



Bank of Nevis International Ltd.

CORPORATE ACCOUNT APPLICATION

Date _____

Account Number _____

Which type of account do you wish to open?

In which currency?

Current A/c Savings A/c Fixed Deposit

US Dollars EURO Sterling

1. About the Accountholder

Full Name of Account _____

Please open an account for the following: (tick as appropriate)

Limited Company/Corporation* Limited Partnership

Other (please specify) _____
* Please note that we are unable to open an account for limited companies who have or intend to issue bearer shares.

Nature of Company's Business _____

Country of Incorporation _____ Date of Incorporation _____
(DD/MMM/YYYY) e.g. 07SEP1970

Contact Name _____

Registered Office Address _____

Postal Code _____

Business Telephone _____ Alternate Number _____

Fax Number _____ Website Address _____

Email Address _____

Business/Postal Address (if different) _____

City _____ Country _____

Postal Code _____

Corporate Identification

Certificate of Incorporation Memorandum/Articles of Association Corporate Resolution

Certificate of Good Standing (where applicable)

Existing Bank of Nevis International Ltd. account number.

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2. Declaration

To be made by those duly authorised by the Board of Directors (in the case of limited companies).

We wish to open an account with you in accordance with the Terms and Conditions which we acknowledge having received, and to which we agree to be bound.

We authorise you to make inquiries and take up references as you consider appropriate in connection with application form and authorisation is to remain effective until you receive our written notification to the contrary.

We understand that you do not accept any liability whatsoever in respect of any losses which we may suffer as a result of any fraud or negligent misuse of the banking services including online banking, unless such losses occur as a result of fraud or gross negligence on the part of the Bank or its employees or agents.

Please complete details of ALL directors and authorised signatories below (attach an additional sheet if necessary):

Director/Signatory (1)

Director/Signatory (2)

Name _____

Name _____

Previous Name _____
(i.e. maiden name, former married name(s) or if you have changed your name by deed poll)

Previous Name _____
(i.e. maiden name, former married name(s) or if you have changed your name by deed poll)

Office/Position _____

Office/Position _____

Personal Address _____

Personal Address _____

Country _____ Postal Code _____

Country _____ Postal Code _____

Signature _____

Signature _____

Date _____
(DD/MMM/YYYY) e.g. 07SEP1970

Date _____
(DD/MMM/YYYY) e.g. 07SEP1970

Email Address (personal) _____

Email Address (personal) _____

Nationality _____ D.O.B. _____
(e.g. 07SEP1970)

Nationality _____ D.O.B. _____
(e.g. 07SEP1970)

Passport # _____ Exp. Date _____

Passport # _____ Exp. Date _____

Country of Issue _____

Country of Issue _____

Driver License # _____ Exp. Date _____

Driver's License # _____ Exp. Date _____

Country of Issue _____

Country of Issue _____

Period at present address ____ Years ____ Months

Period at present address ____ Years ____ Months

If less than 3 years, please state previous address for that period.

If less than 3 years, please state previous address for that period.



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Please complete details of **ALL directors and authorised signatories** below (attach an additional sheet if necessary):

Director/Signatory (3)

Director/Signatory (4)

Name _____

Name _____

Previous Name _____
(i.e. maiden name, former married name(s) or if you have changed your name by deed poll)

Previous Name _____
(i.e. maiden name, former married name(s) or if you have changed your name by deed poll)

Office/Position _____

Office/Position _____

Personal Address _____

Personal Address _____

Country _____ Postal Code _____

Country _____ Postal Code _____

Signature _____

Signature _____

Date _____
(DD/MMM/YYYY e.g. 07SEP1970)

Date _____
(DD/MMM/YYYY e.g. 07SEP1970)

Email Address (personal) _____

Email Address (personal) _____

Nationality _____ D.O.B. _____
(e.g. 07SEP1970)

Nationality _____ D.O.B. _____
(e.g. 07SEP1970)

Passport # _____ Exp. Date _____

Passport # _____ Exp. Date _____

Country of Issue _____

Country of Issue _____

Driver License # _____ Exp. Date _____

Driver's License # _____ Exp. Date _____

Country of Issue _____

Country of Issue _____

Period at present address _____ Years _____ Months

Period at present address _____ Years _____ Months

If less than 3 years, please state previous address for that period.

If less than 3 years, please state previous address for that period.



3. Mandate to Comply with Withdrawal Instructions Given by Telephone/Facsimile

Important: You should take legal advice before indicating "Yes". Do not complete this section unless you want to be legally bound.

