



The Bank of Nevis Limited

CORPORATE 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.)*

Night Depository Internet Banking Safety Deposit Box

1. About the Accountholder

Name of Business _____

Registered Address Street _____

City _____ Country _____

Postal Code _____

Business/Postal Address *(if different)*

Street _____

City _____

Country _____

Postal Code _____

Nature of Business _____

Country of Incorporation _____ Date of Incorporation _____

Does the company hold accounts in other jurisdictions? Yes No Where _____

Indicate countries where business partners *(suppliers, customers etc.)* are located _____

Corporate Identification

Certificate of Incorporation Memorandum/Articles of Association Corporate Resolution

Certificate of Good Standing *(where applicable)*

Business Telephone _____ Mobile Number _____

Business Fax Number _____

Business Email Address _____

Business Website *(if applicable)* _____



2. Principal (1)

Name _____
Capacity/Position Director Manager Secretary
Home Address Street _____
City _____
Country _____
Postal Code _____
Telephone (home) _____
Fax (home) _____
Email Address (personal) _____
Nationality _____
D.O.B. _____
Type of I.D. Provided _____
I.D. Number _____

Principal (2)

Name _____
Capacity/Position Director Manager Secretary
Home Address Street _____
City _____
Country _____
Postal Code _____
Telephone (home) _____
Fax (home) _____
Email Address (personal) _____
Nationality _____
D.O.B. _____
Type of I.D. Provided _____
I.D. Number _____

Principal (3)

Name _____
Capacity/Position Director Manager Secretary
Home Address Street _____
City _____
Country _____
Postal Code _____
Telephone (home) _____
Fax (home) _____
Email Address (personal) _____
Nationality _____
D.O.B. _____
Type of I.D. Provided _____
I.D. Number _____

Principal (4)

Name _____
Capacity/Position Director Manager Secretary
Home Address Street _____
City _____
Country _____
Postal Code _____
Telephone (home) _____
Fax (home) _____
Email Address (personal) _____
Nationality _____
D.O.B. _____
Type of I.D. Provided _____
I.D. Number _____



5. Source of Funds and Reason for Opening Account continued ...

The information in this section enables us to better understand the transactions passing through your account. If the information provided is not clear or is not consistent with other information provided, we may have to ask you for clarification. This may in turn delay the processing of your application.

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

- Saving
- Operating Expenses
- Brokerage/Investment
- Loan Servicing
- Other *(give details)* _____

6. References (a written reference may be required)

Bank Reference *(Account relationship must have been established for more than twelve (12) months)*

Name of Bank _____ Bank Telephone No. _____

Bank Address

Street _____

City/State _____

Country _____ Postal Code _____

Type of Account(s) Held Checking Savings Other _____

Account Number(s) _____

Bank Contact Person and Title _____

Professional Reference (accountant, lawyer) *(Must have had a relationship with the applicant for more than two (2) years)*

Name _____ Professional Designation _____

Business Address

Street _____

City/State _____

Country _____ Postal Code _____

Business Telephone No. _____ Business Fax No. _____

Business Email Address _____



7. CUSTOMER DECLARATION

By signing below, you the Company 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.

SIGNING AUTHORITY

- Any one Both Any two Special signing instruction

8. SIGNATURES

Please sign in the middle of the box. Do not touch the edges.

Print Name and Position

Signature *(the Customer)*

Print Name and Position

Signature *(the Customer)*

Print Name and Position

Signature *(the Customer)*

Print Name and Position

Signature *(the Customer)*



Account Name _____

Account # _____

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



9. 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. for each signatory/director/beneficial owner/partner *(Passport mandatory for non-nationals)*
- Address Verification for each signatory/director/beneficial owner/partner *(e.g. utility bill)*
- Business Projections *(where applicable)*
- Financial Statements *(where applicable)*
- Bank Reference for existing company and directors/signatories
- Professional Reference
- Certificate of Incorporation
- Memorandum/Articles of Association/By-Laws/Constitution/Partnership Agreement
- Board Resolution to open account and designate signatories
- Business License *(for sole traders)*
- Certificate of Good Standing *(where applicable)*
- List of Shareholders *(where applicable)*
- Trust Deed *(where applicable)*



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: _____