



Bank of Nevis International 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?

US Dollars EURO Sterling

1. About you ("the Accountholder")

Second Applicant (only needs completing if you require a joint account)

Title (e.g. Mr/Mrs/Miss/Ms/Other) _____

Title (e.g. Mr/Mrs/Miss/Ms/Other) _____

First Name _____

First Name _____

Middle Name(s) _____

Middle Name(s) _____

Surname _____

Surname _____

Previous Name _____

Previous Name _____

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

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

Date of Birth _____

Date of Birth _____

((DD/MMM/YYYY) e.g. 07SEP2010)

((DD/MMM/YYYY) e.g. 07SEP2010)

Place of Birth _____

Place of Birth _____

Nationality _____

Nationality _____

Country of Residence _____

Country of Residence _____

Telephone (home) _____

Telephone (home) _____

Mobile Number _____

Mobile Number _____

Fax Number _____

Fax Number _____

Email Address _____

Email Address _____

Tax Identification Number (U.S. Persons Only) _____

Tax Identification Number (U.S. Persons Only) _____

Marital Status Married Single Widow(er)
 Divorced/Separated

Marital Status Married Single Widow(er)
 Divorced/Separated

Relationship Between Applicants _____

Relationship Between Applicants _____

Have you or any member of your immediate family, held or is currently holding an important public office¹ in a foreign country? Yes No

Have you or any member of your immediate family, held or is currently holding an important public office¹ in a foreign country? Yes No

If yes give details: _____

If yes give details: _____

¹ Important public office refers to a head of state, Member of Parliament, senior government and judicial officials, senior executives of state owned corporations, important political party officials, immediate family members and close associates. Immediate family refers to spouses (by law or cohabitation), parents, children (and their spouses), siblings, grandparents and grandchildren.



Date _____

Account Number _____

2. About Where You Live – First Applicant

Second Applicant

Residential Address

Street _____

City _____

Country _____

Postal Code _____

Residential Information

Do you own the property? Yes No

How long have you lived at this address?

_____ Years _____ Months

If less than three years, please state previous address.

Street _____

City _____

Country _____

Postal Code _____

Correspondence Address (if different from above)

Street _____

P.O. Box # _____

City _____

Country _____

Postal Code _____

Existing Bank of Nevis Int'l Account Number

--	--	--	--	--	--	--	--

Residential Address

Street _____

City _____

Country _____

Postal Code _____

Residential Information

Do you own the property? Yes No

How long have you lived at this address?

_____ Years _____ Months

If less than three years, please state previous address.

Street _____

City _____

Country _____

Postal Code _____

Correspondence Address (if different from above)

Street _____

P.O. Box # _____

City _____

Country _____

Postal Code _____

Existing Bank of Nevis Int'l Account Number

--	--	--	--	--	--	--	--



Date _____

Account Number _____

3. About What You Do – First Applicant

Second Applicant

Are you? *(Please tick one):*

Employed Self-employed

Retired *(please answer all following questions for your former occupation)*

Occupation _____

Name of Employer/Your Business _____

Nature of Business _____

Position Held _____

Address of Employer/Your Business _____

Business Telephone # _____

Business Fax # _____

Website Address _____

If in current occupation or have been self-employed for less than 3 years, please give previous employment details:

Name of Employer/Your Business _____

Address of Employer/Your Business _____

How long were you in your previous occupation?

_____ Years _____ Months

Are you? *(Please tick one):*

Employed Self-employed

Retired *(please answer all following questions for your former occupation)*

Occupation _____

Name of Employer/Your Business _____

Nature of Business _____

Position Held _____

Address of Employer/Your Business _____

Business Telephone # _____

Business Fax # _____

Website Address _____

If in current occupation or have been self-employed for less than 3 years, please give previous employment details:

Name of Employer/Your Business _____

Address of Employer/Your Business _____

How long were you in your previous occupation?

_____ Years _____ Months



Date _____

Account Number _____

4. About Your Finances – First Applicant

Second Applicant

Your Annual Income

Gross Annual Salary/Pension

Other Income*

*Please specify source _____

Your Investments

Value of Investments Held:

Equities _____

Bonds _____

Mutual Funds _____

Cash Deposits _____

Property Portfolio _____

Other Investments _____

How are your investments held?

In Own Name

Custodian

Name of Custodian/Nominee _____

Name of Current Bank _____

Period of Time Account Held _____

Your Annual Income

Gross Annual Salary/Pension

Other Income*

*Please specify source _____

Your Investments

Value of Investments Held:

Equities _____

Bonds _____

Mutual Funds _____

Cash Deposits _____

Property Portfolio _____

Other Investments _____

How are your investments held?

In Own Name

Custodian

Name of Custodian/Nominee _____

Name of Current Bank _____

Period of Time Account Held _____

5. Reason for Opening Your Account

Please state your reason for requiring an account.

Please indicate why you require an offshore account.