Do you wish the Bank to accept instructions by telephone/facsimile?

Yes

No

1. By indicating "Yes" and signing section 10, I/we authorised the Bank to comply with all instruction given by me/us or on my/our behalf by telephone, facsimile or otherwise, regarding any or all of my/our accounts (either existing or opened at a future date) with yourselves; subject to any written restrictions imposed by me/us or the Bank relating to the issuance of such instructions.
2. The said instructions may relate but are not limited to:

(a) Payments	(f) Transfer of Funds
(b) Placements	(g) Renewals
(c) Cancellations	(h) Certificates of Deposit
(d) Custody Accounts	(i) Deposits
(e) Purchase/Sale of Securities	(j) Precious Metal Trading
3. With regard to oral instructions, I/we agree that records of oral instructions (a copy of which may be forwarded to me/us on request) as recorded by the Bank shall be final and conclusive evidence of my/our oral instruction.
4. With regard to instructions issued by electronic processes (e.g. by facsimile), I/we accept the risk of equipment malfunction including paper shortage, transmission errors, omissions and distortions.
5. With regard to instructions issued which are not received simultaneously upon issuance (e.g. instructions by mail, facsimile), I/we accept that the instructions shall be deemed to have been issued upon receipt by the Bank.
6. It is agreed that the risks of misunderstandings and errors, and the risk of instructions being given by unauthorized persons, are my/our own and that the Bank shall not be held responsible for any loss, liability or expense that may result from such misunderstandings, errors and unauthorised instructions. I/We hereby undertake to indemnify the Bank from and against all actions, proceedings, damages, costs, claims, demands, expenses and losses which the Bank may suffer, incur or sustain by reason of your following such instructions.
7. My/our authorised representative(s), if any, may also give the Bank instructions on my/our behalf regarding any and all of my/our accounts with your Bank. Your Bank shall have the right to ask my/our authorised representative(s) to furnish any information the Bank may require to establish his/her/their authority but the Bank is not obliged to do so. The Bank shall be fully protected in, and the Bank shall incur no liability to me/us for, acting upon oral instructions which the Bank in good faith believes to have been given by me/us (or by any of us) or by any of my/our authorised representative(s).
8. I/We undertake to safeguard the security of the code word list and to take adequate precautions to protect it from loss and to prevent its terms becoming known to any persons not directly concerned with its use. I/We hereby engage and agree to hold the Bank harmless and indemnified from all claims, losses, damages and expenses which the Bank may incur by reason of our failure in any way whatsoever to protect the security of the code word list.
9. The Bank may at any time, at its discretion, refuse to execute my/our instructions or any part thereof, without incurring any responsibility for loss, liability or expense arising out of such refusal.
10. The rights and obligations of the parties hereto shall be governed by and interpreted in accordance with the laws of St. Christopher and Nevis.



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4. Mandate for the Appointment of Bankers

You hereby certify that at a meeting of the Board of Directors of

_____ ("the Company")

Held at _____ on the _____ day of _____
(e.g. September 7th 1970)

It was resolved:

Bank of Nevis International Ltd. be appointed the Bankers for the Company. That regarding the Company's account(s), the said Bank is hereby authorized and requested:-

1. To honour and comply with all cheques, drafts, bills of exchange, promissory notes and acceptances negotiable instruments and orders expressed to be drawn, accepted, made or given on behalf of this Company at any time or times whether the banking account or accounts of this Company are overdrawn or any overdraft is increased by any payment thereof or in relation thereto or are in credit or otherwise but without prejudice to the Bank's right to refuse to allow any overdraft or increase of overdraft.
2. If the said account shall becomes overdrawn, you shall be entitled to charge compound interest on the sum by which the said account is overdrawn, calculated on daily balances with monthly rests and that the rate of interest charged from time to time shall be at your sole discretion. You shall not be bound to notify us in advance of any change in the rate of interest, but on receipt of a written request from us you shall be obliged to specify the rate of interest being charged at the time of such request.
3. To honour and comply with all instructions to deliver or dispose of any securities or documents or property held by the Bank on behalf of the Company; to hold the Company liable on all agreements and indemnities in connection with the issue of letters of credit, drafts and telegraphic transfers and with all banking transactions. Provided any such cheques, drafts, bills of exchange, promissory notes, acceptances, negotiable Instruments, order, instruction agreements and indemnities are signed by the persons holding the under mentioned offices for the time being (specify capacity/office/position)

