The Bank Of Nevis Limited
Improving the Quality of life

Internet Banking Application

(BUSINESS)

Complete all applicable fields on this form to request access to your accounts through our new enhanced internet banking platform, MyBONOnline. Please read the Internet Banking Service Agreement and Disclosure Statement available by clicking here. Call (869) 469-5564 with questions.

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 the form.

This Application Form is for **BUSINESS USE**.

Business Name:				Contact Person:	
Business Phone:		Cell Phone:		Other Phone:	
Email Address:					
Street:				City:	
State:		Country:		Zip Code:	

Option 1 – All Accounts Access

☐ I would like Internet Banking access to all my accounts, including any account(s) I may open in the future. I understand that all individual and joint accounts listed under my Internet Banking profile can be accessed by anyone I choose to give my username and password to.

Option 2 – Specific Account(s) Access

☐ I would like Internet Banking access to only the specific accounts listed below. I understand that all individual and joint accounts listed under my Internet Banking profile can be accessed by anyone I choose to give my username and password to.

Checking Account #1:		CD Account #1:	
Checking Account #2:		CD Account #2:	
Savings Account #1:		**Additional Accounts**	
Savings Account #2:		Account Type	Account Number
Loan Account #1:			
Loan Account #2:			

User Access Key/Legend

- **A** **Multi-user Contract**: User can enter transactions and authorize other users' transactions (cannot authorize own).
- **B** **Single User**: User can enter and authorize.
- **C** **Authorization User**: Users can authorize own transactions and authorize other users' transactions.
- **E** **Entry User**: Can only enter transactions.
- **I** **Inquiry User**: Can only view transactions.

Username(s)	Email Address	User Access Right *(select one per user)*
		☐ A ☐ B ☐ C ☐ E ☐ I
		☐ A ☐ B ☐ C ☐ E ☐ I
		☐ A ☐ B ☐ C ☐ E ☐ I
		☐ A ☐ B ☐ C ☐ E ☐ I
		☐ A ☐ B ☐ C ☐ E ☐ I
		☐ A ☐ B ☐ C ☐ E ☐ I
		☐ A ☐ B ☐ C ☐ E ☐ I

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

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

Signature _____ Date _____

Signature _____ Date _____