

Please indicate the account(s) you would like to open. Please complete in BLOCK LETTERS and "√" or DELETE where applicable.

FOR BANK USE ONLY

Relationship No. 1: [] [] [] [] [] [] [] [] [] Master No.: [] New [] Existing Date Account Opened: [D] [D] / [M] [M] / [Y] [Y] [Y] [Y]

FIRST OR SOLE APPLICANT PARTICULARS

Full Name (Mr. / Mrs. / Ms. / Others: _____): First Name _____ Middle Name _____ Last Name _____

SECOND OR JOINT APPLICANT PARTICULARS

Full Name (Mr. / Mrs. / Ms. / Others: _____): First Name _____ Middle Name _____ Last Name _____

ACCOUNT TYPE FOR BANK USE ONLY
[] Current USD [] Savings CURRENCY [] Call CURRENCY [] Others: (Please specify) CURRENCY [] Fixed Deposit CURRENCY

FOR FIXED DEPOSIT ONLY

Tenor: [] 30 days [] 60 days [] 90 days [] Others: (Please specify) _____
PRINCIPAL to be: [] Auto roll over [] Credit to SCB Account No.: [] Others: (Please specify) _____
INTEREST to be: [] Auto roll over [] Pay on maturity [] Others: (Please specify) _____

CARD APPLICATION

[] Visa Electron Card Name(s) to be printed on card: First Applicant _____ Second Applicant _____

OTHER SERVICES REQUIRED

[] Cheque Book [] Statement by Email:(Password) [] Call Centre: (Password) [] Telephone Banking

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.

Signature of First or Sole Applicant Signature of Second or Joint Applicant
Name: _____ Date: [D] [D] [M] [M] [Y] [Y] [Y] [Y]

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Completed by: Signature Name: _____ Date: [D] [D] [M] [M] [Y] [Y] [Y] [Y]
Approved by: Signature Name: _____ Date: [] [] [] [] [] [] [] []