_____ and countersigned by _____

4. To treat all cheques, drafts, bills of exchange, promissory notes, acceptances, negotiable instruments and orders as being endorsed on behalf of the Company and to discount or otherwise deal with them provided such endorsements purport to be signed by (specify capacity/office/position)

5. To cancel all existing mandates (if any) in force at the date hereof with regard to the Company's said account(s) which Mandates are hereby terminated. Provided that all authorities, instructions, instruments and transactions authenticated in accordance with any existing Mandate and purporting to have been given, made issued or entered into prior to receipt by Bank of Nevis International Ltd. of notice of this resolution shall have effect as between the Company and Bank of Nevis International Ltd. as through this resolution had never been passed. That a list of names and specimen signatures of the persons at present authorised to sign under this resolution be furnished to the Bank. that the foregoing mandate and list of names remain in force until receipt by the Bank of a duly certified copy of a resolution rescinding or amending the same. We hereby certify the above to be a true copy from the Minutes.

Date: _____
(e.g. September 7th 1970)

Chairman: _____

Secretary: _____



5. References (original written references are required)

References should be in the name of the signatories/owners and be addressed to Bank of Nevis International Ltd.

Bank Details

Name of Bank _____ Telephone Number _____

Email Address. _____ Fax Number _____

Address Street _____ City/State _____

Country _____ Postal Code _____

Type of Account(s) Held Checking Savings Other _____

Account Number(s) _____

Bank Contact Person and Title _____

Professional Referee Details (accountant, lawyer)

Name _____ Professional Designation _____

Address Street _____ City/State _____

Country _____ Postal Code _____

Telephone Number. _____ Fax Number _____

Email Address _____

6. Reason for Opening your Account

Please state your reason for requiring an account.

If opening an account outside your country of incorporation, please indicate why you require an offshore account.

Please state what the account would be used for: (please tick relevant boxes)

Saving Investment/Holding Account Asset Protection

Other (give details) _____



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7. Source of Funds

Please state the source of initial funds, (i.e., generated from what transaction or business) used for the opening of this account.

Please indicate the likely source of ongoing funds deposited into the account:

- Sales
 Rent
 Consultancy Fees
 Investment Income
 Commission
 Other (please specify) _____

How much do you expect to pay into the account per year? **USD/EUR/GBP** _____

8. Authorisation

Do you wish us to divulge information to an intermediary? (please tick)

- Yes
 No

Do you wish us to send statements or your account(s) to an intermediary? (please tick)

- Yes
 No

Do you wish to make you account details available to an intermediary via online banking? (please tick)
If Yes, an online banking application form may be sent to the intermediary.

- Yes
 No

If you answered **Yes** to any of the above, please give details of the intermediary.

Name _____

Address _____

Telephone Number _____

Fax Number _____

Email Address _____



9. Internet Access

If you wish to apply for internet access to view your account, please complete this section.

Security Information

The following information is required to ensure that only you can access your account. You are advised to check your account(s) online monthly and inform Bank of Nevis International Ltd. immediately if any discrepancies are found.

First Named Individual

Second Named Individual

Last Name _____

Last Name _____

First Name _____

First Name _____

Email Address _____

Email Address _____

Access Accounts

Option 1 – All Account Access

I would like Internet Banking access to ALL my accounts, including any accounts I may open in the future. I understand that all individual and joint accounts listed under my account number can be accessed by anyone I choose to give my Internet Banking ID and password to.

Option 2 – Specific Account Access

I would like Internet Banking access to only the specific accounts listed below. I understand that any accounts I may open in the future will not automatically be accessible through Internet Banking and that I must specifically request that access.

Account Type

Account Number

I/We agree that my/our signature(s) to this application shall be my/our acknowledgement that:

1. I/We have received a copy of the relevant Bank of Nevis International Ltd. **Internet Banking Service Agreement and Disclosure Statement** and agree to be bound by them.
2. I/We have read the **Disclosure Statement** and agree to be bound by its contents.
3. The website displays all historical transactions, therefore I/we accept that I/we will not receive:
 - (a) Any credit and foreign exchange advices or deposit confirmations
 - (b) Bank statements, Visa statements or contract notes. These can be printed off from the online service. Printed copies of any of the above documents are available upon request at the cost of \$5.00 per sheet



Date _____

Account Number _____

10. Statement of Beneficial Owner(s)

Name _____

Previous Name _____
(i.e. maiden name, former married name(s) or if you have changed your name by deed poll)

Please provide background details of your accumulated wealth. (please tick relevant boxes)

Category	Amount	Description/Original Source of Funding
<input type="checkbox"/> Inheritance	_____	_____
<input type="checkbox"/> Sale of Property	_____	_____
<input type="checkbox"/> Sale of Stocks/Shares	_____	_____
<input type="checkbox"/> Savings	_____	_____
<input type="checkbox"/> Sale of Own Business	_____	_____
<input type="checkbox"/> Other	_____	_____

If you have completed section 2, please proceed to section 11.

