TIME BANK

TIME BANK OF ZIMBABWE LIMITED

(Registered Commercial Bank)

APPLICATION TO OPEN CORPORATE ACCOUNT

Branch:

Date: DD DD MM MM YY YY

(1) PLEASE COMPLETE IN BLOCK LETTERS AS APPROPRIATE

Account Type Current ☐ Savings ☐ Fixed Deposit ☐ FCA ☐ Call ☐

Currency: ZWL ☐ USD ☐ GBP ☐ ZAR ☐ Other ☐ (Please specify)

Registered Name

Physical Address

Postal Address

Email Address

Telephone Number

Nature of Business

Company Registration No.

Date: Established: DD DD MM MM YY YY

VAT Registration No:

Annual Turnover:

Type of Enterprise: ☐ Private Limited Company ☐ Public Quoted Company

(2) PREVIOUS/OTHER BANKERS

Bank

Account Number

Branch

Reason for closing account

Have you ever had an account compulsorily closed? ☐ Yes ☐ No If 'YES' please provide name of Bank and reason for closure

Do you have any other accounts with Time Bank? ☐ Yes ☐ No If 'YES' please provide Account Number

(3) SOLVENCY / CIVIL JUDGEMENTS

Have you ever been declared insolvent or had any civil judgement against you? ☐ Yes ☐ No If 'YES', please give details.

APPLICATION TO OPEN CORPORATE ACCOUNT CONT'D

(4) REFERENCES

Names and Addresses of 2 references

Reference 1 | Full Name

Reference 1 | Physical Address

Reference 1 | Telephone / Mobile No.

Reference 2 | Full Name

Reference 2 | Physical Address

Reference 2 | Telephone / Mobile No.

(5) PERSONAL DETAILS OF ALL DIRECTORS AND AUTHORIZED SIGNATORIES (DIRECTOR 1)/ AUTHORISED SIGNATORY

Full Name(s)

Designation:

Nationality

Place of Birth:

Date Appointed: DD DD MM MM YY YY

Date of Birth: DD DD MM MM YY YY

Country Of Residence:

National ID No.

Passport No.

Driver's Licence No.

Residential Address:

Telephone No.

Mobile No.

E-mail Address

(6) PERSONAL DETAILS OF ALL DIRECTORS AND AUTHORIZED SIGNATORIES (DIRECTOR 2) / AUTHORISED SIGNATORY

Full Name(s)

Designation:

Nationality

Place of Birth:

Date Appointed: DD DD MM MM YY YY

Date of Birth: DD DD MM MM YY YY

Country of Residence:

National ID No.

Passport No.

Driver's Licence No.

Residential Address:

Telephone No.

Mobile No.

E-mail Address

(7) PERSONAL DETAILS OF ALL DIRECTORS AND AUTHORIZED SIGNATORIES (DIRECTOR 3) / AUTHORISED SIGNATORY

Full Name(s)

Designation:

Nationality

Place of Birth:

Date Appointed: DD DD MM MM YY YY

Date of Birth: DD DD MM MM YY YY

Country of Residence:

National ID No.

Passport No.

Driver's Licence No.

Residential Address:

Telephone No.

Mobile No.

E-mail Address

(8) PERSONAL DETAILS OF ALL DIRECTORS AND AUTHORIZED SIGNATORIES (DIRECTOR 4) / AUTHORISED SIGNATORY

Full Name(s)

Designation:

Nationality

Place of Birth:

Date Appointed: DD DD MM MM YY YY

Date of Birth: DD DD MM MM YY YY

Country of Residence:

National ID No.

Passport No.

Driver's Licence No.

Residential Address:

Telephone No.

Mobile No.

E-mail Address

(9) PERSONAL DETAILS OF ALL DIRECTORS AND AUTHORIZED SIGNATORIES (DIRECTOR 5) / AUTHORISED SIGNATORY

Full Name(s)

Designation:

Nationality

Place of Birth:

Date Appointed: DD DD MM MM YY YY

Date of Birth: DD DD MM MM YY YY

Country of Residence:

National ID No.

Passport No.

Driver's Licence No.

Residential Address:

Telephone No.

Mobile No.

E-mail Address

APPLICATION TO OPEN CORPORATE ACCOUNT CONT'D

(10) AUTHORIZED SIGNATORIES

The following is a list of signing officials of this Company who are authorized to sign under the mandate given to you for operation of the account. The bank is authorized to honour and charge to the Company's account, cheques, withdrawal slips and bills signed by any [ ] of the authorized signing Officials.

	NAME OF AUTHORISED SIGNATORY	CAPACITY	SIGNATURE	DATE
1				
2				
3				
4				
5				

To signify agreement on signing arrangements all Directors/Partners/Associates are to sign hereunder:

	Director's Full Name	Signature
1		
2		
3		
4		
5		

We confirm that to the best of our knowledge and belief, the information given above is correct and understand that in the event of any information proving to be inaccurate, this application will be declined. We understand to abide by the Bank's minimum balance requirements and confirm that should our account overdraw without any prior approval of the Bank, interest will be charged at the Bank's prevailing Penalty Rate and will be debited to our account. Any instructions for stop payments will be submitted to the Bank in writing within 24 hours of notification. We accept that Time Bank of Zimbabwe Limited reserves the right to close our account without warning if it is not satisfactorily conducted.

Chairman Signature.

Director Signature.

(11) FOR OFFICE USE

Form & proof of identity received by:

Date: DD DD MM MM YY YY

FCB Clearance Summary

Date: DD DD MM MM YY YY

Documents checked by:

Date: DD DD MM MM YY YY

Account Opening Status: *(Tick applicable)* ☐ **Authorized** ☐ **Declined**

Signature

Date: DD DD MM MM YY YY

Account Number

(12) CHECKLIST OF REQUIREMENTS

1. Account Information Card ☐
2. Mandates ☐
3. Specimen signatures slips ☐
4. Facility Signature Card ☐
5. Certificate of Incorporation ☐
6. Articles and Memoradum of Association ☐
7. Certified copies of directors and account signatories National IDs ☐
8. Tax Clearance Certificate ☐
9. Proof of residence of directors and account signatories ☐
10. Form CR6 or CR14 ☐
11. Form CR2 ☐
12. Form CR5 ☐