



Account Number(s): 	Date(s) Opened:
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Type of account: Current A/c Savings A/c Fixed Deposit Currency: XCD USD

COMPANY DETAILS

Name of Business: _____

Nature of Business (describe the main activity of the company): _____

Telephone: _____ Telephone: _____ Fax: _____

Email Address (where applicable): _____

Website (where applicable): _____

Date of Incorporation/Registration: _____ Country of Incorporation/Registration: _____

Is the company publicly traded? Yes No If yes, list stock exchange and trading symbol: _____

Does the company have business partners (suppliers, customers etc.) or branches in other jurisdictions? Yes No

If yes, please list: _____

Does the company operate or hold accounts in other jurisdictions? Yes No

If yes, please list: _____

ADDRESS

Registered Address: _____

_____ Zip Code: _____ Country: _____

Trading Address (if different): _____

_____ Zip Code: _____ Country: _____

Mailing Address (if different): _____

_____ Zip Code: _____ Country: _____

COMPANY IDENTIFICATION DOCUMENTS

- Certificate of Incorporation Cert. No.: _____ Memorandum/Articles of Association
- Business Licence B.L. No.: _____ Certificate of Good Standing (where applicable)



DIRECTOR(S)/SIGNATORY(IES)

Title: _____ Last Name: _____ First Name: _____ Middle Name: _____

Previous Name (if ever changed): _____ Position in Company: _____ Date of Birth: _____

Country of Birth: _____ Nationality: _____

Are you a citizen/resident of any other country? Yes No If yes, please list: _____

Telephone (home): _____ Telephone (mobile): _____ Email: _____

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

If yes, give details: _____

Type of I.D.: _____ I.D. No.: _____ Expiry Date: _____

Type of I.D.: _____ I.D. No.: _____ Expiry Date: _____

Tax Identification Number (TIN): _____ Issuing Country: _____

DIRECTOR(S)/SIGNATORY(IES)

Title: _____ Last Name: _____ First Name: _____ Middle Name: _____

Previous Name (if ever changed): _____ Position in Company: _____ Date of Birth: _____

Country of Birth: _____ Nationality: _____

Are you a citizen/resident of any other country? Yes No If yes, please list: _____

Telephone (home): _____ Telephone (mobile): _____ Email: _____

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

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ANNUAL INCOME

Less than \$50,000 \$50,001 - \$70,000 \$70,001 - \$100,000 \$100,001 - \$150,000

\$150,001 - \$250,000 If greater than \$250,000, state amount: _____

SIGNING AUTHORITY

Any one Both Any two Special Signing Instructions: _____

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



ACCOUNT DETAILS

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.

Purpose of Account: Savings Operating Account Investment Loan Servicing

Other: _____

ORIGINAL Source of Funds: Capital Injections Profits/Earnings Savings Sale of Shares

Other: _____

ONGOING Source of Funds: Business/Sales Profits/Earnings Savings

Other: _____

Total Annual Deposits: Less than \$30,000 \$30,001 - \$50,000 \$50,001 - \$70,000 \$70,001 - \$100,000

\$100,001 - \$150,000 \$150,001 - \$250,000 Greater than \$250,000, state amount: _____

Frequency of deposits/ withdrawals: Daily Weekly Monthly Occasionally

Form of deposits: Cash Cheque Wire Transfer Direct Deposit

REFERENCES (two (2) required for companies licensed and operating overseas or not applicable)

Name of Bank: _____ Contact Person: _____

Address of Bank: _____

_____ Zip Code: _____ Country: _____

Telephone #: _____ Fax #: _____

Type(s) of Account(s) Held: _____

Name of Professional: _____ Professional Designation: _____

Firm/Company of Employment: _____

Address of Firm/Company: _____

_____ Zip Code: _____ Country: _____

Telephone #: _____ Fax #: _____

ANCILLARY SERVICES

Business Card Night Depository Payroll Services Safety Deposit Box Online Banking

Merchant Account Commercial Loan Letters of Credit



BENEFICIAL OWNER(S)

Title: _____ Last Name: _____ First Name: _____ Middle Name: _____

Previous Name (if ever changed): _____ Marital Status: Single Married Divorced

Date of Birth: _____ Country of Birth: _____ Nationality: _____

Are you a citizen/resident of any other country? Yes No If yes, please list: _____

Telephone (home): _____ Telephone (mobile): _____ Email: _____

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

If yes, give details: _____

Type of I.D.: _____ I.D. No.: _____ Expiry Date: _____

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Title: _____ Last Name: _____ First Name: _____ Middle Name: _____

Previous Name (if ever changed): _____ Marital Status: Single Married Divorced

Date of Birth: _____ Country of Birth: _____ Nationality: _____

Are you a citizen/resident of any other country? Yes No If yes, please list: _____

Telephone (home): _____ Telephone (mobile): _____ Email: _____

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

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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.



SIGNATURE(S)

Please sign in the middle of the box. Do not touch the edges.
(Must be notarised if not signed in the presence of a Bank Official)

Signature: Name: _____
Capacity: _____

Signature: Name: _____
Capacity: _____

Signature: Name: _____
Capacity: _____

Signature: Name: _____
Capacity: _____

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.



ACCOUNT CHECKLIST

The following documents are required to complete the application. Please tick boxes necessary as evidence that relevant documents have been obtained.

- Two (2) Copies of Photo Identification for each signatory/beneficial owner. Passport mandatory for non-nationals or persons living overseas *(must be notarised if not presented in person)*
- Certificate of Incorporation or Business Licence
- Memorandum/Articles of Association/By-Laws/Constitution/Partnership Agreement
- Certificate of Good Standing *(where applicable)*
- Verification of Source of Funds *(bank statements, contracts, invoices etc.)*
- Verification of Physical Address for signatories and beneficial owner(s) *(e.g. utility bill)*
- Board Resolution to open account and designate signatories *(where applicable)*
- Bank Reference *(account relationship must have been established for more than one (1) year)*
- Professional Reference *(must have known the applicant for more than two (2) years)*
- List of Shareholders *(where applicable)*
- Business Plans/Projections *(where applicable)*

CIF: _____	Existing Account Numbers: _____
C.S.R. Name: _____	Signature: _____
Verified by: _____	Signature: _____
Approved by: _____	Signature: _____
Date Loaded: _____	Data Entry Officer's Name: _____
	Signature: _____
Date Verified: _____	Processing Officer's Name: _____
	Signature: _____