

**SECTION A - For Bank Use**

Currency

Customer's A/C No.  New  Amend

Branch

Referred By

**SECTION B - Customer Information**

Full Name Of Organisation

Trade Of Company

Postal Address

Physical Address

Contact Person & Designation

Cell No.

Alternative Cell No.

Email

Alternative Email

Website

Fax

Company Reg No.

Company Reg Date/Date of Incorporation

Form Of Ownership Registered Company  Partnership  Religious Body  Club/Society  Other

Other Accounts Held By InnBucks

**SECTION C - Statement Frequency**

Monthly  Quarterly  Other

Authorised Signatory

Authorised Signatory

Full Name

Full Name

Designation

Designation

**SECTION D - Directors & Signatories Information**

List Of Directors

	Full Names	Date Of Birth	Nationality	Contact Details	National I.D	Sign
1.						
2.						
3.						
4.						

List Of Authorised Signatories

	Full Names	Date Of Birth	Nationality	Contact Details	National I.D	Sign
1.						
2.						
3.						
4.						

**SECTION E - Attachments**

Please attach documents applicable to your organisation from the list below (tick applicable).

- |                                                                            |                          |                                                          |                          |
|----------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|--------------------------|
| 1. Copy of memorandum and articles of association                          | <input type="checkbox"/> | 8. Tax clearance certificate                             | <input type="checkbox"/> |
| 2. Certificate of incorporation/ certificate to commence business          | <input type="checkbox"/> | 9. CR5 document                                          | <input type="checkbox"/> |
| 3. Copy of rules, constitution, regulations, etc unincorporated bodies)    | <input type="checkbox"/> | 10. CR6 document                                         | <input type="checkbox"/> |
| 4. Partnerships agreement (partnership)                                    | <input type="checkbox"/> | 11. Board resolution                                     | <input type="checkbox"/> |
| 5. Trading licence (sole proprietorship)                                   | <input type="checkbox"/> | 12. Account opening mandate                              | <input type="checkbox"/> |
| 6. Certified Copies of identity documents of directors/ signatories        | <input type="checkbox"/> | 13. Passport size photos for all directors & signatories | <input type="checkbox"/> |
| 7. Proof of residence (e.g. ZESA or water bill) for directors/ signatories | <input type="checkbox"/> | 14. Trust Deed                                           | <input type="checkbox"/> |

**SECTION F - Declaration of Applicant**

We certify that the above information given in support of our application is correct and we understand that in the event that information supplied proves to be incorrect, or the report of the bank's financial clearing bureau is adverse, the bank reserves the right to decline this application.

We agree to provide any documents requested by the bank and agree to inform the bank should any of the above details change.

We understand and agree to abide by the bank's minimum balance requirement and accept the right of the bank to compulsorily close the account(s) without notice. We agree to be liable for any overdraft or debt which the bank may permit on our account(s) and confirm that should our account(s) overdraw without prior approval of the bank, interest will be charged at the prevailing penalty interest rate and debited to our account.

Date

For And On Behalf Of

Authorised Signatory

Authorised Signatory

Full Name

Full Name

Designation

Designation

**For Bank Use Only**

Received by

Signature

Date

FCB Report Attached by

Signature

Date

Authorised by

Signature

Date

Branch Manager

Signature

Date

Date

Branch

**Dear Sir or Madam**

With reference to the Institutions company account mandate form dated\*   
we write to inform you that the terms of a resolution of the board of Directors dated   
the signing arrangements of the company and the names of the persons authorised to sign on behalf of the company with effect from   
until further notice in writing are set out below and we enclose specimens of their signature.

Name of company/Public Body

All documents will be signed by\*\*

Full Name

Signing Capacity

Full Name

Signing Capacity

Full Name

Signing Capacity

Full Name

Signing Capacity

Full Name

Signing Capacity

Full Name

Signing Capacity

Full Name

Signing Capacity

Full Name

Signing Capacity

We certify that the above is a correct list & is in terms of a Resolution passed at a meeting held at

on Date

Chairman's/Director's Signature

Full Name

Applicant Name

Full Trading Name

Branch

**Type Of Batch Processing Services Required** (Please Tick The Service Required)

Salary Payments

Enterprise Payments

Loan Disbursements

Monthly Projections

Projected Volume Of Transactions

Projected Value Of Transactions

**BULK PAYMENTS PROCESSING AGREEMENT**

Made and entered into by and between  
INNBUCKS MICROBANK LIMITED (Hereinafter called "IMB")  
of 2 Northridge Close, Northridge, Borrowdale, Harare  
AND

.....