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

Saving

Investment/Holding Account

Asset Protection

Other *(give details)* _____



Date _____

Account Number _____

6. Source of Funds

A minimum balance of USD/EUR/GBP 1,500.00 MUST be maintained at all times.

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:

Salary/Pension Bonus Investment Proceeds

Other (please specify) _____

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

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

Category	Amount	Details/Original Source of Funds
<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	_____	_____

AFFIDAVIT OF GENUINENESS OF FUNDS:

I/We acknowledge that it is the policy of Bank of Nevis International Limited to verify the source of funds deposited to an account, and to determine that funds for deposit, transfer, or the purchase of any other monetary instrument are derived from legitimate sources only. I/We understand that it is an offence under the Proceeds of Crime Act 2000 to engage in directly, or indirectly, a transaction that involves property, receiving, processing, managing, investing, concealing, disguising, disposing of, or bringing into the Federation of St. Christopher and Nevis any property, including cash that is the proceeds of crime. I/We further understand that it shall not be unlawful for Bank of Nevis Limited and Bank of Nevis International Limited or its officers to make any disclosure in compliance with the Act, and consent is hereby given to Bank of Nevis Limited and Bank of Nevis International Limited and its officers to disclose information provided herein that may be requested by due process under this Act.



Date _____

Account Number _____

7. References (original written references are required)

Bank Details

Name of Bank _____

Bank Contact Person and Title _____

Telephone Number _____ Fax Number _____

Email Address _____

Address _____

Type of Account(s) Held Checking Savings Other _____

Account Number(s) _____

Professional Referee Details (accountant, lawyer)

Name _____ Professional Designation _____

Telephone Number _____ Fax Number _____

Email Address _____

Address _____

**APPROVED BY
FOR BANK USE ONLY**

BONI Supervisor _____ Date _____

BONI Manager _____ Date _____

Compliance Officer _____ Date _____



8. 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/email?

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/email 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.



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 Applicant

Second Applicant

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. Your Signatures

Please read the following statements and sign below:

I/We confirm that the information given is true and complete.

I am/ We are both aged 18 or over.

I hereby request the Bank to open an account in my/our name(s) and until it receives written notice to the contrary from me/us, I/we authorise the Bank:

- 1. to pay and debit my/our account(s) for the time being opened with The Bank in my/our names(s) all cheques or others, instructions or receipts for money signed by me/us notwithstanding that such payments do not cause the account(s) to be overdrawn;
- 2. to accept remittances for the credit of my/our account(s) tendered to The Bank in my name or in the name of any one of us; and
- 3. to deliver up anything held by the Bank by way of security, safe custody, collection or any purpose whatsoever on my/our account(s) against the written receipt or instruction from me/us.

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

- 1. I/We have received a copy of The Bank's **Terms and Conditions** and agree to be bound by them;
- 2. The **Terms and Conditions** as amended from time to time shall form an agreement me/us and The Bank as if incorporated herein. Any changes to the above will be advised to you immediately;
- 3. I/We authorise The Bank to obtain independent verification of any data provided by me/us; and
- 4. I/We authorise The Bank to disclose the information contained in this form in the circumstances provided in the **Terms and Conditions**.

Joint Accounts Only

Where this mandate is signed by more than one person we acknowledge that:

- 1. The Bank shall only act in accordance with notices, instructions, receipts, requests and instruments executed by:
 - Both
 - All
 - Any one of us;
- 2. The liability of each such person (whether or not a signatory to the account(s)) shall be joint and several;
- 3. The Bank shall on the death of any one of us hold to the order of the survivor(s) of us any money for the time being standing to the credit of our account(s) and any other asset whatsoever held by it on our behalf; and
- 4. I/We accept statements will be sent to the address on file.

Sign below only if you want to be legally bound by the **Terms and Conditions** of this account.

Please sign in the middle of the box. Do not touch the edges. Print additional sheets if required.

Name of Signatory

Signature

Name of Signatory

Signature

N.B. This page must be notarized/apostilled if not signed in the presence of and certified by a Bank of Nevis International Limited official.



11. Documentation Required

IMPORTANT – Documents required for all accounts

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

- Passport (*mandatory*)
- Driver's License (*or other form of state issued photo identification*)
- Utility Bill/Bank Statement (*originals, no more than 6 months old*)
- Reference Letters (*bank and professional*)
- Tax Identification Number – **U.S. PERSONS ONLY**

N.B. Copies must be notarized/apostilled if not signed in the presence of and certified by a Bank of Nevis International Limited official.

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 **AT LEAST** 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)
- Wage/Bonus Slip from employer
- 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.

12. Your Checklist

- All relevant sections of the application form completed.
- Documentation as stated above in Section 11.
- Reference letters (*bank and professional*)
- 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 Limited

PERSONAL ACCOUNT APPLICATION

Date _____

Account Number _____

13. About the Bank of Nevis International Limited

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

- 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

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.