



## Business Account Application Form

### BUSINESS DETAILS

Full Name of Business: \_\_\_\_\_  
Type of Business (Private Limited, Public Quoted, etc): \_\_\_\_\_  
Date of Incorporation: \_\_\_\_\_ day of \_\_\_\_\_ Co. Registration No: \_\_\_\_\_  
Business Physical Address: \_\_\_\_\_  
Business Postal Address: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

### RESOLUTION OF THE BOARD TO OPEN AN ACCOUNT

At a meeting of the Board of Directors of \_\_\_\_\_ held at \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_ it was resolved that a banking account in the name of \_\_\_\_\_  
\_\_\_\_\_ be opened and that \_\_\_\_\_  
be and are hereby authorised to give instructions on the said account.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Chairman \_\_\_\_\_ Secretary \_\_\_\_\_  
Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

### BUSINESS CONTACT DETAILS

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

### SECURITY RIGHTS

	1	2	3	4
View Statements	✓	✓	✓	✓
Load Payments		✓	✓	✓
Add/Amend Beneficiaries		✓	✓	✓
Release Payments			✓	✓
Give Instructions to add/remove Users (Super User)				✓

## PERSONS AUTHORISED FOR ONLINE BANKING ACCESS

Title	First Name	Last Name	ID Number	Mobile	Email	Security Rights

Payment Release By:      Any one of the signatories      Any Two      Other (Specify): \_\_\_\_\_

## DECLARATION OF APPLICANT

I/ We declare that, to the best of my/ our knowledge and belief, the statements made in this application are complete and correct and, together with any statements made to ICEcash, shall be the basis of the propose contract and understand that in the event of any information proving to be inaccurate, this application may be declined. I/ We accept the terms and conditions of transacting with ICEcash and the charges made as set out on the website [www.icecash.co.zw](http://www.icecash.co.zw) . I/ We agree that ICEcash reserves the right to close my/ our account compulsorily without warning if it is unsatisfactorily conducted.

Date: \_\_\_\_\_ day of \_\_\_\_\_

Authorised Signatory: \_\_\_\_\_ Name and Designation: \_\_\_\_\_

Authorised Signatory: \_\_\_\_\_ Name and Designation: \_\_\_\_\_

## LIABILITY & RISK DISCLOSURE STATEMENTS

1. All deposits shall be made by RTGS directly into the ICEcash NMB Bank account or deposited into the Client's ICEcash account at any Zimpost Branch. ICEcash will not be liable for funds handed over to members of its staff.
2. The Client shall ensure that it receives a deposit confirmation receipt from Zimpost that correctly reflects its ICEcash account number. ICEcash shall not be responsible or liable for any errors in deposit details provided by the client to any Zimpost.
3. Any anomaly in the entries on your ICEcash statement must be brought to the attention of ICEcash within 30 days of the date thereof and you agree that failure to provide such notice absolves ICEcash from all liabilities arising therefrom.
4. ICEcash shall not be responsible for errors or omissions made by the Client or the duplication of any Instruction by the Client and may act on any reference to an account number only, even if an account name is provided. ICEcash may act on an instruction if it reasonably believes it contains sufficient information.
5. Save as set out above, ICECASH will not be liable for any loss, costs, expense or damages (whether direct, indirect or consequential) arising out of or pursuant to the terms of this agreement or its termination.

## FOREIGN EXCHANGE RATE RISK

ICECASH shall not be liable for foreign exchange loss risk that arises from Clients' purchases or sales of assets that are denominated in a specific base currency whilst the Client delivers to ICECASH a different currency or would like to take delivery of matured investment in different currency. The Client will bear any such exchange rate risk losses.

## TERMS AND CONDITIONS

1. These terms apply to all users of the ICECASH system and are in addition to the terms of the bank and any person who you deal with via ICECASH. ICECASH is a delivery system, allowing you to receive and deliver payments and information, and deal with, various people. Your bank account is with NMB Bank Limited.
2. Once you have processed a transaction through ICECASH it cannot be reversed by ICECASH. ICECASH is entitled to assume that all transactions on your ICECASH account are authorised by you. Do not tell anyone, even ICECASH, your PIN number.
3. ICECASH will charge standard fees for specified services and you authorise ICECASH to debit them to your bank account. The fees may be changed at any time. Changes will be advised on our website [www.icecash.co.zw](http://www.icecash.co.zw).
4. While ICECASH has exercised due care and diligence in devising the mobile banking system, ICECASH makes no claim and does not warrant that the system will perform without error in every function at every instance. In no event will ICECASH be liable for direct, indirect, special, incidental or consequential losses arising out of the Clients' use of the system.
5. ICECASH can amend these terms at any time. By using the ICECASH system you agree to be bound by the latest version of these terms, which are available on our website : [www.icecash.co.zw](http://www.icecash.co.zw)

## OFFICIAL USE

Inputter: _____		Authoriser: _____	
Account Officer: _____			
Form and proof of Identity received by: _____		Date: _____	
Checked by: _____		Date: _____	
Account Created by: _____		Date: _____	
Account Number: _____			
KYC Complete:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mandate	<input type="checkbox"/>	CR6	<input type="checkbox"/>
Cert of Incorp	<input type="checkbox"/>	Memos & Articles	<input type="checkbox"/>
		CR14	<input type="checkbox"/>
		Director's ID's	<input type="checkbox"/>



## SIGNATURE CARD

TO BE COMPLETED BY USERS WITH SECURITY RIGHTS OF 3 OR ABOVE

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Use Only

Signature(s) authenticated by: \_\_\_\_\_ Date: \_\_\_\_\_

SPECIMEN SIGNATURE(S) TO BE SIGNED IN BLACK (1 of 2)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_



SPECIMEN SIGNATURE(S) TO BE SIGNED IN BLACK (2 of 2)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_