Additional Personal Account Opening Form Zimbabwe

Please indicate the account(s) you would like to open. Please complete in **BLOCK LETTERS** and " $\sqrt{}$ " or **DELETE** where applicable.

Relationship No. 1: Relationship No. 2:	Master No.: New Master No.: New	Existing Date Account Opened:	DD/MM/YYYY
FIRST OR SOLE APPLICANT PARTICULARS Full Name (Mr. / Mrs. / Ms. / Others:):			
SECOND OR JOINT APP Full Name (Mr. / Mrs. / Ms As per ID/ Passport		Middle Name	Last Name
ACCOUNT TYPE FOR BANK USE ONLY			
Current	USD Initial Deposit:	Account No.: Product Code:	
Savings	CURRENCY Initial Deposit:	Account No.: Product Code:	
Call	CURRENCY Initial Deposit:	Account No.: Product Code:	
Others: (Please specify)	CURRENCY Initial Deposit:	Account No.:	
Fixed Deposit	CURRENCY Initial Deposit: Debit from Account No: Currency Account Number	Interest Rate:	Y Y Y -
FOR FIXED DEPOSIT ONLY			
Tenor: 30 days 60 days 90 days Chters: (Please specify) PRINCIPAL to be: INTEREST to be: Auto roll over Pay on maturity Others: (Please specify) Credit to SCB Account No.: Currency Account Number Currency Account Number Others: (Please specify) * The Fixed Deposit will be automatically rolled over for a similar period on maturity at prevailing rate, unless written instructions are received to the contrary.			
CARD APPLICATION			
Visa Electron Card	Name(s) to be printed on card:	st Applicant	Second Applicant
OTHER SERVICES REQUIRED Cheque Book Statement by			
Call Centre:			
SPECIMEN SIGNATURE AND DECLARATION I/We apply to open the above Account(s) with Standard Chartered Bank Zimbabwe Ltd (the Bank). I/We represent that the information provided by me/Us in this form and in any other document(s) provided by me/Us to the Bank is true, accurate and complete. I/We acknowledge that the Bank may decline my/our application without providing any reason in which event no contractual relationship will arise between the Bank and Me/Us. I/We further acknowledge that I/we have received, read and understood the banks prevailing General account terms, applicable country supplement and in this form and I/we agree to be bound by them in connection with all Accounts opened by Me/Us with the the bank. I/We further agree to be bound by any additional terms and conditions governing any facilities, products and or services offered by the Bank as i/we may apply and/or utilise from time to time. I/we agree that the Bank reserves the right to close my/our account compulsorily without warning if it is unsatisfactory conducted.			
Signature of First or Sole A	Applicant Date: D D M M Y Y Y Y	Signature of Second or Joint Applicant	Date: D D M M Y Y Y Y
FOR BANK USE ONLY Completed by:		Approved by:	
Signature		Signature	D D M M Y Y Y Y
Name:	Date: D D M M Y Y Y Y	Name:	Date: