# TIME BANK

TIME BANK OF ZIMBABWE LIMITED

(Registered Commercial Bank)

## APPLICATION TO OPEN INDIVIDUAL ACCOUNT

Account Number Allocated

Branch

Reserve Bank Coding

## (1) INDIVIDUAL INFORMATION

Account Type: Savings ☐ Current ☐ FCA ☐ Other ☐

Currency: ZWL ☐ USD ☐ GBP ☐ ZAR ☐ Other ☐

Surname | First Name(s) | Maiden Name

Date of Birth: DD DD MM MM YY YY | Country of Residence | Marital Status (Single/Married/Divorced/Widowed) | Nationality

Identity Document Provided

National ID ☐ Drivers Licence ☐ Passport ☐ Other ☐

ID Document Number (National ID/ Passport/Drivers Licence)

Residential Address *(please attach proof of residence such as Utility Bills)*

Postal Address *(if different from residential address)*

Email Address | Telephone Number

Occupation | Gross Monthly Salary

Employer Name | Employer Physical Address | Period With Employer (Months)

Name of Spouse | Occupation of Spouse | Employer of Spouse

## (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) 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.

# APPLICATION TO OPEN INDIVIDUAL ACCOUNT CONT'D

## (4) SOLVENCY / CIVIL JUDGEMENTS

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

## (5) STATEMENT PREFERENCES

Statement Frequency: ☐ Weekly ☐ Monthly ☐ Yearly

Statement Delivery: ☐ Postal ☐ E-mail ☐ Collection

Postal Address

E-mail Address

I certify that the information given in support of my application is true and correct and I understand that in the event of any information proving to be inaccurate, this application may be declined. I understand and agree to abide by the Bank's minimum balance requirements and confirm that should my account overdraw without prior approval of the Bank, interest will be charged at the Bank's prevailing penalty rate and will be debited to my account. I accept the right of the Bank to compulsorily close my account if it is not conducted satisfactorily. Any instruction for stop payments will be submitted to the Bank in writing within 24 hours of notification. I authorise you to honour my signature in respect of all transactions pertaining to all my accounts.

Minimum Balance Requirement ($)

Signature

Date:

DD DD MM MM YY YY

## (6) BANK USE ONLY

I certify that this form has been checked for completeness and that the identity documents exhibited have been checked by me.

Signature Of Interviewer:

Date:

DD DD MM MM YY YY

### SIGNATURE OF MANAGER MUST BE GIVEN TO EITHER PART 1 OR PART 2 BELOW

**Part 1**

Reference Received Date:

DD DD MM MM YY YY

Finance Company

Trade

Other

Bank Report Received

Security Clearance Received

Signature of Manager:

Date:

DD DD MM MM YY YY

Date Account Opened:

DD DD MM MM YY YY

**Part 2**

Referring to the requirements of Part 1
Confirm that Reference may be waived because:

The account may be opened immediately.

Signature of Manager:

Date:

DD DD MM MM YY YY