Occupation _____

Personal Address _____

Nationality _____ D.O.B. _____
(e.g. 07SEP1970)

Period at present address. _____ Years _____ Months

If less than 3 years, please state previous address for that period.



10. Statement of Beneficial Owner(s) continued ...

Name _____

Previous Name _____
(i.e. maiden name, former married name(s) or if you have changed your name by deed poll)

Please provide background details of your accumulated wealth. (please tick relevant boxes)

Category	Amount	Description/Original Source of Funding
<input type="checkbox"/> Inheritance	_____	_____
<input type="checkbox"/> Sale of Property	_____	_____
<input type="checkbox"/> Sale of Stocks/Shares	_____	_____
<input type="checkbox"/> Savings	_____	_____
<input type="checkbox"/> Sale of Own Business	_____	_____
<input type="checkbox"/> Other	_____	_____

If you have completed section 2, please proceed to section 11.

Occupation _____

Personal Address _____

Nationality _____ D.O.B. _____
(e.g. 07SEP1970)

Period at present address. _____ Years _____ Months

If less than 3 years, please state previous address for that period.



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11. Signatures

Account Name:

Please sign in box without touching sides. Additional sheets are available if required.

Name of Signatory	Office/Position	Signature	
_____	_____		

Name of Signatory	Office/Position	Signature	
_____	_____		

Name of Signatory	Office/Position	Signature	
_____	_____		

Name of Signatory	Office/Position	Signature	
_____	_____		

**APPROVED BY
FOR BANK USE ONLY**

BONI Supervisor _____ **Date** _____

BONI Manager _____ **Date** _____

Compliance Manager _____ **Date** _____



12. Documentation Required

The Bank is required to confirm the identity and address of all clients opening bank accounts. The following documents are required for each signatory and beneficial owner and will be treated as confidential.

- Passport (notarised copy)
- Drivers License (notarised copy)
- Utility Bill/Bank Statement (originals, no more than 6 months old)
- Reference Letters (bank and professional)

If you do not possess a passport, driver's license or government issued ID card please contact us.

Verification of Source of Funds

The Bank requires documentary verification of the sources of funds indicated on the application form. This may be in the form of (but not limited to):

- Bank Statements (for **ATLEAST** last 12 months)
- Copies of Signed Contracts/Agreements for Sale of Property (real and otherwise)
- Closing Statements or Statement of Shareholding from Solicitors/Stock Exchanges/Brokerage Companies (outlining details of sale of stocks/shares)
- Financial Reports
- Letter from Insurance Company re: Notification of proceeds of claim/maturity of policy.
- Letter from Solicitor/Executor of Estate re: inheritance.

We cannot process your application without sight of these documents. If any points cause difficulty, please contact us.

***Accepted for country of residence only.**

13. Your Checklist

- All relevant sections of the application form completed.
- Documentation as stated above in Section 12.
- Reference letters from solicitor and bank.
- Other documentary verification of source of funds where necessary. **(Where initial deposit exceeds USD/EUR/GBP 15,000.00)**

IMPORTANT – It is essential that the above items are provided in order for your application to be accepted. Your account will only be operational upon completion of our account opening formalities. We will require the original completed and signed copy of this application form to finalise account opening formalities.



Bank of Nevis International Ltd.

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Date _____

Account Number _____

14. About the Bank of Nevis International Ltd.

To assist us in our market research, would you please indicate where/how you first heard of Bank of Nevis International Ltd.

- Advertising (please indicate newspaper/magazine/internet) _____
- A Bank of Nevis International Representative (give name if possible) _____
- Hold another account with the Bank (type of account) _____
- Recommendation (please specify) _____
- Introducer (please give introducer's details) _____
- Other, please specify _____

If you would like to receive information about our Visa credit cards, please tick the appropriate box.

- Visa Classic Visa Gold Visa Business

Data Protection

The information requested in this form may be used by the Bank to assist us in providing the service you are applying for, to confirm, update and enhance our records, and to assess your credit rating and establish your identity.

This information may also be used to advise you of our other products and services which may be of interest to you which are offered by the Bank.

If you do not wish to receive information about these products and services please tick box.