

To: **The Manager
Metbank**

Branch _____

DOCUMENTS REQUIRED

- Memorandum & Articles of Association
- Certificate of Incorporation
- CR14
- CR6
- Latest annual tax return to ZIMRA
- Trust deed/Constitution (Informal Bodies)
- Minutes detailing the Office Bearers
- Board resolution authorising the opening of the account
- Identity particulars of Directors / Authorised signatories / Office bearers
- Proof of Residence - Directors / Authorised signatories / Office bearers e.g. (Zesa/TelOne or Water Bills)

SECTION 1 - TYPE OF ACCOUNT

Current ☐ Savings ☐ Call ☐ Term ☐ Other ☐ Other (please specify) _____

SECTION 2 - TYPE OF ENTERPRISE

☐ Partnership ☐ Private Limited Company ☐ Private Business Corporation ☐ Public Quoted Company
☐ Association/Club ☐ Trust ☐ Other (please specify) _____

SECTION 3 - APPLICANT INFORMATION

Registered Name _____

Name of Account / Trade Name _____

Registered Office _____

Registration Number _____ BPN Number _____ Number of Employees _____

Income Tax Number _____ VAT Number _____ Source of funds _____

Main Address:

Physical Address _____

P. O. Box _____

Secondary Address:

P.O.Box _____

Street _____ City _____ Country _____

Fixed Line (1) _____ Fixed Line (2) _____

Email address _____ Fax Number _____

Web Page _____

Other accounts held with Metbank _____

Details of other banking relationships (account names and bankers) _____

SECTION 4

For Companies: Authorised and fully paid capital _____ shares of \$ _____ each

Issued and fully paid capital \$ _____

Shareholders & Percent Shareholding _____

Accountants _____

Contact Person	Capacity	Contact Number	E-mail

A) DIRECTORS OF THE COMPANY / OFFICE BEARERS OF THE ENTITY

1 Full Names _____ Designation _____
 Type of ID (eg Passport, National ID) _____ Number _____
 Nationality _____ Citizenship _____
 Residential Address _____ Post Code _____
 Phone number _____ Personal Bankers _____
 Other Directorship _____

2 Full Names _____ Designation _____
 Type of ID (eg Passport, National ID) _____ Number _____
 Nationality _____ Citizenship _____
 Residential Address _____ Post Code _____
 Phone number _____ Personal Bankers _____
 Other Directorship _____

3 Full Names _____ Designation _____
 Type of ID (eg Passport, National ID) _____ Number _____
 Nationality _____ Citizenship _____
 Residential Address _____ Post Code _____
 Phone number _____ Personal Bankers _____
 Other Directorship _____

4 Full Names _____ Designation _____
 Type of ID (eg Passport, National ID) _____ Number _____
 Nationality _____ Citizenship _____
 Residential Address _____ Post Code _____
 Phone number _____ Personal Bankers _____
 Other Directorship _____

5 Full Names _____ Designation _____
 Type of ID (eg Passport, National ID) _____ Number _____
 Nationality _____ Citizenship _____
 Residential Address _____ Post Code _____
 Phone number _____ Personal Bankers _____
 Other Directorship _____

B) LIST OF AUTHORISED SIGNATORIES

	FULL NAMES	DESIGNATION	NATIONALITY	CITIZENSHIP	NAT. REG. NO.	SPECIMEN SIGNATURE
1						
2						
3						
4						
5						

A) TRADE REFERENCES FOR THE COMPANY / ENTITY

1. Name of Trading Company _____

Physical Address _____

Postal Address (If different from above) _____

Business Telephone Number (s) _____

1. Name of Trading Company _____

Physical Address _____

Postal Address (If different from above) _____

Business Telephone Number (s) _____

B) PERSONAL REFERENCE FOR DIRECTORS/ OFFICE BEARERS/ PARTNERS

Name of Director / Office Bearer / Partner _____

Name, Address and Telephone Number(s) of 2 referees

1) _____

2) _____

Name of Director / Office Bearers / Partner _____

Name, Address and Telephone Number(s) of 2 referees

1) _____

2) _____

Name of Director _____

Name, Address and Telephone Number(s) of 2 referees

1) _____

2) _____

Name of Director _____

Name, Address and Telephone Number(s) of 2 referees

1) _____

2) _____

Name of Director _____

Name, Address and Telephone Number(s) of 2 referees

1) _____

2) _____

SECTION 7

- The bank is authorised to honour and charge to our account cheques signed by and bills accepted by any _____ of the authorised signing official(s)
- The said officials are empowered to receive information with regard to the company's/entity's affairs.

SECTION 8

Affiliated businesses: including those owned or managed by some directors, etc.

Name and Address of Company / Entity	Brief description of business	Contact Details

SECTION 9

*We certify that the information given in support of this application is true and correct and we understand that in the event of any information proving to be inaccurate, the Bank reserves right to decline this application without giving reasons thereof.

*We agree to be liable for any overdraft or debt which the bank may permit on this account or any accounts in my name and we understand and agree that a penalty rate of interest as determined by the bank from time to time shall apply on any unauthorised overdrafts.

*We understand and agree to abide by the Bank's minimum balance requirements and accept the right of the bank to compulsorily close our account(s) without warning if the account is not conducted satisfactorily.

Dated this _____ day of _____ in the year _____

FOR AND ON BEHALF OF _____

SECRETARY _____ CHAIRMAN _____ PARTNER _____

FOR BANK USE ONLY

ACCOUNT OPENING

Customer Number _____ Reserve Bank Code _____

Industrial Classification _____ Portfolio Number _____

Economic Sector _____

Item	Tick where applicable	Exhibited and copy held (Name & Signature)
Certificate of Incorporation	<input type="checkbox"/>	
Memorandum & Articles of Association	<input type="checkbox"/>	
Partnership: Partnership agreement	<input type="checkbox"/>	
Other bodies: Trust Deed/ Constitution	<input type="checkbox"/>	
CR6	<input type="checkbox"/>	
CR14	<input type="checkbox"/>	
Up-to-date Tax Certificate	<input type="checkbox"/>	
Board Resolution Authorising the Opening of the Account	<input type="checkbox"/>	
Minutes detailing the Office Bearers	<input type="checkbox"/>	
Proof of Residence	<input type="checkbox"/>	
2 Passport Size Photos	<input type="checkbox"/>	
*Identity documents sighted and copy attached	<input type="checkbox"/>	
* FCB report obtained	<input type="checkbox"/>	
* Bank account opening report obtained	<input type="checkbox"/>	

	Name	Signature	Date (DD/MM/YYYY)
CSO			
Data Input By			
Validated By			
Verified By			
Account Opened/declined			

Branch Manager's Signature: _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please complete in block letters

Account Name: _____

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Specimen signature to be signed in blank ink

_____ Branch

A	
*	passport sized photo

Print Name _____
I.D Number _____

B	
*	passport sized photo

Print Name _____
I.D Number _____

C	
*	passport sized photo

Print Name _____
I.D Number _____

D	
*	passport sized photo

Print Name _____
I.D Number _____

E	
*	passport sized photo

Print Name _____
I.D Number _____

F	
*	passport sized photo

Print Name _____
I.D Number _____

Signing Instructions: _____

Bank use only

Signature's and signing arrangements authorised by: _____

Date: _____

Signature's and signing arrangements scanned by: _____

Date: _____