



The Bank of Nevis Limited

PERSONAL ACCOUNT APPLICATION

Date _____

Account Number _____

Which type of account do you wish to open?

Current A/c Savings A/c Fixed Deposit

In which currency?

EC Dollars US Dollars

Are there any ancillary services you would like to apply for? *(Please note that a separate application may be required for these services.)*

ATM/Debit Card Internet Banking Safety Deposit Boxes

PERSONAL DETAILS

Title _____ Male Female

First Name _____

Middle Name(s) _____

Surname _____

Previous Name _____

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

Full Residential Address *(please note if renting or living with relatives)*

How long at current address? _____

If at current address for less than 3 years, give previous address

Mailing Address *(if different)* _____

Home Telephone _____

Work Telephone _____

Mobile Telephone _____

Fax _____

Email _____

Photo I.D. Details (2 required)

_____ Expiry _____

_____ Expiry _____

Country of Residence _____

Nationality _____

Date of Birth _____

Country of Birth _____

Marital Status _____

Number of Dependants _____

EMPLOYMENT DETAILS

Full Time Part Time Student

Other *(specify)* _____

Self-Employed *(describe nature of business and name company below)*

Retired *(give details of last employer before retirement)*

Employer's Name and Address _____

Telephone Number _____

Fax Number _____

Occupation *(explain what you do for a living)* _____

How long have you been employed/retired? _____



The Bank of Nevis Limited PERSONAL ACCOUNT APPLICATION

ANNUAL INCOME *(includes salary, bonus & other income)*

- Less than \$30,000 \$30,001 to \$60,000
 \$60,001 to \$90,000 \$90,001 to \$150,000

If greater than **\$150,000.00**, state approximate amount

Direct Deposit Cash Cheque

ACCOUNT DETAILS

ORIGINAL source of funds, *i.e. where the funds to open the account originated*

- Accumulated Savings Salary/Bonus
 Pension Other _____

Purpose of account Savings Business Operations

Day-to-Day Expenses

Other *(give details)* _____

Source of the **ongoing funds** that will be credited to the account.

- Salary/Bonus Pension Business/Sales
 Other *(give details)* _____

How much will you **deposit** each year? *(include currency)*

Frequency of **withdrawals**:

Weekly Monthly Intermittently

Do you intend to have wire transfer activity?

Wires in? Yes No

Wires out? Yes No

BANK REFERENCE *(Account relationship must have been established for more than twelve (12) months)*

Name and Address of Bank _____

Telephone # _____

Contact Person and Title _____

PROFESSIONAL REFERENCE *(Must have known the applicant for more than two (2) years)*

Name & Designation _____

Firm/Company _____

Address _____

Telephone # _____



CUSTOMER DECLARATION

By signing below, you the individual(s) named in this Application Form are: (i) applying to us, The Bank of Nevis Limited, for banking services; (ii) confirming that any details you have supplied are true and complete and that you will notify the Bank immediately of any substantial changes in this information; (iii) authorising us to make credit reference and other enquiries in connection with this application in accordance with our normal procedures. You understand that credit reference agencies record searches and the information they record may be used by other lenders assessing credit applications from you and members of your household for debt tracing and (iv) agreeing to accept the Terms and Conditions which contains our obligations to you.

FOR JOINT ACCOUNTS ONLY

Signing Authority Any one Both Special signing instruction

You agree that we may debit your joint account with cheques and other payment orders authorised in the way stipulated above.

Relationship between applicants _____

SIGNATURES *(Please sign in the middle of the box. Do not touch the edges.)*

Print Name

Signature *(the Customer)*

Print Name

Signature *(the Customer)*

Print Name

Signature *(the Customer)*



CHECKLIST

The following documents are required to complete the application. Please tick each box as evidence that these documents have been obtained.

- Photo I.D. *(Passport mandatory for non-nationals)*
- NIA Work Permit I.D. *(Mandatory for non-nationals where applicable)*
- Financial Statements *(where applicable)*
- Address Verification *(e.g. utility bill)*
- Business License *(for sole traders)*
- Bank Reference
- Professional Reference

FOR BANK USE ONLY

CIF/Existing Bank Account Number(s) _____

C.S.R. Name: _____ Signature: _____

Verified by: _____ Signature: _____

Approved by: _____ Signature: _____

Date Loaded: _____ Data Entry Officer's Name and Signature

Date Verified: _____ Processing Officer's Name and Signature



The Bank of Nevis Limited **PERSONAL ACCOUNT APPLICATION**

COMPLETE FOR ADDITIONAL APPLICANT/SIGNATORY FOR JOINT ACCOUNTS
(Additional sheets may be requested to add more signatories)

PERSONAL DETAILS

Title _____ Male Female
First Name _____
Middle Name(s) _____
Surname _____
Previous Name _____
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Work Telephone _____

Mobile Telephone _____

Fax _____

Email _____

Photo I.D. Details (2 required)

_____ Expiry _____
_____ Expiry _____

Country of Residence _____

Nationality _____

Date of Birth _____

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Firm/Company _____

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Telephone # _____



The Bank of Nevis Limited
FOR THE MARKETING DEPARTMENT

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

- Advertising (please indicate newspaper/magazine/radio, tv ad, internet) _____
Which media house/website: CHOICE Radio VON Radio ZIZ
 Nevis Pages Leeward Times The Observer
- Other (please specify) _____
- A Bank of Nevis 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 any of our other services, please tick the appropriate box.

- Credit Cards** Visa Classic Visa Gold Visa Business
- Debit Card Merchant Account Loans Letters of Credit
- BON Gold Club Youth Saver's Account Night Depository
- Brokerage/Investment Account Offshore Accounts (BONI)

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 other products and services which may be of interest to you.

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

Account Name: _____

Account Number: _____

C.S.R.: _____

Signature: _____