(Hereinafter called "the Client")

WHEREAS: InnBucks MicroBank Ltd will receive the payment batch instruction  
from the client to process on its Kineto system by crediting of the clients' beneficiaries USD

based accounts. IMB and the client are entering into an agreement for IMB to process the aforementioned batch payments on behalf of the client. IMB is not implicated in any form of liability whatsoever.

**Now Therefore It Is Agreed As Follows:**

1) The client shall transfer funds to IMB with the total amount of the batch to be paid to the accounts of the client’s beneficiaries as and when required to cover the batch amount together with the applicable administration charges.

- a) The batch payment files for the beneficiaries with IMB bank accounts will be processed as and when received until 1600hrs on the same day.
- b) The payment will not be processed if the batch is not adequately funded unless prior arrangements have been made with the bank.

**2) Indemnity And Undertaking By The Client**

- a) It is the responsibility of the client to ensure that all data contained in the corporate batch payments instruction file is correct and accurate in all respects.
- b) The client has administrative control of the channel used to deliver batches and should ensure that only authorized personnel have access to the channel at all times.
- c) In the event of any discrepancy occurring or being discovered between the amount paid and amount due to the beneficiaries irrespective of whether such discrepancy arises by way of fraud , negligence or inadvertence on the part of an employee of either party to the agreement, the party that caused the discrepancy, shall bear the loss suffered ,or to be suffered arising therefrom , and that party hereby indemnifies the other and shall keep the other party -indemnified ,against any and all claims by reason of such discrepancy , and shall reimburse the other on demand the amount of such discrepancy.

Signature	<input type="text"/>								
Name	<input type="text"/>	Designation	<input type="text"/>						
Signed At	<input type="text"/>	on	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For & on behalf of	<input type="text"/>								

Account Name

Branch

**The details of Ultimate Beneficial Owners ('UBO')**

	Full Names	Address	National I.D	% Shareholding	Nationality
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Note

1. Actual control is derived from explicit authority over the account and its assets or shares or capital or profits. For example, the named shareholder, account holder or a signatory with authority to direct InnBucks MicroBank concerning the account and the account holder's assets at his or her discretion possesses actual control.
2. Control shall also include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements.
3. Effective control may be derived from a level of ownership of the account assets or shareholding, or a role that allows an individual to exercise control with respect to the account holder without a formal mandate. The determination that a particular individual has either actual or effective control, and therefore, qualifies as a UBO, is based on the individual's responsibilities with respect to the account holder, the level of authority and influence over the account holder, and/or the vested ownership in the account holder or the account holder's assets.

**Note:** Ultimate Beneficial Owner means the natural person who ultimately owns or controls a client and or the person on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a juridical person.

Yours faithfully

Name of Chair Of The Board

Signature

on

Date

Name of Company Secretary

Signature

on

Date

Name of Chief Executive Officer

Signature

on

Date



The Manager,  
InnBucks MicroBank Ltd

Branch											
Date											

Dear Sir/Madam,

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I/We,..... (Hereinafter referred to as customer/s) hereby request InnBucks MicroBank Ltd to accept and to execute instructions and/or give effect to requests made to the Bank, by e-mail or electronic instruction whether it is followed by written confirmation or otherwise.

I/We authorize the following email address(es)

- 
- 
- 
- 
-

**I /We hereby:**

- a) Agree to keep you indemnified against all actions, proceedings, liability claims, losses,damages, costs and expenses in relation to or arising out of the said instruction and to pay to you on demand all payments, losses, costs and expenses suffered or incurred by you in consequences thereof or arising out of such communication
  
- b) Agree that the Bank shall have no obligation or responsibility to:
  - (1) verify the authenticity of any signature on any email or electronic instruction
  - (2) inquire as to the authority of any person purporting or claiming to be the customer or any employee, attorney, agent or representative of the customer.
  
