

# PERSONAL ACCOUNT OPENING FORM



Please complete in BLOCK LETTERS and "☑" or "☒" where applicable

## FOR OFFICE USE ONLY

Branch \_\_\_\_\_ Account No. \_\_\_\_\_

## TYPE OF ACCOUNT

Savings  Term Deposit  Other  Specify \_\_\_\_\_

CURRENCY OF ACCOUNT APPLIED FOR: (Select from USD  ZAR  BWP  EURO  GBP  other

## PERSONAL DETAILS

Title: (please tick) Mr.  Mrs.  Ms.  Dr.  Prof.  Other.

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Gender (please tick)  Male  Female

Marital Status Single  Married  Divorced  Widow/Widower

Date of Birth         Country of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Residence \_\_\_\_\_ Citizenship \_\_\_\_\_ Spoken Language \_\_\_\_\_

National ID No. \_\_\_\_\_ Valid Passport No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

## CONTACT DETAILS

Residential Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Mobile No. \_\_\_\_\_ Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_

Email \_\_\_\_\_ Skype \_\_\_\_\_ Facebook \_\_\_\_\_

Twitter \_\_\_\_\_ Preferred Communication (please tick) Mobile  Email

## EMPLOYMENT DETAILS

Occupation \_\_\_\_\_

Employment Status (please tick) Permanent  Casual  Contract  Self-employed  Student

Other (specify) \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Contact Person \_\_\_\_\_ Designation \_\_\_\_\_

Nature of Employer's Business (please tick) Manufacturing  Mining  Commerce  Agriculture  Transport

Communications  Financial Services  Others (please specify) \_\_\_\_\_

Employer's Physical Address \_\_\_\_\_

Employer's Postal Address \_\_\_\_\_

Date of Employment         Salary Date

Gross Monthly Salary \_\_\_\_\_ Net Monthly Salary \_\_\_\_\_

## OTHER ACCOUNT SERVICES REQUIRED

Internet Banking  yes  no      Sms Alerts  yes  no      ATM Card  yes  no

Others (specify) \_\_\_\_\_

Account Statement Disposal (please specify)      Collected       Email

## ACCOUNT SIGNATORIES

Authorised Signatory \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date:  d  d  m  m  y  y  y  y

Authorised Signatory \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date:  d  d  m  m  y  y  y  y

## DECLARATION

I/we \_\_\_\_\_

declare that the information in this application is true and complete. I/we authorise African Century Limited to verify this (including contacting my employer or accounts, I/we consent to African Century Limited checking my credit record with any credit reference, agencies with regular update about the conduct of my accounts including the sensitive to meet the agreed terms and conditions. I/we consent to African Century Limited carrying out identity and fraud prevention checks.

Signature of Customer: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

## FOR OFFICE USE ONLY

DOCUMENT CHECKLIST	Yes/No	Waived by
Completed Personal Account Application Form		
Certified Copies of Metal/ Plastic ID or Driver's Licence or Valid Passport		
Applicant (s) Passport Size Photos		
Proof of Income		
Copy of Marriage Certificate for Joint Accounts		
Proof of Residence: Employer Confirmation Letter		
Stampd Affidavit signed under Comissioner of Oaths		
Utility Bill - ZESA, Water, Telephone		
For Country Branch: Confirmation letter from local Councillor/ Chief/Headman/Church Pastor		

Form & Proof Identity Received by \_\_\_\_\_ Date \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_

FCB Clearance Reference \_\_\_\_\_ Date \_\_\_\_\_

Approved/ Declined by \_\_\_\_\_ Date \_\_\_\_\_

Account Number

Recommended by \_\_\_\_\_ Date \_\_\_\_\_

Designation \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Designation: \_\_\_\_\_