



THE PEOPLE'S BANK OF ZANZIBAR LIMITED

(Incorporated in Zanzibar, Tanzania)

Application Form for Opening An Account (for individual and joint account)

Name of Account

Tick as appropriate

Personal

Joint

Minor

Trustee

Executor/
Admin

Others

Account Type:

Current

Saving

Time Dep.

Currency

TZS

USD

EURO

GBP

OTHERS

Applicant's Particulars (block letter)

Surname

Other Name(s)

First Name

.....

.....

.....

Marital Status

Married

Gender

Male

(Please tick accordingly)

Single

Female

Others

Date of Birthday of.....19.....

Citizenship (please tick as appropriate)

Tanzanian

Non- Tanzanian

Resident/Working Permit No. (for non Tanzanian)whose expiry date is.....

Contact Information

Physical address:

House/Plot No.....

Street.....

Shehia.....

Postal Address

P.O.Box

Town/City.....

Postal Code.....

Telephone

Home.....

Office.....

Mobile Phone.....

Facsimile.....

E-mail.....

Identification

Passport No. Country of issue..... Expiry date.....

Resident ID Card no.....

Voter's Registration Card No.....

Driving Licence no..... Class..... Date of issue..... Expiry date.....

Employer/Sheha introduction letter dated

Other identification.....

If Employed: Current Employer (Name).....

Employer's Full Address.....

Location

Employer's Phone Number(s).....

If Self Employed: Type of Business

Location of the Business

Other Banking Information: (If applicant is maintaining relationship with other bank or branches of the PBZ)

Bank..... Branch..... Account No.....

Bank..... Branch..... Account No.....

Bank..... Branch..... Account No.....

Account Operations

Bank Statement frequency Monthly Delivered by e-mail

(Please tick as accordingly) Quarterly Postal address

Yearly Over the counter

2nd Applicant's particulars (for joint/trustee/executorship account)

Surname Other Name(s) First Name

Marital Status Married Gender Male

(Please tick accordingly) Single Female

Others

Date of Birthday of.....

Citizenship (please tick as appropriate) Tanzanian Non- Tanzanian

Resident/Working Permit No. (for non Tanzanian)whose expiry date is.....

Contact Information

Physical address: House/Plot No.....

Street.....

Shehia.....

Postal Address P.O.Box

Town/City.....

Postal Code.....

Telephone Home.....

Identification	Office.....		
	Mobile Phone.....		
	Facsimile.....		
	E-mail.....		
	Passport No. Country of issue..... Expiry date.....		
	Resident ID Card no.....		
	Voter's Registration Card No.....		
	Driving Licence no..... Class..... Date of issue..... Expiry date.....		
	Employer introduction letter dated		
	Other identification.....		
If Employed:	Current Employer (Name).....		
	Employer's Full Address.....		
	Location		
	Employer's Phone Number(s).....		
If Self Employed:	Type of Business		
	Location of the Business		
Other Banking Information: (If applicant is maintaining relationship with other bank or branches of the PBZ			
Bank.....	Branch..... Account No.....		
Bank.....	Branch..... Account No.....		
Bank.....	Branch..... Account No.....		
Account Operations			
Bank Statement frequency	<input type="checkbox"/> Monthly	Delivered by	<input type="checkbox"/> e-mail
(Please tick as accordingly)	<input type="checkbox"/> Quarterly		<input type="checkbox"/> Postal address
	<input type="checkbox"/> Yearly		<input type="checkbox"/> Over the counter
Customer Referees			
1. Name	2. Name		
Physical Address.....	Physical Address.....		
Postal Address.....	Postal Address.....		
Telephone.....	Telephone.....		
Mobile.....	Mobile.....		
E-mail.....	E-mail.....		
Declaration/Mandate			
I/We undersigned request you to open an account as specified above. I/We agree to provide documents required by you according to the type of account requested. I/We further agree to abide with general and specific terms and conditions as per agreement for operating relevant account.			
I/We also agree and authorise you or Tanzania Bankers Association (TBA) or approved Credit Reference Bureau to:			
a) make inquiries from any bank, financial institution or TBA or any approved Credit Reference Bureau in Tanzania to confirm any information provided by me/us;			
b) seek information from any bank, financial institution or TBA or Credit Reference Bureau at any time during the existence and after the closure of my/our account.			
c) disclose information related to my/our account maintained at your bank to TBA or approved Credit Reference Bureau			
Name.....	Signature.....		
Name.....	Signature.....		
Signed this day of 200.....			

For PBZ use only:

Client ID Date.....

Account Type..... Account No.....

Account opened by: Name.....

Signature.....

Checked by: Name.....

Signature.....

Branch Manager/Branch Accountant Name.....

Signature.....

Manager's Discretion

I hereby waive the minimum requirement of two referees as I know one applicant or applicants personally

Manager's Name

Manager's Signature

Date.....