- c) Irrevocably authorise you to debit my account with all such payments, losses, costs and expenses
  
- d) Irrevocably authorise you to process my requests, instruction or applications and comply with any demands which may be claimed from or made upon you under the said instruction without any reference to or further authority from me.
  
- e) I further agree that it shall not be incumbent upon you to enquire whether or not any such instructions, requests, applications or demands claimed from or made upon you under the said instruction/s are in fact due, true or correct, and further agree that any

which you shall make in accordance or purporting to be in accordance with the said instructions shall be upon me and shall be accepted by me as conclusive evidence for the Bank to make such payment or comply with such demand and further that you may at any time determine the said authority.

- f) It is agreed that any transaction requested as aforesaid shall be subject to the Bank's current terms and conditions (where applicable) for the time being. It is further agreed that the faxed instructions or a photostat copy thereof shall be conclusive evidence of such faxed instructions and this authority and indemnity shall not be prejudiced by any confirmation or other communication relating to such faxed instructions or by the absence thereof.
  
- g) The Customer expressly agrees that electronic media such as emails and digital platforms are not completely secure and are channels of communication prone to error at any given time.
  
- h) Notwithstanding the foregoing, the Bank may at any time at its absolute discretion decline to execute any instruction or request given or to accept any offer made by email which is not followed by written or telex confirmation, notwithstanding that at the time of such instructions or request or offer the employee of the Bank receiving such instruction or request or offer may have indicated assent to carry out the same. The authority and indemnity shall be read and construed according to the laws of Zimbabwe.

Signed At  on Date

Full Name  Signature

Designation

**WITNESSES**

1) Name

Signature

2) Name

Signature

Date

Currency

Name Of Company

Address

**To The Manager**

Branch

Dear Sir

We, the applicant, inform you that at a meeting of the Directors of this Company held at

on the

the following resolutions were passed:

- That for the purpose of opening such accounts InnBucks MicroBank Ltd (the Institution) be supplied with a list of signing officials of this Company and that any changes from time to time in the list of signing officials be notified to the Institution in writing by a copy of Resolution authorising the change, certified by the Chairman and Secretary, any such change becoming effective from date of acknowledgement by the Institution.
- That the Bank be and is hereby empowered and requested to honour all cheques, promissory notes, bills of exchange and other negotiable instruments purporting to be drawn, accepted, endorsed or made on behalf of this by authorised signing officials of the Company accounts and all other documents similarly signed in connection with usual Banking transactions including, amongst others, the lodging withdrawal of any monies on fixed deposits or on savings accounts, the hypothecation pledging or cession by the Company of its assets, and the issue of the letters of credit, drafts and transfers.
- That the Institution is authorised to debit the account from time to time with all costs, expenses, charges, fees, commissions and disbursements consistent with Banking practise.

You are accordingly requested to open an Account in the name of this Company at your  Branch.

We hand to you for inspection and return, the certificate of Incorporation of this Company.

We also hand to you for retention a certified copy of our Memorandum and Articles of Association and we undertake to forward certified copies of all special resolutions passed by the Company as soon as they are registered with the Register of Companies.

We append the list of signing officials mentioned in resolution No. 2 above the relative specimen signature cards.

Yours faithfully

Chairman's  
Signature

Secretary's  
Signature

Full Name

Full Name

**Specimen Signatures, NB One Signature Per Signatory**

**A**

[Signature Line]

National I.D No. [ ]

Full Name [ ]

Designation [ ]

**B**

[Signature Line]

National I.D No. [ ]

Full Name [ ]

Designation [ ]

**C**

[Signature Line]

National I.D No. [ ]

Full Name [ ]

Designation [ ]

**D**

[Signature Line]

National I.D No. [ ]

Full Name [ ]

Designation [ ]

**E**

[Signature Line]

National I.D No. [ ]

Full Name [ ]

Designation [ ]

**F**

[Signature Line]

National I.D No. [ ]

Full Name [ ]

Designation [ ]

**G**

[Signature Line]

National I.D No. [ ]

Full Name [ ]

Designation [ ]

**H**

[Signature Line]

National I.D No. [ ]

Full Name [ ]

Designation [ ]

Signing Instructions [ ]

Date [ ][ ] [ ][ ] [ ][ ][ ][ ]