers Risk Score and FATCA Status

1 2 3 4 5

US Person Non US Person Recalcitrant

Documents Obtained

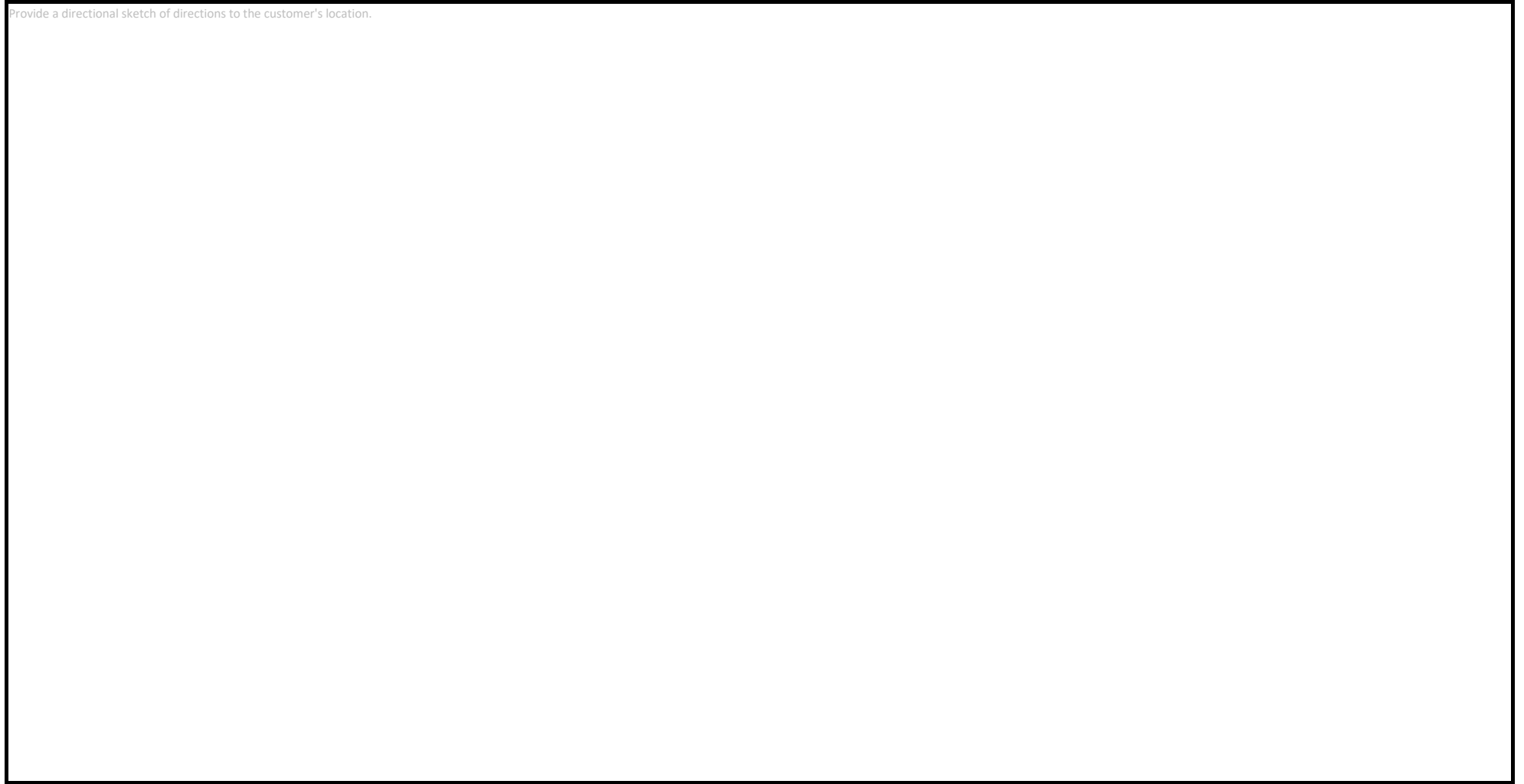
Graphical Sketch Residence Permit (where applicable) Work Permit (where applicable)

Non Citizen Ghana Card (where applicable) Enhanced Due Diligence form (where applicable)

Checked and Processed by (Name & Signature of CSU Officer): _____

Relationship Manager (Name & Signature): _____

Provide a directional sketch of directions to the customer's location.



You may also provide other descriptive information that will assist in identifying the customer's location.

