

# Account Opening Application Form

Version 1 - 15.01.2014



# Account Opening Application Form

Please complete form in BLOCK CAPITALS. I wish to apply for the following account (s):

## Choose the account you want:

Personal Bonus Savings Account ☐  
Prestige Bonus Savings Account ☐  
Fixed Deposit Account ☐  
Pangono Pangono Savings Account ☐  
Junior Mega Saver Account ☐  
Instant Savings Account ☐

Prestige Current Account ☐  
Prestige Plus Account ☐  
Foreign Currency Current Account ☐  
Prestige Foreign Currency Account ☐  
Ultimate Account ☐  
Ultimate Plus Account ☐

Ignition Account ☐  
Bank Account ☐

Please affix  
photo (for new  
customers)

Account number

Sales Code

Branch Name

Branch  
Code

## Where customer is converting from another account, enter existing account:

Do you want to open an account with another person? Yes ☐ No ☐ If YES, then the other person also needs to complete a separate application form.

## Applicant details

☐ First applicant ☐ Other applicant (joint or multiple account holders to fill in two forms)

Surname

First Name [s]

Title ☐ Male ☐ Female ☐ Date of birth (dd/mm/yyyy)  Place of birth

Marital status  Nationality  Country of residence

Net monthly salary (after taxes)  Other income and source

ID type ((National ID/Passport/Drivers licence)  Document number  Issuing office

Student ID number  College/University name

Postal address  Postal code

Residential address [if different from postal] House No.  Street  Area/City

Nearest Landmark

Email address  Occupation

Position held  Employer's name and address

Work Tel (incl. area code)  Home Tel. (incl. area code)  Mobile (incl. area code)

## Additional Services - Accessing your account

Cheque Book YES ☐ NO ☐ If YES, number of pages 30 ☐ 60 ☐

Debit card\* YES ☐ NO ☐

## Take control of your money - Banking anytime, anywhere

SMS Alerts\* \*SMS alerts notification for weekly balance and debit and credit transactions

Internet\* Email address

Mobile\* Mobile number if difference to above

Email statements

\*unfortunately, not allowed for joint accounts where more than one signature is required

Source of Funds and Financial information			
Estimated Annual Income (local currency) from above economic activity (you are also allowed to use ranges)			
Estimated any other income (local currency)			
Source of other income			
Total Estimated income			
Source of ongoing funds in account	Income	Bonus	Investments
Assets sale	Loan	Parents/relatives	Sale of property
Source of initial funds in account	Income	Bonus	Investments
Assets sale	Loan	Relatives	Sale of property
Source of initial funds in account	Income	Bonus	Investments
Assets sale	Loan	Relatives	Sale of property
Expected Monthly Transaction Behaviour (local currency)			
Credit to account	Total Transaction amount	Total Transaction count	Countries
Cash deposit			
Cheques			
Intl transfers			
Local transfers			
Expected totals			
Debits from account	Total transaction amount	Total transaction count	
Cash			
Cheques			
Intl transfers			
Local transfers			
Expected totals			
Expected total volume			

#### Customer declaration

By signing on the form I/we request you to open an account and activate all the digital channels; i.e. mobile banking, internet banking, e statements in my/our name, authorize you to undertake the funds/account transfer; authorize you to make enquiries necessary in connection with this application. I/we agree that I/we have read, understood and accepted the terms and conditions of this account and agree to be bound by them. I/we hereby consent to the bank's disclosure of my/our confidential information to any of the bank's affiliates or third party agents appointed or engaged by Bank in accordance with the provisions of Banking and Financial Services Act, Chapter 387 of the laws of Zambia or any statutory re-enactment thereof.

Date    /    /

Applicant's signature

SMS Alerts attract a fee of K0.50 (fifty Ngwee) per transaction.

