

ZENITH BANK (GHANA) LIMITED

SUPPLEMENTARY INFORMATION UPDATE FORM: INDIVIDUAL ACCOUNT

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			
Account Number:				
Surname:	First Name:		Othe	r Names:
Date of Birth:	Place of Birth:			Sex: [] Male [] Female
Marital Status:	Maiden Name (if applicable):		Moth Name	ner's Maiden e:
Spouse's Name:		Spouse's Oc	cupation:	
Hometown:	Citizenship:		Alter (if applic	native Citizenship
Telephone(s):		Email Addre	ss:	
Residential Address in Ghana & G	iPS Address:			City:
Permanent Residential Address (i	f different from above):			
Country of Origin:		Nature of Bu	usiness/Occupati	ion:
Identification Type	ID Number:		Residence Permit	t # (if applicable):
[] International Passport	Issue Date:			
[] ECOWAS card	Expiry Date:		Issue Date:	
	Country of Issue:		Expiry Date:	
Employment Type	Monthly Income/Allowan	ice		
 Employed Self-employed Unemployed Retired Student 	 [] < GHS1,000.00 [] GHS1,001.00 - GHS5,000.00 [] GHS5,001.00 - 10,000.00 [] > GHS10,000.00 		's Address	
[] Student Account Specifications		Length of	time with current em	ihioàsi
Purpose of Account		Source o	f Funds	
 Salary Processing Business/Transactional Savings & Investment Conduct Single Transaction Other (please specify) 	 Access to Banking Services Security/Safe Keeping Reciept of Inflows for Personal Upkeep 	[] Salary [] Rental	Income nal Savings	 Other (please specify) Dividends Commissions Business Proceeds

Transaction Types	Anticipated No. of Transactions	Anticipated Amount
Deposits	0 - 10 [] 11 - 25 [] 26 - 50 [] above 50 []	0-2,000 [] 2,001 - 10,000 [] 10,001 - 20,000 [] above 20,000 []
Withdrawals	0 - 10 [] 11 - 25 [] 26 - 50 [] above 50 []	0-2,000 [] 2,001 - 10,000 [] 10,001 - 20,000 [] above 20,000 []

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 (Includ	ing Zenith Bank)			
Bank/Branch:	Account Name/Account Number:			
Bank/Branch:	Account Name/Account Num	ber:		
Related Business				
Account Name:	Account Number:	Nature of Relationship:		
Account Name:	Account Number:	Nature of Relationship:		
Next of Kin				
Full Name:	Nature of Relationship:		Gender:	
Residential Address:		Telephone Number:		
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.

DECLARATION OF TAX RESIDENCY (Tick as applicable)

[] I hereby confirm that I am not, for tax purposes, resident in any other county aside from Ghana.

[] I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country)

Country/Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

Please indicate 'not applicable' if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number:

I declare that the information provided regarding my tax residency is, to the best of my knowledge and belief, accurate and complete. I undertake to advise Zenith Bank (Ghana) Limited promptly and provide an update within 30 days where any change in circumstances occurs which causes any of the information contained in this declaration of tax residency to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities. I acknowledge that it is an offence to make a self-certification that is false in a material particular.

Authorised Signatory			Signature		Date
FOR BANK USE ONLY Indicate customers Risk Score and FATCA Status					
[]1	[]2	[]3	[]4	[]5	
[] US Person	[] Non US Person	[] Recalcitrant			
Documents Obtained	I				
[] ECOWAS Card/In	ternational Passport	[] Directional Map)		
[] Non Citizen Ghar	a Card (where applicable)	[] Utility Bill (whe	re applicable)		
[] Work Permit (wh	ere applicable)	[] Enhanced Due I	Diligence form (wher	e applicable)	
[] Residence Permi	t (where applicable)				

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