



THE BANK OF NEVIS

Internet Banking Application

Complete all applicable fields on this form to request access to your accounts through Internet Banking. Please read the Internet Banking Service Agreement and Disclosure Statement now.

Call 869-469-5564 with questions. Thank you.

For security purposes, this application may not be submitted over the Internet. See the bottom of this form for instructions on how to present this application to the bank or reset all fields while completing this form.

By signing this application and using The Bank of Nevis Internet Banking service, I accept and agree to the terms and conditions set forth in the Internet Banking Agreement and Disclosure Statement available by [clicking here](#).

This request is for **Personal** or **Business use.** (complete either the Personal or Business section below, not both.)

Personal Accounts

Last Name

First Name

Middle Initial Suffix

Social Security Number

Street Address

Mailing Address

City County

State Zip

Home Phone Number

Work Phone Number

Cell Phone Number

Email

Business Accounts

Business Name

Contact Person

Social Security#

Street Address

Mailing Address

City County

State Zip

Phone Number

Fax Number

Website

Email

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 The Bank of Nevis customer 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.

Checking #1	<input type="text"/>	<u>Additional Accounts:</u>	
		<i>Type of Account</i>	<i>Account Number</i>
Checking #2	<input type="text"/>		
Checking #3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking #4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
CD #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
CD #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loan #1	<input type="text"/>		
Loan #2	<input type="text"/>		

By submitting this application and using The Bank of Nevis Internet Banking service, I state that I have read and understand the terms and conditions set forth in the Internet Banking Agreement and Disclosure Statement.

For security purposes, please print out a copy of this completed application, sign the bottom and fax to 869-469-1492, or mail it to The Bank of Nevis, Main Street Charlestown, Nevis West Indies

I accept the Internet Banking Agreement and Disclosures and request that I be enrolled in The Bank of Nevis Internet Banking.

Signature

Date