Sign me up for SMS Alerts; YES ☐ NO ☐

SMS Alerts ☐ Mobile ☐

Indicate the digital channel/s to be disabled

Internet ☐ E-mail statements ☐

For Official use only (branch use)			
Form completed fully <input type="checkbox"/>		Form signed and signature verified <input type="checkbox"/>	
Product criteria met <input type="checkbox"/>		Salary verified <input type="checkbox"/>	
Forms of address confirmation produced (e.g recent utilities bill) <input type="text"/>			
Document number <input type="text"/>		Issuing office <input type="text"/>	
In the absence of a valid document to confirm a customer's address, reference must be provided from either a known customer or the employer. In doing so the referee must confirm in writing: 1. Details of the their existing Barclays account number and branch (if applicable). 2. That they consider the individual e.g. number of years known. 4. The individual's address (if known).			
Signature <input type="text"/>		Signature <input type="text"/>	
Sign no. <input type="text"/>		Sign no. <input type="text"/>	
Application completed by <input type="text"/>		Application authorised by <input type="text"/>	

Branch stamp

# Personal Account Opening Aide Memoire New Customers

(Applies to all accounts including fixed deposits, CFCs)

Date:

Outlet/Team Opening Account: ..... CA / CMA/LG (Name of): .....

Please put a tick in boxes to confirm and N/A where not applicable (Strike whole section with N/A if not applicable)

RM/CTL/OPC/RCR/COMPLIANCE to place tick in appropriate column and sign at the end of this Aide Memoire

MANDATORY – SECTION A APPLICATION FORM FULLY COMPLETED	CTL/RM	OPC	RCR/Compliance
Name <input type="checkbox"/> Address <input type="checkbox"/> Income <input type="checkbox"/> Date of Birth <input type="checkbox"/>			
Residency <input type="checkbox"/> Nationality <input type="checkbox"/> Occupation <input type="checkbox"/> Employer <input type="checkbox"/>			
Customer signed and dated application. If customer is high risk, approval process completed & referred to MLRO <input type="checkbox"/> MLRO approval obtained and attached to form.			
If a joint Account: Appropriate Mandate held <input type="checkbox"/> Joint/Several Liability form completed <input type="checkbox"/>			
Additional/Second applicant form completed <input type="checkbox"/>			
<i>Note: If customer is unable to provide a valid ID document, the account must NOT be opened</i> <i>Note: Do you suspect that the ID document is a forgery? If you do, then please discuss with Line Manager &amp; escalate to SI &amp; FM</i>			
MANDATORY - SECTION B ACCOUNT SCREENING UNDERTAKEN			
If customer is a PEP? PEP risk assessment completed & referred to MLRO <input type="checkbox"/> MLRO approval obtained and attached to form <input type="checkbox"/> Is customer likely to require Enhancement Due Diligence (EDD)? EDD risk assessment completed & referred to MLRO <input type="checkbox"/>			
Customer screened against reputation risk <input type="checkbox"/> If risk exists, referred to ORM <input type="checkbox"/> ORM approval obtained and attached to form <input type="checkbox"/>			
<b>RM/CTL, CONFIRMATION KYC COMPLIANCE</b>  I confirm that I have checked that all the above documents have been completed in accordance with KYC procedures and I confirm acceptance of this customer relationship with Barclays.  RM/CTL: Print Name: ..... Signature:..... Date:.....			
<b>OPC, CONFIRMATION OF KYC COMPLIANCE</b> Upon receipt of this Aide Memoire, I confirm that: The Aide Memoire is complete <input type="checkbox"/> All work in connection with this account has been completed <input type="checkbox"/> All documentation is enclosed <input type="checkbox"/> the account id KYC compliant <input type="checkbox"/> Documentation can be filled <input type="checkbox"/> Non-compliant and reasons detailed to RM/CTL for remedial action <input type="checkbox"/>			
OPC Team Member/Team Leader: Print Name: ..... Signature:..... Date:.....			
<b>FOR MONTHLY CHECK PURPOSES ONLY</b> <i>The following section should only be signed off by the RCR/Compliance representative when this Aide Memoire is included in a monthly snap checks sample.</i>			
Customer review as per above and confirmed:- Compliant <input type="checkbox"/> Non-Compliant and reasons detailed to RM/CTL for remedial action <input type="checkbox"/>			
RCR/Compliant representation: Print Name: ..... Signature:..... Date:.....			
<b>KEY:</b> OPC = Operations Processing Centre RM = Retail Manager CTL = Customer Team Leader RCR = Risk and control Rigour			

For official use only.

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