

# XPATH & REAL-TIME APPLICATION FORM



**ZENITH BANK**  
...in your best interest

**SECTION 1  
COMPANY GENERAL  
INFORMATION**

**Please complete this section with information about your organisation**

Company Name:

Nature of Business:

Office Address:

**SECTION 2  
CONTACT INFORMATION**

**All correspondence between Zenith Bank and your organisation will be addressed to the contact person(s) specified below**

Name of Primary Contact Person:

Name of Secondary Contact Person:

Designation:

Designation:

Office Telephone/Extension:

Office Telephone/Extension:

Mobile Phone:

Mobile Phone:

E-mail Address:

E-mail Address:

**SECTION 3  
FIELDS REQUIRED**

**This section gathers information about the fields you want to capture**

S/No	Field	Mandatory	Optional
1	_____	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	<input type="checkbox"/>	<input type="checkbox"/>
6	_____	<input type="checkbox"/>	<input type="checkbox"/>
7	_____	<input type="checkbox"/>	<input type="checkbox"/>
8	_____	<input type="checkbox"/>	<input type="checkbox"/>
9	_____	<input type="checkbox"/>	<input type="checkbox"/>
10	_____	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4  
ELECTRONIC REPORTS**

**This section gathers information about receiving electronic reports**

How would you like to receive transaction reports on your account?

Real Time View: Name of User.....  
Email Address.....

Email Notification: Name of User.....  
Email Address.....

Frequency:  Daily  Weekly  Monthly

E-Statement: Email of User.....

Frequency:  Daily  Weekly  Monthly

**SECTION 5  
BANK ACCOUNT INFORMATION**

- (i). Account number to be credited 

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- (ii). Account name \_\_\_\_\_
- (iii). Type of account     Current Account         Savings Account
- (iv). Number of Signatories to account

I/We, on behalf of .....hereby certify that the information provided on this form is true and accurate. I/We agree that Zenith Bank reserves the right to take appropriate measures including legal actions if the information here is discovered to be false.

Signature.....Designation.....Date.....

Signature ..... Designation.....Date.....

**FOR OFFICIAL USE ONLY**

**Please verify that all Signatures on this form are signatories to the account and are in line with the mandate specified in the account**

**Remark (by CSU)** \_\_\_\_\_

<b>Name</b> _____	_____	_____
	<b>Signature</b>	<b>Date</b>

<b>Relationship Officer's name</b> _____	_____	_____
	<b>Signature</b>	<b>Date</b>

<b>HOP's Name</b> _____	_____	_____
	<b>Signature</b>	<b>Date</b>

<b>Branch Head's Name</b> _____	_____	_____
	<b>Signature</b>	<b>Date</b>